



Joint Public Health Board

Date: Wednesday, 16 February 2022
Time: 1.00 pm
Venue: Council Chamber, Civic Centre, Poole
Membership: (Quorum 2 – one from each constituent authority)
Mohan Iyengar, Peter Wharf, Graham Carr-Jones, Karen Rampton

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

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



For easy access to the Council agendas and minutes download the free public app Mod.gov for use on your iPad, Android and Windows tablet. Once downloaded select Dorset Council.

Recording, photographing and using social media at meetings

Dorset Council is committed to being open and transparent in the way it carries out its business whenever possible. Anyone can film, audio-record, take photographs, and use social media such as tweeting and blogging to report the meeting when it is open to the public, so long as they conform to the Protocol for filming and audio recording of public council meetings.

AGENDA

Page No.

1 ELECTION OF CHAIRMAN

To elect a Chairman for the remainder of the 2021/22 year.

As the Joint Board is established under the Partnership Agreement between Dorset Council and BCP, the Terms of Reference or Dorset Council's Constitution are unable to be unilaterally changed.

On that basis, a written agreement between the two constituent Councils to vary the Partnership Agreement and Board Terms of Reference is required and, with agreement of the Board at the meeting, arrangements can be then made to effect this change, to be ratified when changes are made to the Constitution at the next Dorset Council meeting .

2 APPOINTMENT OF VICE-CHAIRMAN

To appoint a Vice-Chairman for the remainder of the year 2021/22.

3 APOLOGIES

To receive any apologies for absence.

4 MINUTES

5 - 10

To confirm the minutes of the meeting held on 18 November 2021.

5 DECLARATIONS OF INTEREST

To receive any declarations of interest.

6 PUBLIC PARTICIPATION

11 - 14

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

Attached is the public speaking protocol. Although seen to be tailored for Planning Committees, **the principles for speaking are the same.**

7	FORWARD PLAN	15 - 20
	To receive the Board's latest Forward Plan.	
8	FINANCE REPORT	21 - 30
	To consider a report by the Director of Public Health.	
9	CLINICAL SERVICES PERFORMANCE	31 - 46
	To consider a report by the Director of Public Health.	
10	HEALTH CHECKS UPDATE	47 - 56
	To consider a report by the Director of Public Health.	
11	PREVENTION AT SCALE (PAS) STOCKTAKE	57 - 70
	To consider a report by the Director of Public Health.	
12	BUSINESS PLAN UPDATE	71 - 78
	To consider a report by the Director of Public Health.	
13	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.	
14	DATES FOR FUTURE MEETINGS	
	To note the dates for future meetings of the Board:-	
	<ul style="list-style-type: none">• Monday 30 May• Thursday 21 July – to be rearranged• Thursday 1 December• Thursday 16 February 2023	

This page is intentionally left blank



DORSET'S JOINT PUBLIC HEALTH BOARD

MINUTES OF MEETING HELD ON THURSDAY 18 NOVEMBER 2021

Present: Cllrs Peter Wharf, Karen Rampton, Mohan Iyengar and Graham Carr-Jones

Apologies: Vanessa Read, Director of Nursing, Dorset CCG

Also present: Cllrs Jane Somper and Cherry Brooks – Dorset Council

Officers present (for all or part of the meeting):

Sam Crowe (Director of Public Health), Steve Gorson (Finance Officer), Clare White (Accountant), Vicki Fearn (Consultant in Public Health (CIPH)), Sophia Callaghan (CIPH), Dr Jane Horne (CIPH), Lucy Mears (Communications Manager), Sarah Longdon (Head of Service Planning, PHD), Vivienne Broadhurst - Executive Director People, Adults – DC), David Vitty (Director of Adult Social Care – BCP), Phil Hornsby (Director of Commissioning for People – BCP) Andrew Billany (Corporate Director for Housing, DC), Pam O'Shea (Deputy Director of Nursing and Quality, Dorset CCG) and David Northover (Democratic Services Officer).

103. Election of Chairman

Resolved

That Councillor Mohan Iyengar be elected Chairman for the meeting.

He took the opportunity to familiarise the Board with the work of Public Health Dorset, what it was doing and how it was doing it and provided the chance for those participating to explain the role they had to play. The Board found this a useful exercise.

He also took the opportunity to thank Councillors Nicola Greene, from BCP, and Laura Miller, from Dorset Council, for the valued contribution they had both made to the work of the Board in the recent past, and welcomed the other new member representative – Councillor Peter Wharf – to the Board.

104. Appointment of Vice-Chairman

Resolved

That Councillor Peter Wharf be appointed Vice-Chairman for the meeting.

105. Apologies

An apology for absence was received from Vanesa Read – Director of Nursing, Dorset CCG.

106. **Declarations of Interest**

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

107. **Minutes**

The minutes of the meeting held on 15 July 2021 were confirmed.

108. **Public Participation**

There were no statements nor questions from Town and Parish Councils at the meeting, nor public statements or questions at the meeting.

109. **Forward Plan**

The Board considered the forward plan of the Board and noted what was being proposed to be considered over the next two meetings. The Director took the opportunity to explain how the Forward Plan was compiled and the reason it was done in the way it was. The Board, whilst understating the limitations given recent events, hoped to be able to see a more extensive and exhaustive Plan going forward so they might have a more comprehensive, strategic understanding of what the Board would have to do and how this would be achieved in playing its part in managing public health.

What relationship the Board would have with the newly emerging Integrated Care Board and the work that was to do – as well as other health bodies such as the Health and Wellbeing Board and, the NHS itself – identifying their roles and responsibilities, was important to know. Members asked that they be provided with an understanding of this for their next meeting .

110. **Finance Report**

The Board was provided with an financial 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.

Grant allocations for public health gave an opening revenue budget for Public Health Dorset in 21/22 of £25.036M. Current forecast outturn is £517K underspend. Each local authority retained a portion of the grant to deliver other services with public health impact.

Plans in support of COVID-19 local outbreak management plans were developed through the COVID-19 Health Protection Board, with additional funding from the Test and Trace Grant and Contain Outbreak Management Fund (COMF) to support these plans being overseen by each local authority. Some of the additional costs to the shared service in supporting this work were met through these additional funds.

The Board noted that £500k would be retained by BCP and used in children's centres. The Director confirmed that, from the evidence available, the report demonstrated that the grant was being used to meet PH objectives.

He explained how each authority used their allocation and why the figures were not allocated equally: being dependent on the needs in each area.

The Shared Agreement between the two councils covered a range of criteria based on need, so as to allow the grant to be able to be spent flexibly, but taking account of their statutory duties, so monies spent were on what each considered to be their appropriate priority.

The Board found this explanation useful in not only their understanding, but that of their respective Councils.

Noted

111. Business Plan

The Board was being asked to give consideration to a moratorium for the 2021/22 Business Plan owing to delays being experienced because of ongoing COVID-19 response work, and the wider changes to the public health system and Integrated Care System.

The Director explained that, previously, a commitment was made to produce a regular monitoring report on programmes with the next level of detail but - since that time - COVID-19 had continued to mean the public health team had found that business as usual to be challenging. In addition, wider public health system reform, and the development of Integrated Care Systems for April 2022, had meant a lack of clarity about priorities and ongoing responsibilities.

On that basis the moratorium was considered the best means of taking stock and reassessing priorities to ensure a meaningful Business Plan could be delivered: addressing the issues at hand and how these commitments could be best fulfilled going forward, with a comprehensive Business Plan being developed for the 2022/23 financial year. This would provide 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.

The Board was being 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.

The Board recognised and acknowledged the reasons for the proposed pause in the Plan at this stage and the circumstances for why this was the case. However they asked that – if at all practicable – the Plan be more extensive in its priorities and breadth for future years, so as to provide a vision for some 5 years hence – in order that priorities, and the practicalities of delivering these, could be assessed in good time.

In fulfilling its core commitments, early interventions in prevention were critical and the Board considered there a need for the profile of Public Health Dorset to be raised so that other organisations and the public could see what was being done and how it was being done. Initiatives such as LiveWell Dorset were seen to be playing a key part in encouraging participation in public health benefits. The Comms Team had a significant role to play in broadening the profile, in conjunction with Board members, other elected members and other public sector organisations. Examples of case studies about interventions and benefits from peers who had experiences to tell, was seen to play an important part in ensuring the message was readily received.

Given the fundamental role public health played in all services provided, a series of seminar or briefings would be welcomed to broaden the understanding of what Dorset Public Health was about - to Councillors and Town and Parish Council's, with input from GP's, the CCG and other relevant bodies, with a link to the recording of Board meetings being possibly considered so that what it was doing and how it was going about it was readily available.

Resolved

That the proposal to pause development of a business plan for 2021-22 due to delays because of ongoing COVID-19 response work, and the wider changes to the public health system and Integrated Care System be supported and endorsed

Reason for Decision

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.

112. JPHB Health Improvement Services Performance Monitoring report

The Board considered the Health Improvement Services – Performance Update which was designed to provide 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 included supporting data and information, with more in-depth information being made available at the meeting. The Board was being asked to consider the information in this report and to note the performance on health improvement services and children and young people's services so as to ensure that Councils had oversight of the mandated public health services provided through the ring-fenced Public Health Grant.

The report provided information on the delivery and success of the LiveWell, weight management, smoking cessation and alcohol management initiatives; Community Health Improvement (CHIS) Services; NHS Health Checks; sexual health improvements and Children and Young People's Public Health Nursing Services (0 – 19 years)

This gave the Board the opportunity to assess what was being done and how it was being done: in having access to behavioural insights so that behavioural targets could be achieved.

Particular attention was paid to smoking cessation and what measures and incentives were available to encourage this, including the part vaping might be able to play. Weight management, particularly in children of school age, was also discussed and what was being done so that they might be encouraged to eat healthily and nutritiously and what part access to school meals could play in achieving this.

The Board considered that the pandemic could be seen to be a catalyst for encouraging improvements in lifestyles: in adopting a more healthy and active one so as to provide the best chance of preventing illness in the first instance and, should that unfortunately not be the case, then having an immunity that could cope as best it might with it .

In terms of activity, the initiative for school children of “the daily mile” and “Beat the Street” – which had been prevalent and popular before the pandemic - in getting school children active by walking, cycling and running whilst being incentivised through a competitive game scenario, could again be considered as having value.

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. 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

On that basis, the Board was pleased to see what progress – albeit limited – had been made and the continued success being seen with the Services delivered and what health improvements were being made. Officers affirmed that Public Health Dorset would remain committed to maintaining and developing these improvements going forward.

Noted

113. Changes to the Public Health structures

The Director explained changes to be made to the Public Health structures and what this would entail and how they would be delivered.

The changes essentially related to the relationship between health and social care and how a reform of those services were to be delivered – through the Integrated Care System – so that they were harmonised, integrated and complemented each other in their effectiveness and efficiency.

How local governance was managed and the relationship between the Board and the Integrated Care Board, Health and Wellbeing Boards; the Dorset

CCG, GP's and the NHS was all illustrated. What part Health Protection / Healthcare Public Health / Health Improvement all played in benefitting public health needs was also set out.

The Board were pleased to see how the new structures were designed to complement each other and integrated with each other. On that basis they considered that the new Integrated Care Board's Chief Executive, Patricia Miller, be invited to attend a future meeting of the Board so that each better understood the part the other played.

Given this the Board reaffirmed their wish for a clear understanding of how all the bodies interacted with each other, what they did and the reasons for doing what they did.

The Board recognised that prevention should be embedded in all that other local authority services did and how they were doing it. How a local community could play its part in raising the profile of this was critical, with people's networks that had been successfully employed in such a capacity during the pandemic, being used along with head teachers, GP's, local councillors and civic leaders all having a role to play.

Noted

114. Urgent items

There were no urgent items for consideration.

115. Presentation slides Nov 21

Duration of meeting: 10.00 am - 12.20 pm

Chairman

.....



A Guide to Public Speaking at Planning Committee

All members of the public are welcome to attend formal meetings of Planning Committees to listen to the debate and the decisions being taken.

If you have written to the Council during the consultation period about an application that is to be considered by the committee, any relevant planning or rights of way issues raised in your letter will be appraised by the case officer and summarised within the committee report. You will also receive a letter informing you of the committee date and inviting you to attend the meeting.

The agenda for the meeting is normally published five working days before the committee date and is available to view on the council's website at <https://moderngov.dorsetcouncil.gov.uk/mgListCommittees.aspx?bcr=1> or via the Modern.gov app which is free to download.

You can also track progress of a planning application by visiting the council's website at <https://www.dorsetcouncil.gov.uk/planning-buildings-land/planning/planning-application-search-and-comment.aspx>.

Alternatively you can contact a member of the Democratic Services Team on 01305 251010 or email david.northover@dorsetcouncil.gov.uk for Eastern Area Planning Committee, megan.r.rochester@dorsetcouncil.gov.uk for Northern Area Planning Committee denise.hunt@dorsetcouncil.gov.uk for Western and Southern Area Planning Committee and elaine.tibble@dorsetcouncil.gov.uk for Strategic Planning Committee. They will be able to advise you on whether an application will be considered by a committee meeting.

Formal meetings are open to the press and the public and during the meeting you may come and go as you wish. Please keep disruption to a minimum to allow the business to be conducted smoothly. Members of the press and public will normally only be asked to leave the meeting if confidential/exempt items are to be considered by the committee.

Members of the committee and the public have access to individual representation letters received in respect of planning applications and rights of way matters in advance of the meeting. It is important to note that any comments received from the public cannot be treated as confidential.

How do I register to speak?

Planning committee meetings are held in public but they are not a public meetings; as a result you need to register to speak as below.

The first three members of the public, including any community or amenity group, who register to speak, for and against the application, including the applicant or their representative (maximum six in total) will be invited to address the committee. If the applicant or their representative registers to speak, then only the first two members of the public who wish to speak for the application may address the Committee. MPs need to register in the same way and will count as one of the six speakers.

If you wish to address the committee at the planning meeting it is essential that you contact the Democratic Services Team on 01305 251010 or email addresses set out above before 8.30am at least two clear working days before the meeting. If you do not register to speak, you will not normally be invited to address the committee. When contacting the Democratic Services Team you should advise which application you wish to speak on, whether you are objecting or supporting the application and provide your name and contact details.

The Member who chairs Planning Committee

Ultimately the Chairman of the Planning Committee retains the power to determine how best to conduct a meeting. The processes identified below are therefore always subject to the discretion of the Chairman.

What will happen at the meeting and how long can I speak for?

The Chairman will invite those who have registered to speak to address the committee. Each speaker will have up to **three** minutes each to address the committee.

When addressing the committee members of the public should:

- keep observations brief and relevant;
- speak slowly and clearly;
- for rights of way matters, limit views to those relevant to the legal tests under consideration;
- for planning matters limit views to relevant planning issues such as:
 - the impact of the development on the character of the area;
 - external design, appearance and layout;
 - impact of the development on neighbouring properties;
 - highway safety;
 - planning policy and government guidance.
- avoid referring to issues such as safety, maintenance and suitability for rights of way definitive map modification matters, as they cannot be taken into account;
- avoid referring to matters, which are not relevant to planning considerations, such as:
 - trade objections from potential competitors;

- personal comments about the applicant;
 - the developer's motives;
 - moral arguments;
 - matters covered by other areas of law;
 - boundary disputes or other private property rights (including restrictive covenants).
- remember you are making a statement in public: please be sure that what you say is not slanderous, defamatory or abusive in any way.

Can I provide handouts or use visual aids?

No. Letters and photographs, or any other items must not be distributed at the meeting. These must be provided with your written representations during the consultation period in order to allow time to assess the validity, or otherwise, of the points being raised. To ensure fairness to all parties, everyone needs to have the opportunity to consider any such information in advance to ensure that any decision is reasonably taken and to avoid potential challenge.

What happens at the Committee?

After formal business such as declarations of interest and signing of minutes the meeting moves on to planning applications.

- The planning / rights of way officer will present the application including any updates.
- The Chairman will invite those people who have registered to speak to address the committee and each speaker is allocated a maximum of three minutes.
- The applicant or their representative will be allowed up to three minutes speaking time in total between them both.
- The order of speaking will normally be: individual members of the public and groups; the applicant or their representative and then; parish/town council representative. Any such group or council will normally be given one three minute slot each for any representations to be made on its behalf.
- If a councillor who is not on the Planning Committee wishes to address the committee, they will be allowed three minutes to do so and will be given the option to speak first or last. Ward Members will be limited to one representative and should agree amongst themselves who will address the committee.

- Neither the objectors or supporters will normally be questioned. However,

the Chairman may ask questions to clarify a point of fact in very exceptional circumstances.

- Public participation then ends and the committee will enter into the decision making phase. During this part of the meeting only members of the committee and officers may take part.
- The Chairman of the Committee has discretion over how this protocol will be applied and has absolute discretion over who can speak at the meeting.

You should not lobby members of the committee or officers immediately prior to or during the committee meeting. Members of the public should also be aware that members of the committee are not able to come to a view about a proposal in advance of the meeting because if they do so it may invalidate their ability to vote on a proposal. Equally any communication with members of the committee during the meeting is to be avoided as this affects their ability to concentrate on the matters being presented at that time.

You should note that the council has various rules and protocols relating to the live recording of meetings.

What happens after the Committee?

The minutes, which are the formal record of the meeting, will be published after the meeting and available to view in electronic and paper format, as a matter of public record, for a minimum of six years following the date of the meeting. Please note that if you attend a committee meeting and make oral representations to the committee your name, together with a summary of your comments will be included in the minutes of the meeting

**Joint Public Health Board Forward Plan
For the period FEBRUARY 2022 – FEBRUARY 2023
(publication date – 19 JANUARY 2022)**

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
--------------------	----------------	-------------------	--------------	------------------	----------------------	--------------------------

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
NHS Health Checks Review	Joint Public Health Board	10 February 2022	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan
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, Sarah Longdon
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

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Finance report	Joint Public Health Board	May 2022	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	May 2022	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan, Jo Wilson, Stuart Burley
Health Protection – Public Health roles and responsibilities	Joint Public Health Board	May 2022	Officers and portfolio holders from each member local authority..	N/A	Board report	Rachel Partridge
Business Plan Monitoring	Joint Public Health Board	May 2022	Officers and portfolio holders from each member local authority..	N/A	Board report	Sam Crowe, Sarah Longdon
Finance report	Joint Public Health Board	July 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	July 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	July 2022	Officers and portfolio holders from each member local authority..	N/A	Board report	Sam Crowe, Sarah Longdon
Finance report	Joint Public Health Board	November 2022	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	November 2022	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	November 2022	Officers and portfolio holders from each member local authority..	N/A	Board report	Sam Crowe, Sarah Longdon

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Finance report	Joint Public Health Board	February 2023	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	February 2023	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan, Nicky Cleave
Business Plan Monitoring	Joint Public Health Board	February 2023	Officers and portfolio holders from each member local authority..	N/A	Board report	Sam Crowe, Sarah Longdon

This page is intentionally left blank

Joint Public Health Board

16 February 2022

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:

- 1) note the current forecast position of the shared service
- 2) approve use of the underspend as set out in section 10.4.
- 3) note the current position for the retained portions of the grant and the audit report for Dorset council
- 4) note the publication of 2022/23 grant allocations for the councils on 7 February
- 5) consider options for the 2022/23 uplift and implications for shared service budget in 2022/23 as set out in section 12
- 6) approve final contributions for financial annexe for 2022/23 dependent on option selected.

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 The opening revenue budget for Public Health Dorset in 21/22 was £25.036M. This is based on a combined Grant Allocation of £34.267M. Current forecast outturn is £453K underspend, with more detail set out in section 10 below and appendix 1. It is proposed the underspend is used to address two specific areas.
- 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, including the additional £500k retained by each local authority in 21/22, is set out in section 11 below, and shows that overall, both BCP and DC are forecasting break even on their retained grant. There is reasonable assurance on governance of the Dorset Council retained portions of the public health grant (appendix 2) and similar work is planned in BCP.
- 1.4 Plans in support of COVID-19 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.
- 1.5 Grant allocations for public health in 22/23 were published on 7 February. The combined Grant Allocation of £35.229M shows an increase of £962k, or 2.81%. A key principle is that as a minimum both local authorities will continue with their current contributions. Options for use of the combined £962k uplift are set out in section 12 for discussion, which will inform the final version of the financial annex to the shared service agreement for 22/23.

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. A background briefing paper on development of the shared service model and changes in funding over time is included at appendix 3. 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 January 2022
Appendix 2 Dorset Council audit report
Appendix 3 Finance briefing

9 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](#)
[Shared Service finance appendix May 2021](#)
[Spending Review 2021](#)

10 21/22 shared service budget

- 10.1 The Board agreed contributions from each local authority in May 2021, shown in table 1 in appendix 1. This gives a 21/22 opening revenue budget for Public Health Dorset of £25.036M.
- 10.2 The current forecast outturn is £453K 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 November include:
- increase in potential commitments for inpatient detoxification or rehabilitation
 - further adjustments in team costs, although most interim additional costs are set against Contain Outbreak Management Funds in each council
 - updated forecasts for our activity-based long-acting contraception, supervised consumption and needle exchange, and smoking cessation services
 - continued expectation of minimal spend on NHS Health Checks during 21/22 as these remain paused and a national review is ongoing
 - not able to progress oral health survey
 - additional support around suicide prevention.
- 10.3 Maximising our Community Health Improvement services currently remains challenging. There are ongoing capacity issues due to COVID within Public Health Dorset and our usual providers. There are also an increasing number of similar offers being made through other routes, such as national NHS initiatives. We could still see further changes in demand for these services before the end of the year, therefore our forecast could change further.
- 10.4 Discussions are underway to consider most effective use of any underspend. As funds are non-recurrent it is proposed that only short-term, non-recurrent ideas are considered. If these are not agreed by the end of the financial year it is proposed money should be returned to public health reserves and consideration given to how these are used together in 22/23. Current proposals are:
- Safeguarding Children and Young People – transferring specific responsibilities for Safeguarding to frontline Children and Young People's Public Health teams, along with increasing needs from the impact of Covid-19 on families, is placing considerable pressure, specifically on school aged 5-19 (School Nursing) teams, to match

demand. To be able to deliver both the mandatory *Universal* public health offers *and* meet rising demand, it is proposed to resource additional capacity, short-term. A sustainable model to meet demand and capacity will be scoped working within local partnerships and prioritising need.

- Place-based prevention initiatives – as the Integrated Care System becomes established with more clearly defined functions within place-based partnerships, previous Prevention at Scale reserves and current underspend could provide development funds to support the prevention element of this work.

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. Both council audit programmes are looking at the assurances in place around these elements of the grant during 2021/22.

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 The BCP audit of their retained public health allocation is planned to take place in Q4 of 21/22.

11.4 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).

- Support for homelessness (£104K). Funding towards the Winter Shelter project (Safe Sleep) in Weymouth to take in rough sleepers during cold weather, and to prevent harm (and potentially death) from sleeping out in freezing temperatures and support and management of the Portland Youth Hostel (known as Hardy House) to house people who have previously been sleeping rough.
 - Prevention contracts (£185k). Support through the Lantern and Shelter Housing to support people with complex needs supporting Mental Health and Wellbeing, working closely with Community Mental Health Teams with substance misuse and to maintain Housing support.
 - Additional resource (£179.4k) to support substance misuse and recovery, suicide prevention and self-harm reduction, accidents prevention, general prevention, infectious disease surveillance and control.
 - A central overheads element – (£31.5k, 2.7% of total retained grant).
- 11.5 The Dorset council audit of the retained portions of the public health grant allocation has been completed. The final report shows reasonable assurance and makes some suggestions for improvement. The report is attached as appendix 2.
- 11.6 Both councils are currently forecasting breakeven against these retained elements.

12 Look forward to 2022/23

- 12.1 Grant allocations for public health in 2022/23 were published on 7 February, and as advised by the Spending Review 2021, there has been an uplift. In 2022/23 BCP council will receive £20.616M, a £563k increase and Dorset council £14.613M, a £399k increase. The Public Health Grant allocation letter makes clear that the funding for the HIV prevention drug Pre-Exposure Prophylaxis (PrEP) is embedded within the Public Health Grant baseline, and that the grant will need to cover all pay pressures for 2022/23 including the impact of NHS pay settlements managed through business as usual arrangements within individual contracts.
- 12.2 In developing the financial annex for 2022/23, a key principle is that each local authority continues to retain at least the same amount and the shared service continues to receive at a minimum the same level of contribution from each local authority as in 21/22. Additional considerations are set out below, to inform two potential options

- 12.3 Based on historic outturn, 21/22 forecast, and anticipated upcoming cost pressures, and assuming return to usual activity for all activity-based contracts, we have developed an outline budget for the shared service for 22/23. This would see as a minimum:
- An increase of £220k on general operating costs and team costs, this would cover inflation, changes due to redesign of the team, potential 22/23 pay award and historic pay awards since 2017/18 which have not been covered within budgets previously.
 - An increase within Health Improvement - £110k to support breastfeeding peer support and consolidation of current LiveWell Dorset services
 - A £25k increase in Health Protection to cover existing commitments
 - For Public Health Intelligence a £30k increase to enable commissioning of an oral health survey in line with the national programme.
- 12.4 This minimum outline budget could be achieved with an additional £383k into the shared service. Based on published allocations, this would equate to 40% of the uplift for each local authority being passed through to the shared service.
- 12.5 There is also potential to expand some areas of work within the team to support developments that could reduce or prevent future costs pressures within the councils and potentially reduce costs in the short to medium term. Two key areas would be:
- Early Intervention 0-19; through the CYPPHS Annual Conversation with partners, opportunities have been identified including; developing a strong social marketing / insights informed communications plan which underpins key health and wellbeing messages; evidence based public health workforce development including building capacity and skills in unqualified staff e.g. nursery nurses to underpin health improvement and behaviour change with children, young people and families; and support for the Pause approach to vulnerable women who have their children removed into care. Investment has positive cost avoidance / benefits and will improve earlier outcomes thus reducing demand.
 - LiveWell Dorset (Health Improvement). Stopping smoking, losing weight, being more physically active and drinking less alcohol all bring health benefits and will also bring savings to the NHS and social care. Estimates based on the Action on Smoking and Health calculator released March 2021 suggest in 2021 smoking will cost BCP council £7.8M and Dorset council £8.7M. Expanding our high quality behaviour change support through this integrated health improvement service,

will help mitigate against future increased pressure within our local social care services.

12.6 These developments would require the shared service receive a greater share of the uplift. Both councils currently have achieved balanced budgets for 2022/23 but will face budget challenges for 2023/24. The proposal is that both local authorities pass through 60% of their uplift to enable these developments and retain 40% for use within councils. Based on published allocations this would allow around £130k investment into 0-19 early intervention work and £65k investment into LiveWell Dorset.

12.7 Finally, changes in the national public health landscape as well as the establishment of the Integrated Care system may place additional requirements on the team. As we continue to work through our business plan for 22/23 and map capacity against this, the implications should become clearer. Areas where we may need to see more focus and therefore more capacity are:

- COVID work – currently we have extensive additional support funded through COMF monies. It is unclear how long and to what level we will need to continue to support this work, and whether further COMF funds will be available in 2022/23. We have confirmation that 2021/22 COMF monies can continue to be used into 2022/23 where appropriate, which will minimise the risk from existing interim posts unless they need to be extended.
- Wider health protection work – ways of working with UKHSA are in their infancy and have been focused on COVID to date. There is a risk that councils may be expected to pick up additional health protection functions for which we are not resourced.
- ICS development – there is clearly a role for public health within the ICS, but the extent of this is still unclear and will depend on how the system develops and how councils see their role within the ICS.

12.8 As these areas remain unclear, the intention is to use reserves as contingency to cover these risks.

12.9 Based on the above discussion, two options are proposed for consideration, with contributions for the different options set out in tables 3a and 3b in appendix 1:

- Option 1: 40% share of uplift to the shared service with 60% retained by councils. The shared service budget for 2022/23 would be £25.422M, with BCP retaining £8.450M (an additional £338k) and Dorset council £1.357M (an additional £240k).

- Option 2: 60% share of uplift to the shares service with 40% retained by councils. The shared service budget for 2022/23 would be £25.614M, with BCP council retaining £8.338M (an additional £225k) and Dorset council £1.277M (an additional £160k).

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 January 2022

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	£8,838,611	£90,889
Early Intervention 0-19	£11,248,000	£11,291,000	-£43,000
Health Improvement	£2,503,043	£1,749,464	£753,579
Health Protection	£35,500	£60,642	-£25,142
Public Health Intelligence	£120,000	£97,700	£22,300
Resilience and Inequalities	£80,000	£63,935	£16,065
Public Health Team	£2,120,848	£2,482,615	-£361,767
Total	£25,036,891	£24,583,967	£452,924

Table 3a. Option 1 Partner contributions 22/23 (40% uplift to shared service)

2022/23	BCP	Dorset	Total
	£	£	£
2022/23 Grant Allocation	20,615,825	14,613,377	35,229,202
Less retained amounts	-8,450,279	-1,356,982	-9,807,262
Joint Service Budget Partner Contributions	12,165,546	13,256,395	25,421,940
Public Health Dorset Budget 2022/23			£25,421,940

Table 3b. Option 2 Partner contributions 22/23 (60% uplift to shared service)

2022/23	BCP	Dorset	Total
	£	£	£
2022/23 Grant Allocation	20,615,825	14,613,377	35,229,202
Less retained amounts	-8,337,616	-1,277,122	-9,614,737
Joint Service Budget Partner Contributions	12,278,209	13,336,255	25,614,465
Public Health Dorset Budget 2022/23			£25,614,465

Joint Public Health Board

16 February 2022

Clinical Services Performance Monitoring

For Decision

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 Authors: Nicky Cleave and Sophia Callaghan
Title: Consultant in Public Health
Tel: 01305 224400
Email: nicky.cleave@dorsetcouncil.gov.uk;
sophia.callaghan@dorsetcouncil.gov.uk

Report Status: Public

Recommendations:

The Joint Board is asked to consider the information in this report and to note the performance and changes in relation to drugs and alcohol, and sexual health.

Reason for Recommendation:

Close monitoring of performance will ensure that clinical treatment services deliver what is expected of them and that our budget is used to best effect.

1. Executive Summary

This report provides a high-level summary of performance for drugs and alcohol and sexual health services, with supporting data in appendices.

A report on clinical treatment services performance is considered every other meeting.

- 2. Financial Implications**
None
- 3. Climate implications**
No direct implications.
- 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**
An Equalities Impact Assessment is not considered necessary for this agreement.
- 7. Appendices**
Appendix 1 – Substance Misuse Dashboard February 22
Appendix 2 – Sexual Health Dashboard February 22
- 8. Background Papers**
Previous reports to the JPHB.
[From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](#)

1. Background

- 1.1 The Joint Public Health Board reviews performance of commissioned services on a six-monthly basis. This report focuses on our core treatment services for drugs and alcohol and for sexual health and associated services commissioned from pharmacies.
- 1.2 Alongside this the Board also receives regular updates against the Public Health Dorset Business Plan to monitor progress against agreed deliverables.

2. Drugs and Alcohol

- 2.1 BCP Council is responsible for commissioning all of its drug and alcohol services, with the exception of pharmacy services for needle exchange and supervised consumption. Public Health Dorset are responsible for commissioning all services for residents in the Dorset Council area and pharmacy services.
- 2.2 A new national drug strategy was published in December 2021, *From harm to hope: A 10-year drugs plan to cut crime and save lives*. This focuses on three priorities: enforcement activity to break drug supply chains; delivering a world class treatment and recovery system; and achieving a generational shift in the demand for drugs.
- 2.3 The strategy announces an additional £780m to fund the first three years of the strategy, and this will be allocated based on need over the next three years. There has been confirmation that the universal grant money which was awarded to local authorities in April 2021 for a 15-month period to provide additional support for those in contact with the criminal justice system will be extended for a further three years. Further information about additional allocations is awaited, but some local authorities will not receive any additional funding above and beyond the universal grant funding until year 3 of the strategy.
- 2.4 The new strategy requires local areas to have a strong partnership which brings together all the relevant organisations and key individuals, and to provide a single point of contact for central government. The partnership could cover one local authority or several, but it must have proactive oversight of the implementation of all three strategic priorities of the strategy and make sure that local organisations work together and jointly agree provision and where they can improve. Both BCP and Dorset Council are currently considering the implications of this and appropriate partnership arrangements.

- 2.5 The impacts of the COVID-19 pandemic are still being felt within the treatment system with delays in access for inpatient detoxification and residential rehabilitation. This may also have had an impact on the rate of hospital admissions for alcohol which continue to rise locally in line with the national picture. A new inpatient detoxification unit has opened in Fareham in January 2022 as part of a regional solution to this problem, and both Dorset and BCP Council have allocated numbers of bed nights which will have a positive impact on waiting times.
- 2.6 The pandemic has also affected testing for blood borne viruses and immunisation as fewer patients have been seen face to face. Dorset and BCP Councils have work underway to address this. Young people have been adversely affected by the pandemic. BCP and Dorset Councils have seen a decline in the numbers of young people accessing tier 3 services.
- 2.7 Drug related deaths remain a priority locally, and despite the pandemic the number of deaths has remained stable in the past few years. The Pan-Dorset Drug Related Death Panel continues to meet regularly to review and learn from all deaths.
- 2.8 Key issues related to service performance are presented for each of the councils below.

BCP Council

- 2.9 Services in BCP were recommissioned during 2021, with service implementation in November 2021. There is now a single provider, We Are With You. New presentations for alcohol continue to rise.
- 2.10 The number of opiate users engaged in treatment in the BCP Council area has slightly reduced after a sustained period of growth over the last few years.
- 2.11 Opiate completion rates in BCP Council remain low as the overall number of people in treatment increases, the proportion of those in long term treatment remains below the national average as a result of the large influx of new clients in the past 18 months.

Dorset Council

- 2.12 Overall numbers of people in treatment remains stable although there has been a drop in those presenting to treatment and this will be monitored.
- 2.13 There are some early signs of an improvement in completion rates across the board. Completion rates are comparable to national averages.
- 2.14 The proportion of those in long-term treatment mirrors the national picture, and while hospital admissions remain lower than the national average they are increasing.

3. Sexual Health

- 3.1 The overall summary in 2020 shows that diagnosis rates for new sexually transmitted infections (STIs) (excluding Chlamydia in the under 25s) per 100,000 aged 15 to 64 years are below the England average.
- 3.2 Sexual health services in Dorset have adopted a targeted approach to chlamydia screening focusing on areas of greater need in line with national recommendations for the programme. Screening activity was slightly lower in 2020 in both Council areas due to service restrictions during the pandemic. The proportion of 15-24 year olds screened in Bournemouth, Christchurch and Poole is higher than the England average, and diagnosis rates for Chlamydia are above the England rate for BCP Council, and similar to the rate for England in the Dorset Council area.
- 3.3 The diagnosis rate of Gonorrhoea had been increasing locally since 2016 in line with a national rise. Diagnosis rates levelled off in 2020 in the BCP Council area and fell in the Dorset Council area. Diagnosis rates in both Councils are lower than the England average at 79.9 and 19.0 infections per 100,000 population respectively compared to 100.9 for England. Between 2014 and 2018 there was a steady increase in syphilis infection rates in England, and infections also rose during this period in both Council areas. Figures for 2020 show a fall in diagnoses in BCP Council to below the England rate, while Dorset Council continued to show a small increase. Rates in 2020 were 12.25 for England, and 7.81 and 5.79 respectively per 100,000 population for BCP and Dorset Councils.
- 3.4 Conception rates among females aged under 18 have continued to fall nationally over the period 2014 to 2019. BCP Council rates tend to mirror the national rate. However in more recent years, the rate for Dorset Council has stopped falling, and was slightly higher than the BCP council rate in 2019. Both Councils had under 18 conception rates below the rate for England in 2019 (13.78 for Dorset Council, and 12.8 per 1,000 females aged 15-17).
- 3.5 The prevalence rate for HIV in 2020 was 2.7 per 1000 population in Bournemouth, Christchurch and Poole, which was higher than the England rate (2.3 per 1,000). Rates for new HIV diagnoses in Dorset Council (0.83 per 1,000) are below the England rate for 2020. In 2020 data showed that HIV new diagnosis rates fell overall. Overall, late diagnosis for HIV has improved since 2011 as people are presenting and getting tested earlier and awareness of clinical indicators for HIV among care professionals has improved.
- 3.6 Sexual Health Dorset (SHD) are improving access to sexual health services online, and have commissioned SH:24 as a digital service for all residents. SH:24 provide online testing, postal chlamydia treatment, oral contraception

and remote clinic support for 16 and 17-year-olds. Feedback to date suggests that 45 per cent of users are under 25 years, 90 per cent of those testing positive opt for the online chlamydia treatment service, and this frees up capacity in the service for face to face clinical work. User feedback suggests the service is easy to use to order testing and treatment kits (98 per cent), people felt that they were given enough information and support (97 per cent) and results came back quickly (98 per cent) giving peace of mind.

- 3.7 SHD established a new Pre-Exposure Prophylaxis (PrEP) service this year, supported by new funding via NHS England and the public health Grant. This supports people to reduce their risk of acquiring HIV through pre-exposure drug treatment. The first patient cohort is being managed effectively and an equity audit has been undertaken recently to identify which groups access the service and which groups remain underserved. The outcomes of the audit will be the focus for a targeted promotional programme to improve awareness, PrEP access and support for key groups such as BAME communities, gay and bisexual communities that are new to the area and sex workers. The next stage will be for SHD to develop communication strategies to raise awareness, understanding and encourage access to PrEP by working with other settings such as schools and universities, as part of phase two roll out. HIV testing week this month will be an opportunity to promote the service among priority groups.
- 3.8 Schools continue to play a key part in improving sexual health for young people and the recovery programme work with schools is well underway following a pause during COVID. The Children and Young People's Public Health Service continue to work with Sexual Health Dorset to identify priority schools each year to assess needs and educational support for sexual health. A CHAT health digital programme is already established in schools and this month a new sexual health module was launched to improve digital access and support for young people.

4. Conclusion and recommendations

- 4.1 This paper provides a high-level summary in narrative form. Appendices include supporting activity data and information, with more in-depth information available on request. The Joint Public Health Board is asked to note the performance data in this report.

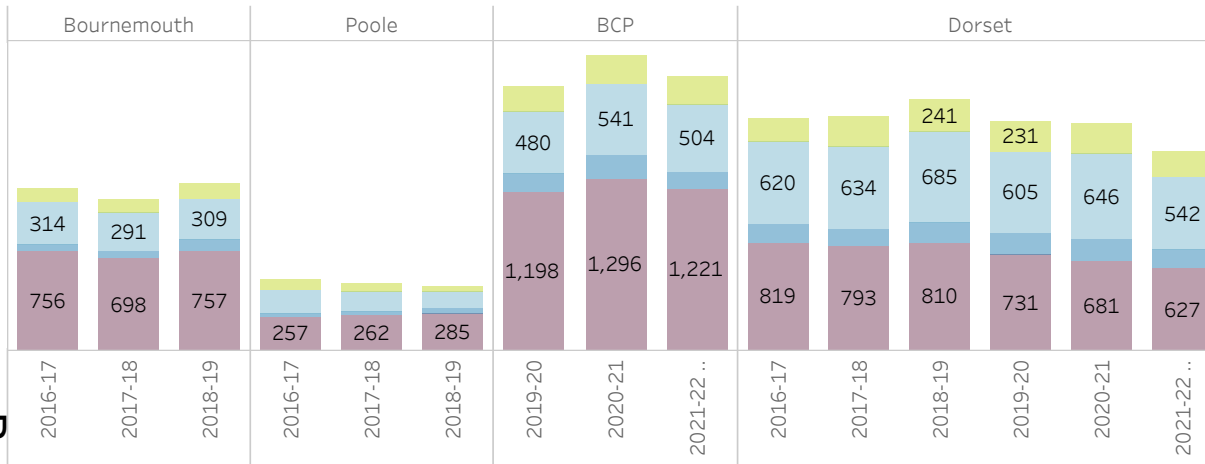
Sam Crowe
Director of Public Health

JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

February 2022



Number of Clients in Structured Treatment (2021-22 data is as at Q2)



Estimates of Unmet Need

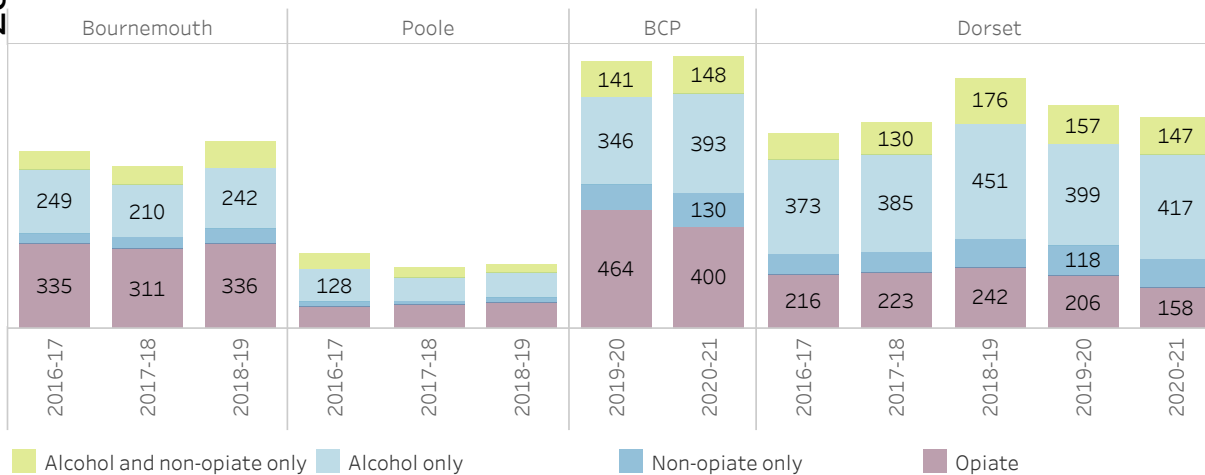
The estimated proportion of people in each area who are dependent on opiates and/or crack cocaine or alcohol not in the treatment system

		2015-16	2016-17	2017-18	2018-19
Bournemouth	Alcohol	87.2%	86.1%	87.0%	84.9%
	Opiates and/or crack..	49.7%	57.8%	60.9%	59.2%
Poole	Alcohol	85.7%	83.7%	85.9%	87.8%
	Opiates and/or crack..	52.9%	51.1%	49.8%	55.2%
Dorset	Alcohol	77.9%	77.0%	75.4%	72.9%
	Opiates and/or crack..	46.9%	48.6%	50.0%	43.7%
National	Alcohol	81.3%	78.1%	82.9%	82.6%
	Opiates and/or crack..	49.2%	49.6%	51.7%	54.0%

Dorset: Numbers in treatment remain fairly stable, although the drop in opiate clients in treatment and accessing treatment will be continued to be monitored as it continues to fall gradually.

BCP: Number for opiates and primary alcohol misuse have slightly reduced, this is due to some of the homeless population bouncing in and out of treatment, although the vast majority have continued and engaged with treatment. New presentations to treatment for primary alcohol misuse continues to increase, but retention for Q2 is an issue which needs further investigation.

Number of New Presentations to Structured Treatment

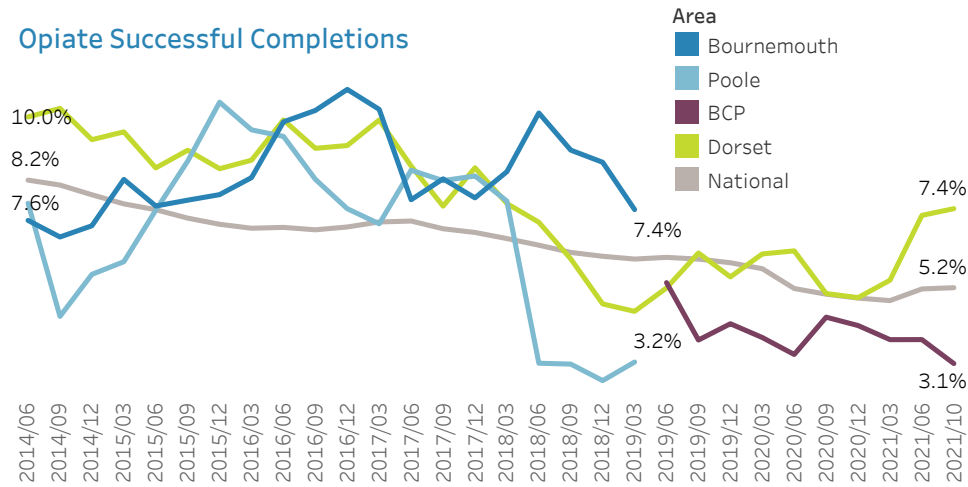


JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

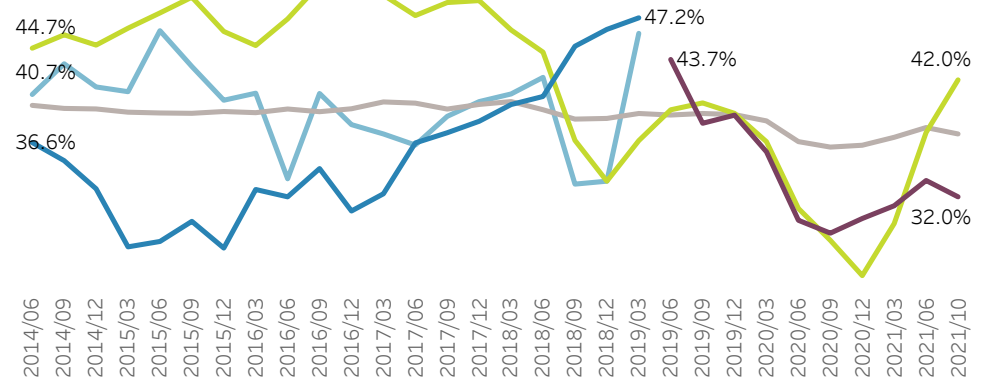
Successful completions as a proportion of all in treatment



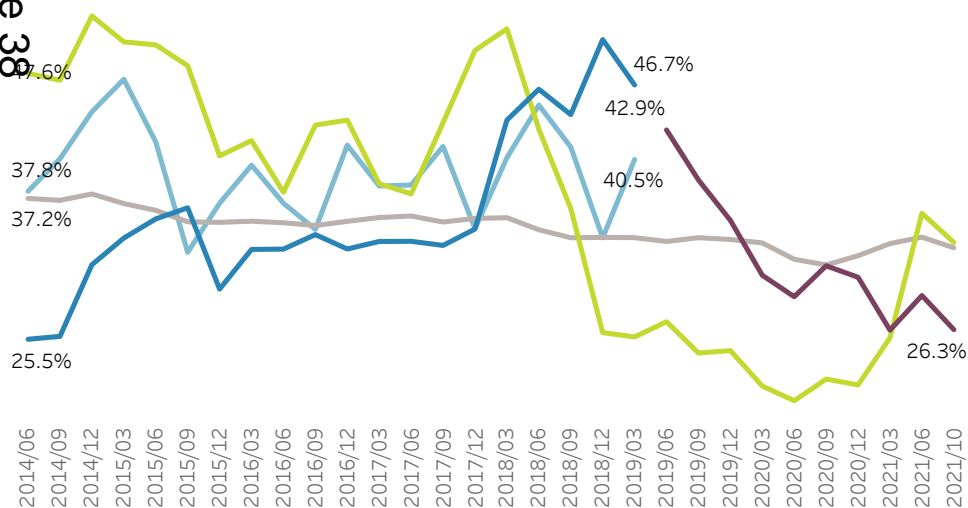
Opiate Successful Completions



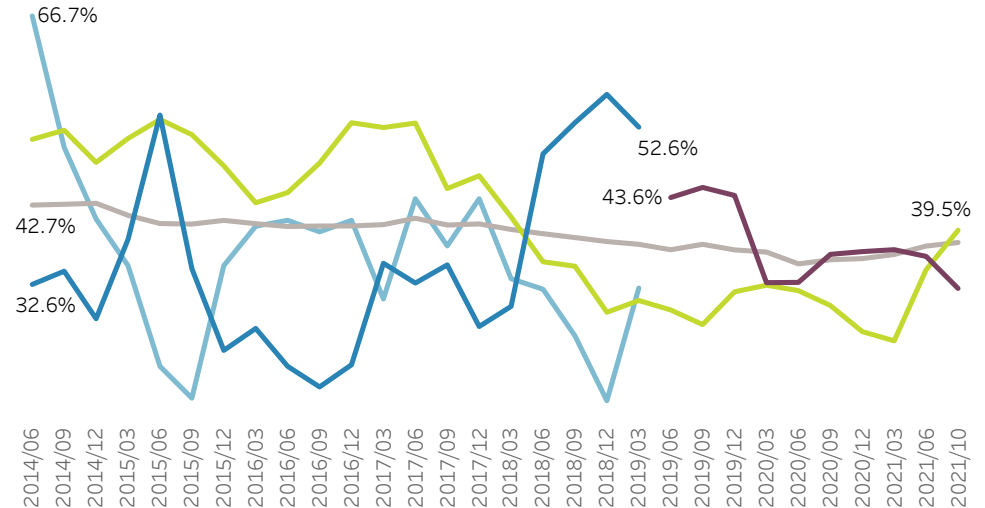
Alcohol Successful Completions



Alcohol & Non-Opiate Successful Completions



Non-Opiate Successful Completions



Dorset: We are starting to see increases in successful completions in most areas. There has however been a steady fall in alcohol and non-opiate successful completions, likely still due to the impact of reduction/speed/offer of detoxification and compromise of aftercare support due to Covid.

BCP: Opiate successful completions continue to remain low as more opiate users enter into treatment which keeps successful completions low. Alcohol completions have decreased slightly due to Poole Hospital being closed for elective detoxes long period of time due to Covid. Long waiting times for detoxification impacts on completions. Nationally waiting times for inpatient detoxification and residential rehabilitation are an issue. The new Inpatient Unit at Fareham opened its doors in January 2022, and should reduce waiting times and impact on outcomes. It is envisaged the new treatment system in BCP, once bedded in, will start to see outcomes improving.

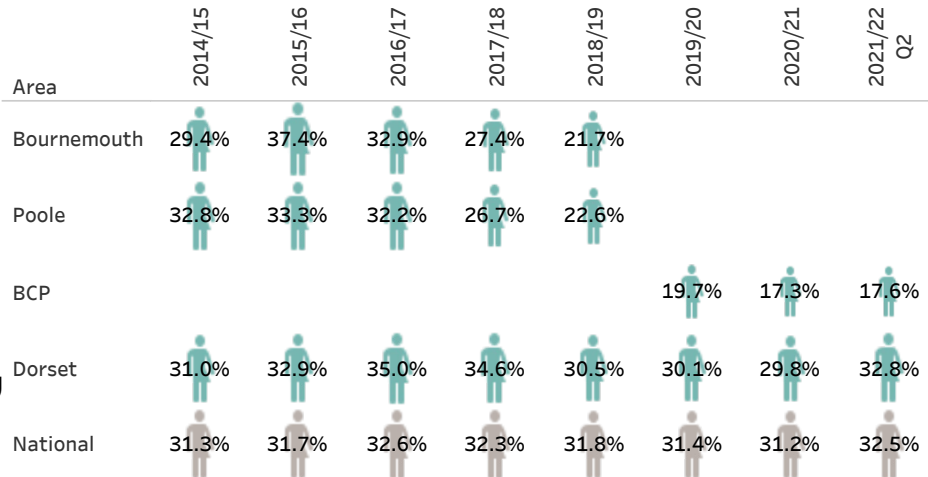
JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

Time in treatment & alcohol related hospital admissions



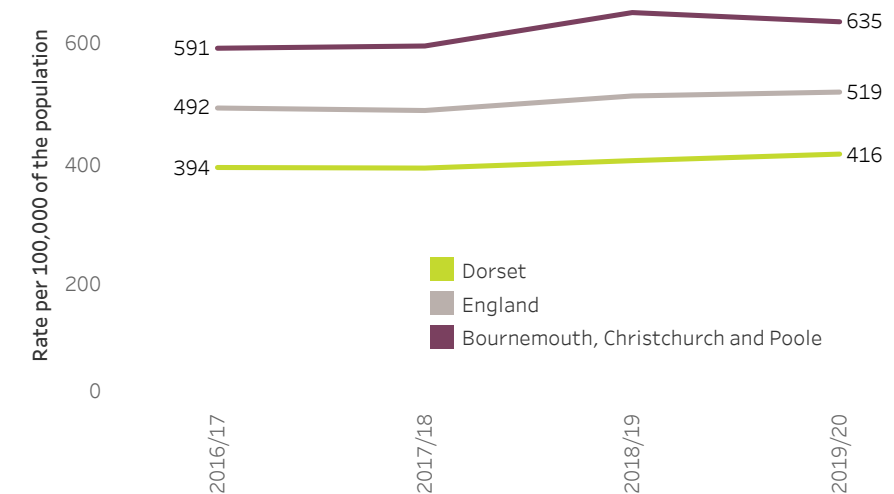
Opiate Clients in treatment for 6 years or more

Number of clients in treatment for stated time period / all clients in treatment at the end of the period

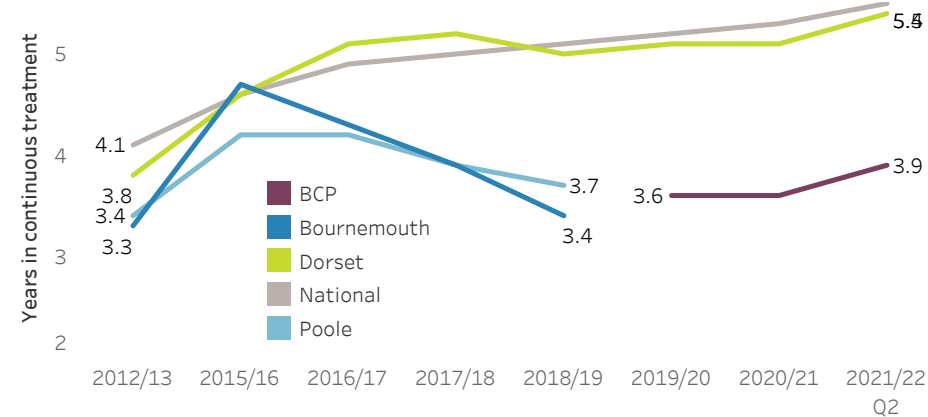


Alcohol Related Hospital Admissions

Rate per 100,000 of the population all ages - Narrow (Local Alcohol Profiles for England Indicator 10.01)
Where an alcohol-related illness was the main reason for admission or identified as an external cause



Opiate Clients - Average Time in Continuous Treatment (in years)



Dorset: Generally mirrors the national average for opiate clients in treatment. The rate of alcohol related hospital admissions have increased slightly in line with the national trend. Exploration of an alcohol related death panel is being explored between CCG/PHD and acute hospitals.

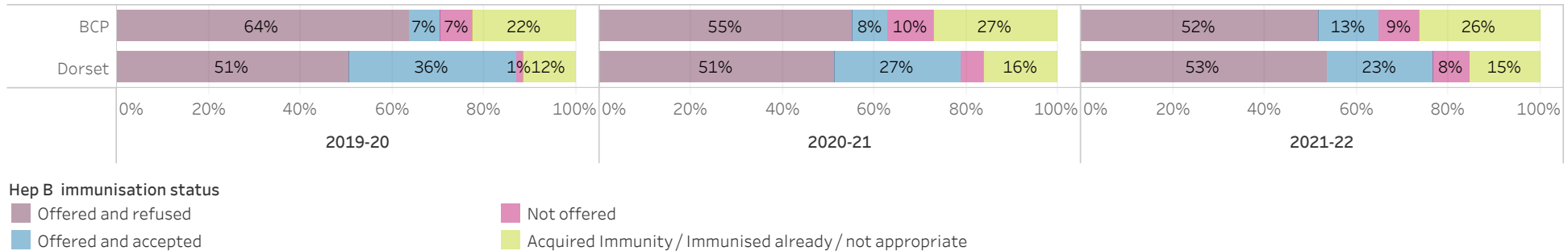
BCP: Individuals in long term opiate treatment continue to remain below national average. The complexity and lifestyle of individuals does impact on individuals remaining in treatment. BCP have introduced an more assertive approach if people disengage, and are due to participate in a national project with Alcohol Change UK around Cognitive Brain Functioning and decision making which lessons learnt from the project will be rolled out across agencies in BCP. Alcohol related admissions have continued to rise, potentially due to lack of inpatient detox facilities being fully open due Covid.

JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

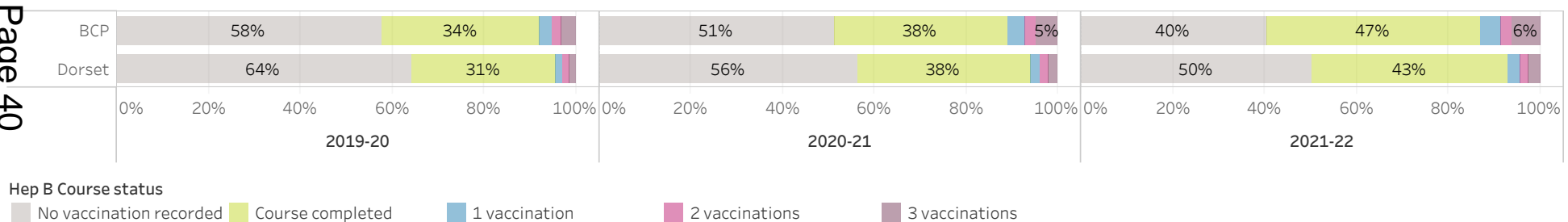
Blood Borne Viruses



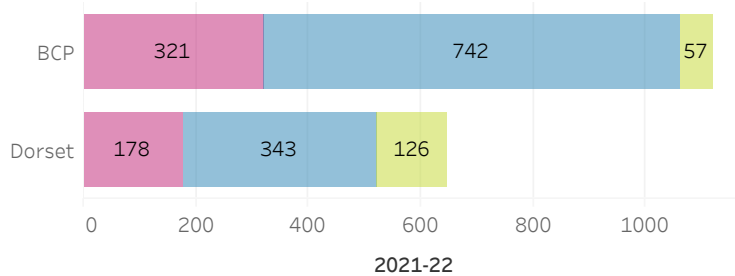
Percentage of Clients in treatment who accepted Hep B immunisation



Percentage of clients in treatment who have completed Hep B course



Hep C latest test date for clients who currently or have previously injected



Hep C Date within last year

- Hep C test within 1 year
- Hep C tested over 1 year ago
- No Hep C test date recorded

Dorset: Blood borne virus prevention - vaccination and testing has been adversely affected by the consequences of Covid19. A Hepatitis C Roadshow took place in November 2021 and this was seen as a huge success to those involved, encouraging the use of self-testing and identifying individuals Hep-C positive requiring treatment. We would expect to see an improvement in these figures next quarter as a result.

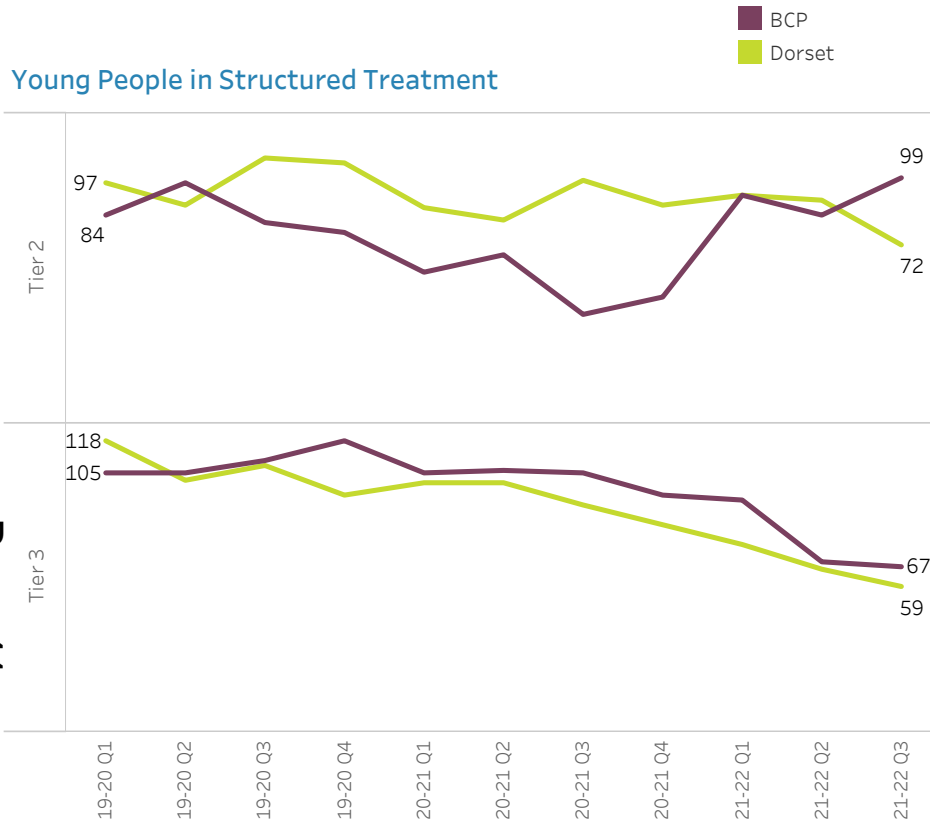
BCP: Testing during covid has remained low, unless undertaken by targeted work due to the majority of service users not being seen face to face. BCP are undertaking an audit in January 2022, to identify all individuals that require testing, and February/March BCP will target to see and re-test everyone who has not had a Hep C test. Hep B provision has recently changed due to the new commissioning of services in BCP and it is envisaged that this will improve.

JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

Young people in treatment



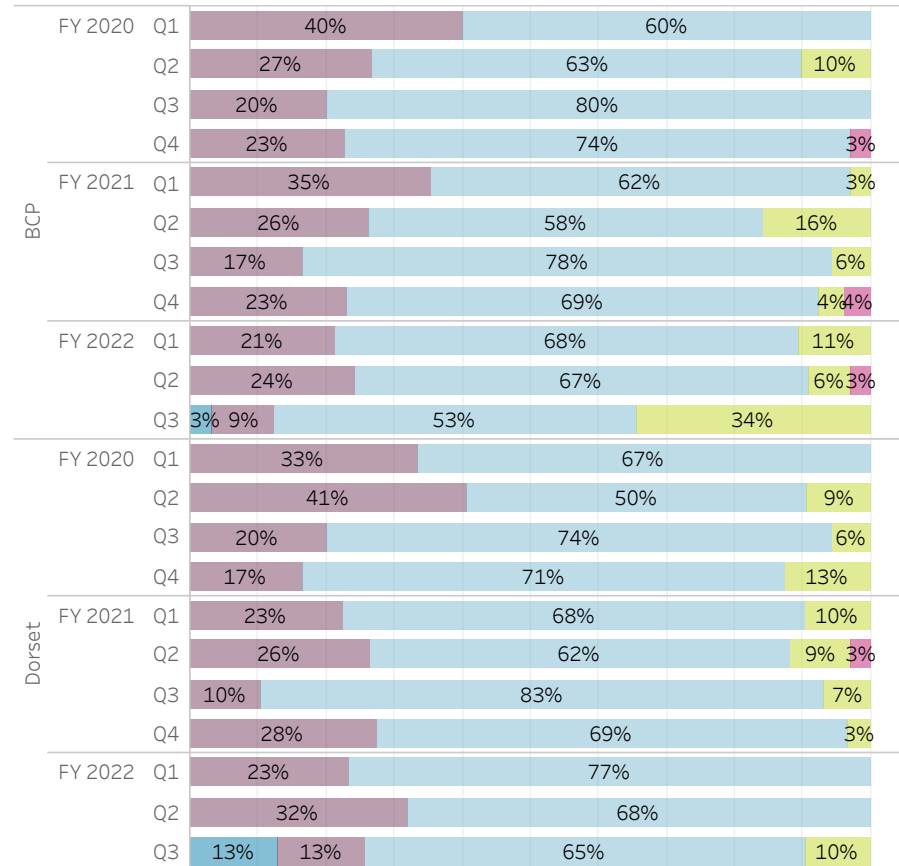
Young People in Structured Treatment



seen a continued reduction of young people in tier 3 with providers working to find more engaging ways to work with young people. Schools are not currently permitting professionals to come in to work with young people due to Covid restrictions. Work due to take place to explore options of an MDT panel similar to adult service to support young people into treatment.

BCP: Numbers for tier 2 interventions continue to gradually rise now that services have access to young people in schools. Tier 3 interventions continue to remain low, but the young people who are engaging have multiple complexities which require multi agency working long term. Outcomes for young people remain steady.

Young People - Closures



Closure Reason

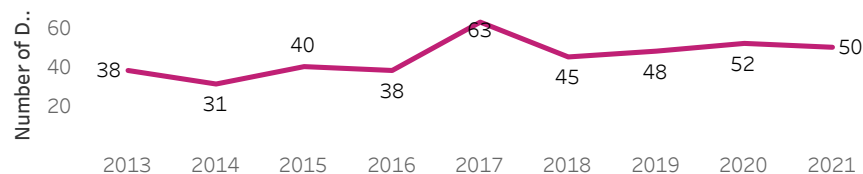
- Transferred in Custody
- Transferred not Custody
- Planned Exit

JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

Drug related deaths and Naloxone provision



Drug Related Deaths Pan-Dorset



Drug Related Deaths Locations

	2013	2014	2015	2016	2017	2018	2019	2020	2021
Bournemouth	20	21	19	19	27	18	21	24	30
Weymouth and Portland	8	4	8	3	12	7	4	13	6
Poole	6	5	3	7	7	9	8	3	4
West Dorset	3	1	2	3	4	4	5	3	6
North Dorset	1		3	3	6	5	3	3	
Purbeck			2		2		2	3	2
Christchurch			2	2	4	2	1	1	1
East Dorset			1	1	1		4	2	1
Grand Total	38	31	40	38	63	45	48	52	50

Please note 2021 figures are draft and subject to coroners conclusions.

Dorset: Drug related deaths continue to be a priority locally and are being closely monitored. 2020 figures are generally in line with 2019. April 2020 being the only major outlier. There is still work to do to improve Naloxone distribution particularly in relation to people not currently in treatment.

BCP: Drug related deaths remain high in the BCP area. Drug related deaths is a national issue with deaths continuing to rise year on year since 1993. Naloxone continues to be issued in BCP. Housing providers staff, security officers in B&B/hotels and BCP Housing officers have all been trained in Naloxone and been offer kits if they wish to carry one. BCP Council have just agreed that all front line staff ie beach, car parks & parks staff, social workers and community safety workers should be trained in Naloxone and that both injectable Naloxone and Nasal Nyxoid kits to be made available if required.

Naloxone Provision

Number of kits issued to date

	BCP	Dorset
Client	1,352	682
People not in treatment	667	188
Worker	80	19

Naloxone kits used since start of project

	BCP	Dorset
By people in drug treatment	49	20
By people not in drug treatment	34	2
By drug workers	4	1

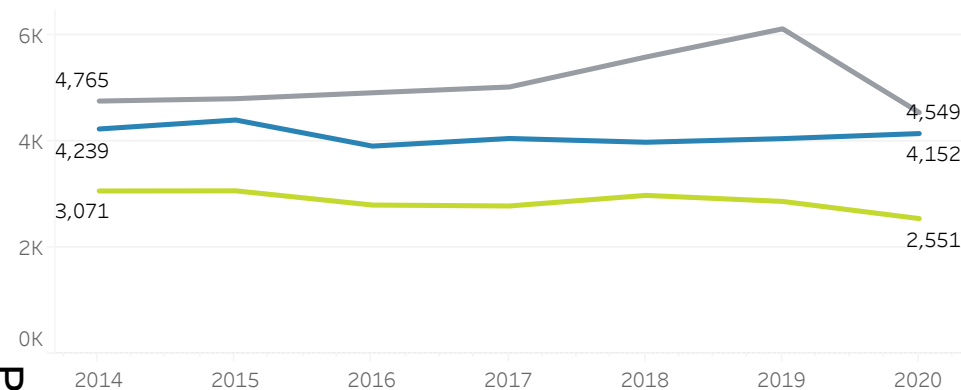
Outcome of usage



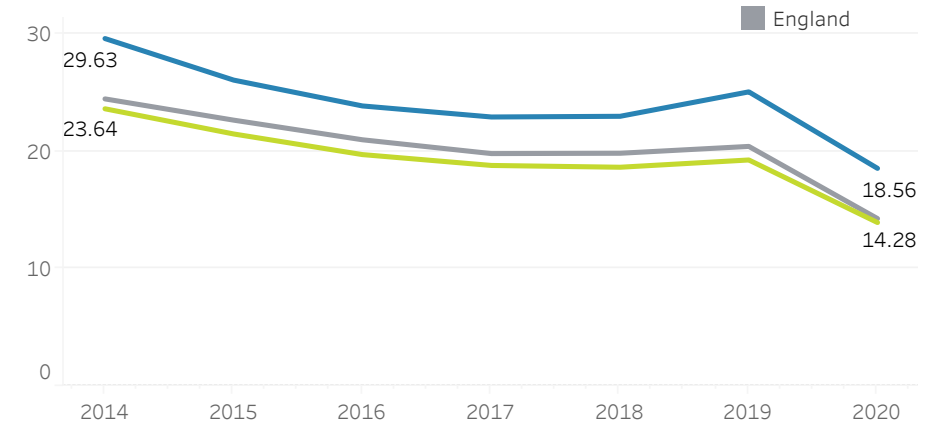
JOINT PUBLIC HEALTH BOARD SEXUAL HEALTH PERFORMANCE REPORT



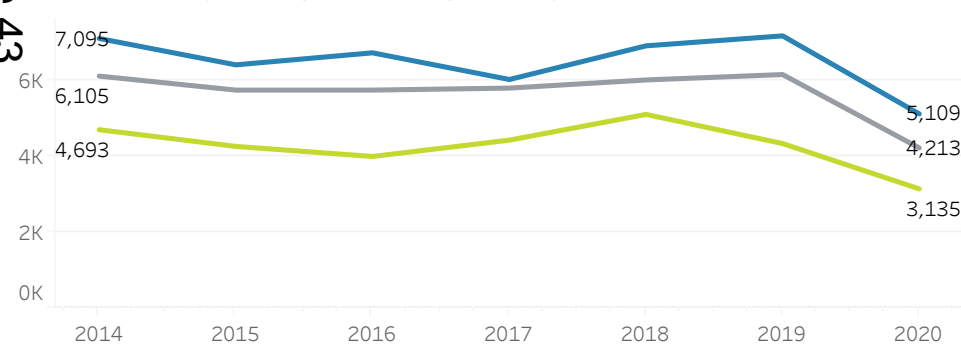
1. New sexually transmitted infections diagnoses in under 25 year olds per 100,000 population



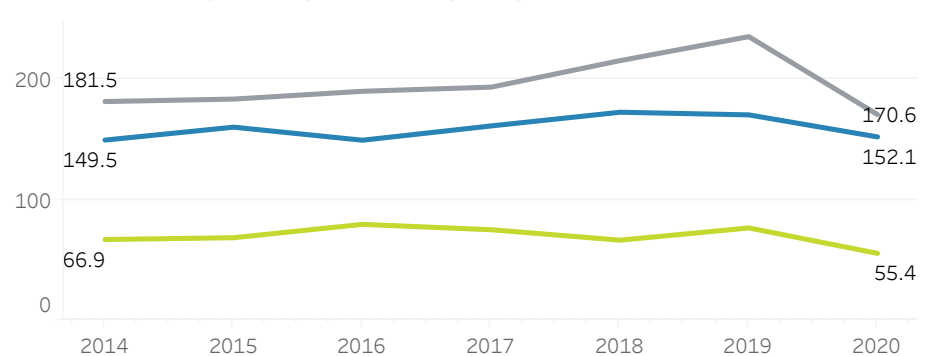
3. The proportion of 15 to 25 year olds screened in Dorset



2. Rate of Chlamydia diagnoses for age 15-25 years



4. Rate of Chlamydia diagnoses for age 25 years and over



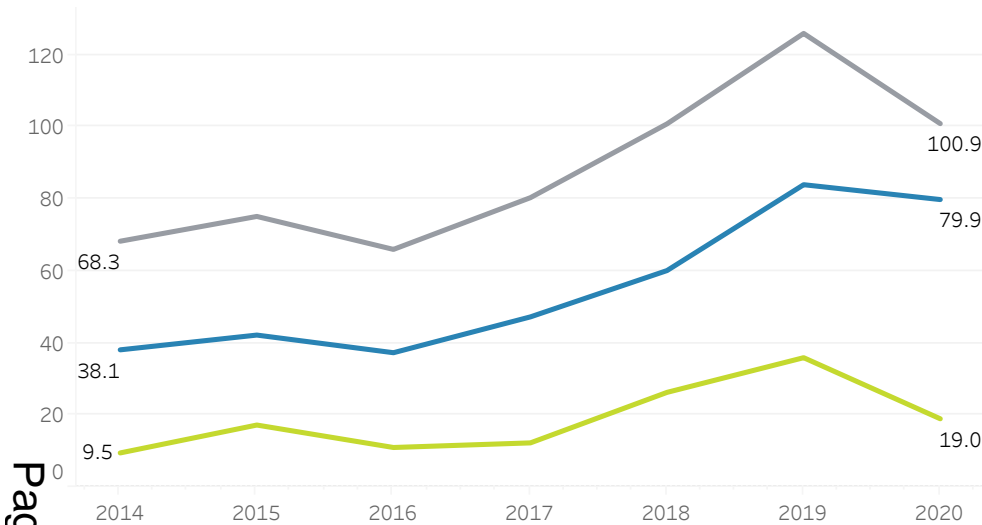
All new STIs (excluding Chlamydia in under 25s) per 100,000 aged 15 to 64 years showed that in 2020 infection diagnoses are lower than England average in Bournemouth, Christchurch and Poole combined and lower in Dorset. A longer-term trend shows a rise for 2014/5 in Bournemouth, Christchurch and Poole and a fall in 2016 but remains static overall since 2012, compared to a decline over the last year nationally.

For chlamydia screening Sexual Health Services in Dorset have adopted a more targeted focus in directing screening to areas of greater need to increase positivity rates and subsequent treatment. So, the proportion of those 15-25 years olds screened in higher prevalence areas are higher. The numbers screened aged between 15-25 in Bournemouth, Christchurch and Poole combined are shown as higher than England average and Dorset are much lower. The diagnoses for those over 25 are lower than England average across both council areas but remain largely static overtime, compared to a decline in the England average from 2019 to 2020.

JOINT PUBLIC HEALTH BOARD SEXUAL HEALTH PERFORMANCE REPORT



5.The rate of Gonorrhoea diagnoses per 100,000 population

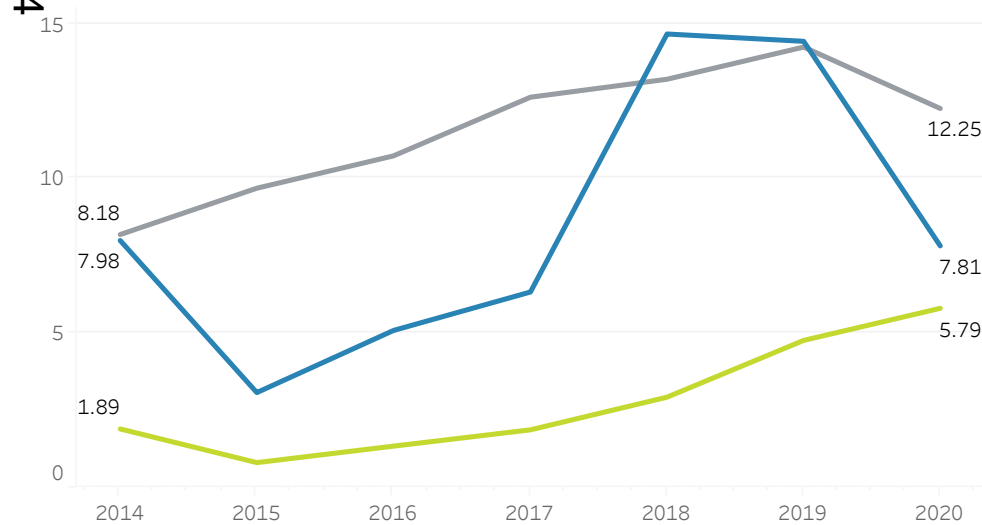


The rate of Gonorrhoea has been increasing since 2016 but show a levelling off during 2020, which now indicates a slight decline for Bournemouth, Christchurch and Poole and Dorset shows a steeper decline, which is more in line with the England trend. Figures both remain lower than the England average at 79.9 and 19.0 per 100,000 population respectively compared to 100.9.

BCP
Dorset
England

Page 44

6.Rate of syphilis diagnoses per 100,000 population

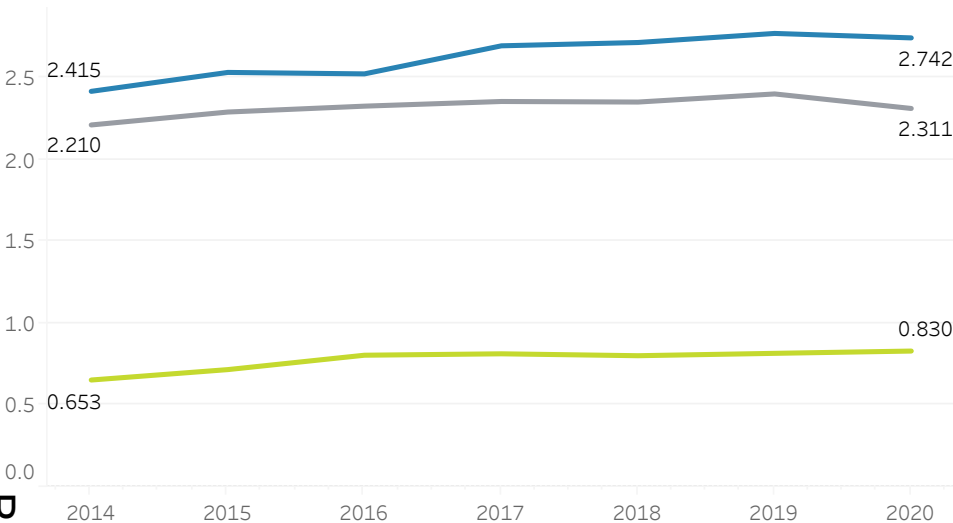


Nationally rates of syphilis diagnoses showed a rising trend, rates in Bournemouth, Christchurch and Poole peaked again in 2018 following a decline since 2014, now figures for 2020 once again show a steeper decline and are now below England average which is 12.25 at 7.81 and 5.79 respectively.

JOINT PUBLIC HEALTH BOARD SEXUAL HEALTH PERFORMANCE REPORT

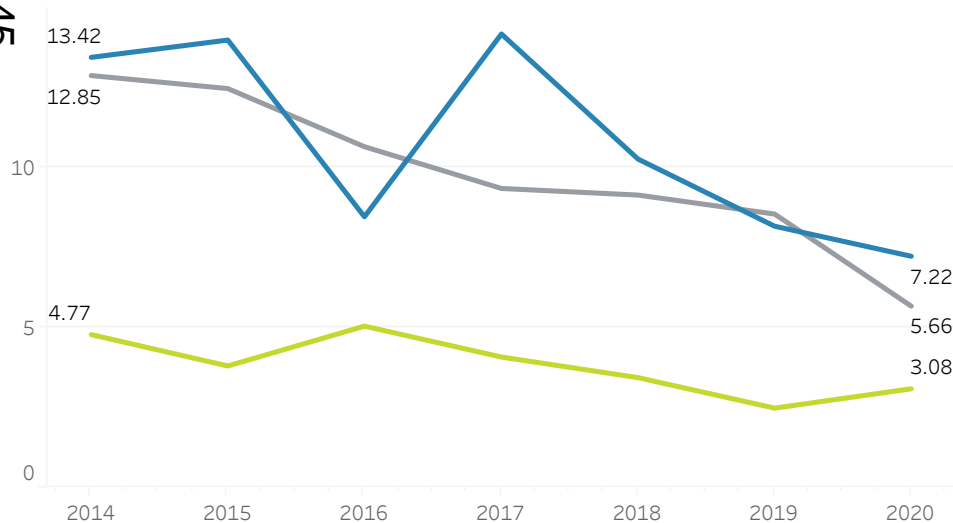


7.HIV Diagnosed prevalence 15 -59



The prevalence rate for HIV in 2020 was 2.742 per 1000 population in Bournemouth, Christchurch and Poole, which was higher than the England average (2.311). Trends have remained higher, which is largely due to vulnerable groups residing in the area. This gives an amber ranking against the PHE goal of less than 2 per 1000 population. Rates for Dorset (0.83) were below average and ranked green.

8.HIV new diagnosis rate per 100,000 15 plus years.



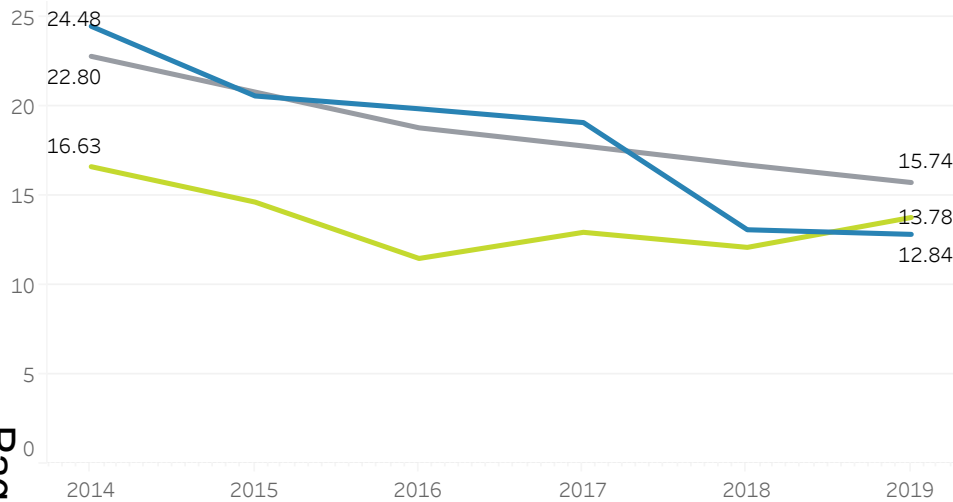
In 2020 data showed that HIV new diagnosis rates fell overall, but not significantly and are now above England average (5.66) again in Bournemouth, Christchurch and Poole (7.22). Dorset remains low (3.08) and highlight a slight increase since 2019. Late diagnosis for HIV has improved since 2011 as people are presenting and getting tested earlier and awareness of clinical indicators for HIV among care professionals has improved.

JOINT PUBLIC HEALTH BOARD SEXUAL HEALTH PERFORMANCE REPORT



9. Under 18 conception rates per 1000 population in females 15-17 years

Note: only 2017 figures provided for new LA areas



- BCP
- Dorset
- England

Nationally conception rates have fallen over time from 22.8 to 15.74, in Bournemouth, Christchurch and Poole were slightly above England average in 2017 and are now below average (12.84 from 19.09) and Dorset remain below average (13.78) and now show a slightly higher figure than Bournemouth, Christchurch and Poole.

Joint Public Health Board NHS Health Checks Update 16 February 2022

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: Sophia Callaghan,
Title: Public Health Consultant
Tel: 01305 224887
Email: sophia.callaghan@dorsetcouncil.gov.uk

Report Status: Public

Recommendations: The Joint Public Health Board is asked to support the following recommendations for the NHS Health Check programme:

- 1) Pause face to face provision of Health Checks in their current form until March 2023. This allows sufficient time to carry out the engagement, design and procurement for a new service, in line with national timelines for the new prevention service and ICS start-up;
- 2) Begin the development work for a new local digital health check, thinking about how best to incorporate the LiveWell Dorset behaviour change service with any future population-based cardiovascular disease check.
- 3) Ask the Dorset Health Inequalities Group and ICS Engagement team to help identify local barriers to delivery and take up of the check over the past few years – to inform the future model. The BCP Council Vibrant Communities Board, Local Healthwatch, and Dorset Council Stronger Neighbourhoods teams should also be consulted as part of this work.

Reason for Recommendation: Allow sufficient time for the national programme recommendations to be further developed, the Dorset ICS to launch, and our local work to identify how best to overcome barriers and inequalities to be developed so that the relaunched check is more effective.

1. Executive Summary

This report provides an update of the current position and thinking for the NHS Health Checks Programme.

2. Financial Implications

The service considered within this paper is 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 include any element of incentive or outcome related payment.

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: Health Checks restart plans and local implications

8. Background Papers

1. <https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care>
2. <https://www.gov.uk/government/publications/nhs-health-check-programme-review>

1. Background

- 1.1 This report provides an update of the current position for the NHS Health Checks Programme, which has been paused ever since the pandemic started in March 2020. Please see Appendices for more detailed on planning and potential local implementation.

2. Current Position

- 2.1 NHS Health Check (NHS HC) remains paused because of COVID-19 restrictions and current vaccination programmes. The November 2021 Joint Board papers gave an overview of the current national position and identified the opportunity to think about delivering the programme differently in collaboration with the Integrated Care System (ICS).
- 2.2 Public Health Dorset (PHD) has been liaising with the Local Medical Committee (LMC), the Local Pharmaceutical Committee (LPC) and Primary Care Clinical Directors about restarting the programme. The priority for Providers to re-start delivery of the HC programme remains low, due to significant capacity pressures.
- 2.3 In preparation for restarting the programme the public health team is reviewing the current NHS Health Check model and are looking to scope and develop options for the future delivery of the programme. Two recent publications will influence the future direction of the programme:
- The health and social care Command Paper *Build Back Better*¹ ;
 - A recent NHS Health Checks review Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations².
- 2.4 These developments present a chance to re-think cardiovascular disease prevention through the NHS HC programme, working with the Dorset Integrated Care System which goes live in July 2022.

3. Summary of the NHS HC Review

- 3.1 In early 2020, the Secretary of State for Health requested a review to identify ways in which the NHS HC programme could support the NHS prevention agenda, and particularly to reduce inequalities in health outcomes. The review (Background Paper 2) was conducted throughout 2020, and in summary found that:

- *NHS HC has been broadly successful in reaching the target population (2 in 5 eligible people)*
- *Multiple opportunities exist to improve the programme across the entire pathway*
- *People's risk sets in early, so behaviour needs to change sooner than the target age invited to the check (currently 40-74 years)*
- *A wider view of health could help address current burden of disease*
- *Better technology might help target, reach and personalise the NHS HC*

3.2 Although the programme has experienced some success, there is potential for further contribution towards reducing cardiovascular disease risk and health inequalities and address the wider determinants of health. The goals of the transformed NHS Health Check will be to engage people in maintaining good health and prevent chronic disease, reduce health inequalities and act as a gateway to wider wellness offers of support through closer integration with other prevention programmes.

3.3 The review makes six recommendations for ways in which the programme could develop to realise these goals.

Build sustained engagement	A shift from a single check to developing an ongoing relationship, backed-up by effective risk communication and behaviour change support.
Launch a digital service	Improve accessibility and efficiency through a digital offer, which will support better integration with other services, improve engagement, uptake and provide patients with more control over their health and shared care.
Start younger	Make the NHS HC available to people from a younger age, when they are 30 to 39. Preventable risk factors such as smoking, high blood pressure, cholesterol and obesity drive the development of CVD and other diseases from early life.
Improve participation	Design the NHS HC to improve participation by all eligible people, but especially the people likely to benefit most – those who live in more deprived areas, those from black and minority ethnic groups who are more susceptible to CVD, and men.

Address more conditions	As a step towards more holistic view of individual health, consider evidence on addressing common mental health risks and musculoskeletal conditions at the NHS HC.
Create a learning system	Launch a rigorous, ongoing independent scientific evaluation of the new NHS HC model.

- 3.4 For people going through the programme, these changes mean they will receive ongoing engagement about health and wellbeing, backed-up by regular interaction, including support for behaviour change along with a digital approach that is more accessible and convenient, giving them the freedom to provide information online without the need for an appointment. It will provide a gateway to wider wellness and prevention services, avoiding the need to duplicate data, and creating an interactive, holistic view of health²

4. Conclusion and recommendations

- 4.1 This paper provides a high-level summary of the current position for the NHS Health Check programme. Appendices and background papers include supporting information. The Joint Board is asked to consider the information in this report and to support the following recommendations:

- Agree for physical, face to face provision of Health Checks in their current form to remain paused until the end of March 2023. This allows sufficient time to carry out the engagement, design and procurement for a new service, in line with national timelines for the prevention service and ICS start-up;
- Agree to support a continued pausing of the programme until March 2023. This will allow sufficient time for the necessary engagement to develop options for alternative delivery models in line with future national expectations.
- Agree to start the development work for a new local digital health check, thinking about how best to incorporate the LiveWell Dorset behaviour change service with any future population-based cardiovascular disease check.
- Ask the Health Inequalities Group and ICS Engagement team to support work to identify local barriers to delivery and take up of the check over the past few years – to inform the future model. The BCP Council Vibrant

Communities Board, Local Healthwatch, and Dorset Council Stronger Neighbourhoods teams should also be consulted as part of this work.

Sam Crowe
Director of Public Health

This page is intentionally left blank

Appendix One: Local implications

Whilst most of the work to develop the Health Checks programme will be led nationally and will take some time to be ready for implementation, there will be some steps we can take locally to prepare to re-align the service to meet new requirements, over the short-term (2022-3) and over the longer term (the next 3 years).

Strand 1 (2022-23)	Strand 2 (2023 onwards)
AIM: To lay the foundations for future change <ul style="list-style-type: none"> - Continue to engage in restart appetite with providers and understand workforce capacity / training requirements - Explore evidence reviews around improving take-up - Identify key links locally with Core 20+ (NHS Prevention Programme) <ul style="list-style-type: none"> o Explore barriers and motivators to take-up in key target communities develop a co-production approach - Establish links and partnerships with other preventions services <ul style="list-style-type: none"> o LiveWell Dorset (LWD) o Diabetes Prevention Programme o Pharmacy CVD Management Programme - Engage /Develop/Agree a re-start plan with providers - Strengthen behaviour change focus by collecting insight on the Behaviour Change Techniques for maximising effectiveness - Prepare a digital approach with LWD to align with National plans 	AIM: To prepare Dorset and BCP's NHS Health Check programme to align with a new digitally informed, integrated prevention approach <ul style="list-style-type: none"> - Develop and agree delivery models / providers / settings - Develop a governance structure - Understand the system needs to deliver Health Checks <ul style="list-style-type: none"> o Workforce capacity o What the system values about the programme - Develop appropriate performance metrics - Be ready for a digital component to the programme with connected links to LWD - Training delivery requirements in place and ready for providers - Complete accessibility review to support planning - Be ready for implementation of a new integrated prevention approach

This page is intentionally left blank

Joint Public Health Board Prevention at Scale stocktake 16 February 2022

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: 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 progress on our Prevention at Scale portfolio
- agree a continued focus on prevention; and
- consider a refreshed approach in how the shared service take this forward to feed into the Public Health Dorset 2022/23 business plan.

Reason for Recommendation:

Prevention at Scale was one of three key portfolios in Our Dorset Sustainability and Transformation Plan. It is now timely to review progress. There is also a recognition that a different approach may be needed as the ICS develops that fits with the national vision and operating model for ICSs.

1. Executive Summary

Prevention at Scale aimed at building prevention approaches into everyday contacts in our local health and care system. Work included transformation projects and influencing work under four programmes of Starting Well, Living Well, Ageing Well and Heathy Places.

The Dorset system now has a much broader recognition and ownership of prevention with good progress in many areas, summarised in Appendix 1.

Reviewing each of the four programme areas, the progress we have made locally, national priorities and local intelligence work in each area needs to continue but not in the same way as at present, with some parts moving to other programme areas, and some remaining as separate programmes of work.

This review will feed into our Public Health Dorset business planning for 2022/23.

2. Financial Implications

Some work under the Prevention at Scale portfolio is now part of Public Health Dorset's business as usual and covered by the shared service budget. Non-recurrent funds to pump-prime projects came for the most part from underspend in Public Health Dorset, with £1M funding committed from the ring-fenced reserve in November 2016, and £308k from Dorset County Council public health ring-fenced reserve in June 2018. The shared service public health ring-fenced reserve still has £443k committed for prevention programmes.

There was also £150k Dorset CCG transformation funding and funding from Dorset bids to Sport England and the Transforming Cities Fund.

The NHS has some specific funding to support prevention priorities allocated as part of the NHS Long Term Plan, and the Spending Review 2021 signalled several funding streams with a prevention focus which may come down through the NHS, public health or a combination of the two. Discussion is ongoing about how these are managed through the system.

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 Prevention at Scale stocktake September 2021.

8. Background Papers

Our Dorset Sustainability and Transformation Plan

1 Update

1.1 Prevention at Scale (PAS) was one of the key portfolios set out in Our Dorset Sustainability and Transformation Plan (STP). It set out an ambitious programme of transformation work aimed at building prevention approaches into everyday contacts in our local health and care system. Work included a broad range of projects as well as influencing work across the system and was considered under four programmes of Starting Well, Living Well, Ageing Well and Healthy Places.

1.2 Our Dorset STP addressed the challenge of rising demands and population need for health and care services and recognised that prevention was a key strand to managing this increased demand in a sustainable way, as diet, lack of physical activity, excess weight, alcohol and smoking all contribute to the burden of preventable disease and disability. Although public health services were in place to support people to make lifestyle changes reach into the population was limited. Prevention at Scale therefore set out to build the capacity of all health and care partners to support their staff and how they engage more people to improve their health and wellbeing and reduce their risks of longer-term conditions and need for health or social care.

1.3 The Public Health Dorset role in the portfolio was to:

- develop a strategic narrative that all partners could engage with to understand their role in prevention
- report into the two health and wellbeing boards and the system leadership team on progress (paused during COVID)
- identify and scope opportunities to put behaviour change support alongside standard health and care pathways including through digital approaches

- help organisations build scale and reach into their approaches through training and development of the workforce
 - work with partners to secure external funding and or support for large scale demonstrators aimed at building physical activity into everyday lives, from children and young people to working age adults and older people.
- 1.4 A key success of PAS has been a much broader recognition and ownership of prevention, although this can still be a challenge in some areas. Appendix 1 provides a stocktake, completed in September 2021, of the different projects and programmes of work across the breadth of the portfolio.
- 1.5 The Starting Well programme has continued to evolve. There are overlaps with the two councils' Children's Plans, and with the NHS Better Births work. Key narratives are now Best Start in Life and the First 1,000 days of life, and future narrative may be better aligned with these. The Public Health Dorset role in the future is proposed as:
- continuing to be part of strategic discussions, ensuring prevention remains a focus within the developing narratives and transformation work for children and young people as a system
 - further development of the children and young people's public health service that we commission.
- 1.6 The Living Well programme had a focus on the LiveWell Dorset service which was brought inhouse 1 April 2018. The service supports residents across Dorset to make healthy lifestyle changes, providing greater support to those who may otherwise be less likely to engage. Public Health Dorset will continue to look for continued improvements and developments as part of the service plan.
- 1.7 The Living Well programme also had a focus on workforce development and workforce health. Public Health Dorset will continue to provide delivery of training through LiveWell Dorset, and can connect in other training opportunities, such as suicide prevention training or mental health first aid. However, each organisation recognises their own responsibility, and good system links have been made with the establishment of a system Health and Wellbeing group to share good practice and co-ordinate joint work.

- 1.8 Our Ageing Well programme encouraged health and care services to look at opportunities within their pathways where prevention could be built in systematically, including connection to LiveWell Dorset. More recently the NHS Long Term Plan has set out key commitments for the NHS to play their part in prevention, and during the COVID-19 pandemic poorer outcomes from COVID for people with conditions such as diabetes, cardiovascular disease and obesity, have increased the focus in some of these areas. Several funding streams identified by Spending Review 21 will support continued work in this area, although exact detail is not yet clear. Delivery will be through NHS providers. Depending on financial flows, the role for Public Health Dorset may be to build on the population health management work that uses data and intelligence more effectively to target action.
- 1.9 Local authority services also need to think about how they connect their clients to prevention opportunities. Action on Smoking and Health estimate a significant financial impact for local authorities from smoking related issues, with estimates of the impact for 2021 in BCP and Dorset councils at £7.8M and £8.7M, respectively. Public Health Dorset will continue to work with both councils to increase awareness of this issue and how best to expand and build on the work to date.
- 1.10 Our Healthy Places programme focused on access to green space and infrastructure that would enable physical activity. We worked with local authority place directorates and other partners to secure external funding for a number of ongoing programmes, and this programme of work needs to continue.
- 1.11 Prevention clearly remains an overarching objective for Public Health Dorset. Reviewing these programmes and refocusing work as part of our business plan development will help us ensure the public health capacity is not duplicated or overlapping and we can maximise our capacity to support this work.
- 1.12 There will continue to be a need to understand how this review will feed into our Public Health Dorset business planning for 2022/23 including the local governance and assurance routes where these are currently changing, for example within the ICS.

This page is intentionally left blank

Prevention at Scale Stocktake September 2021

Development of the Prevention at Scale portfolio was kickstarted with a system workshop hosted by the two Health and Wellbeing Boards in October 2016, and built up into a series of programmes and plans through to 2017. This paper sets out the key achievements across the breadth of the Prevention at Scale portfolio since this first iteration in 2017. It also highlights where progress has been impacted by COVID, and areas of work that are still ongoing.

Funds to pump-prime projects have mainly come from non-recurrent sources, with £1M funding committed from the Public Health Dorset ring-fenced reserve in November 2016, £308k from Dorset County Council public health ring-fenced reserve in June 2018 and CCG transformation funding of £150k in November 2018. Other funding for specific programmes or projects is outlined in the relevant sections.

A key success of the portfolio has been the much wider ownership of prevention, with key players across the system taking a much more bottom-up development approach, thinking about broader health and wellbeing outcomes not focused only on performance and activity metrics.

Starting Well

Antenatal support

Better births programme

Good strategic partnerships forged and thinking around broader health and wellbeing outcomes continues to develop, with system work on peri-natal mental health, foetal alcohol syndrome in progress and infant feeding/breastfeeding and healthy maternal weight in pregnancy in scope.

Smoking in Pregnancy

Public Health Investment in dedicated midwives to help stop Smoking in Pregnancy has proven a successful model in reducing Smoking at the Time of Delivery (SATOD), including upskilling teams and introducing regular CO monitoring. However, this has been achieved through non-recurrent funding each year and no sustainable funding identified yet.

Household smoking is recognised as contributing to both the success of mothers quitting and the increased risk of childhood respiratory illness. Two pilots are being integrated into service offers; a smoking cessation offer through maternity to partners and CO monitoring and training with Health Visitors in Weymouth which informed the delivery priorities in the 0-19 CYPPPHS specification.

Next step – to assess and develop workstreams which reflect inequalities.

Universal Services for Families and Children

Effective 0-19 universal offer

Public Health Dorset led comprehensive stakeholder engagement in drawing up a new specification for the service, with the tender process completed and new contract with Dorset Health Care in place since October 2019 that focuses on outcomes.

Overall there is closer working together as a system around services for families and children, resulting in a new early help offer for 0-5s.

Whole school approaches to health and wellbeing

Over 300 school staff received Mental Health First Aid training and we have established a sustainable provider model for education settings with Weymouth College. This complements the Wellbeing Return for Education programme for schools, addressing additional needs from Covid-19.

The Headteachers Alliance delivered an innovative participatory approach to WSA by promoting physical activity as an enabler of positive mental health. Relationships developed with schools and the Alliance provide regular opportunities for co-produced approaches to public health and wellbeing.

Community capacity and confidence to support CYP to THRIVE

Significant additions to support CYP in “getting help” services have been implemented including; digital tools Chat Heath, Kooth and emotional health and wellbeing podcasts; Mental Health Teams in Schools and workforce development. A thorough Health Needs Assessment supports prioritisation of transformation plans.

Reduce variation in immunisation rates

There are examples of PCN good practice, but COVID has interrupted scaling those good examples.

Living Well

LiveWell Dorset

LiveWell Dorset Digital Development

Digital development of [LiveWell Dorset](#) up to February 2021 has covered development of an intelligent CRM to guide selection of evidence-based behaviour change techniques and coaching; launch of the LiveWell Finder to help people locate a vast range of health-and-wellbeing-promoting services, support and activities on their doorstep, the initial testing and development of self-service behaviour change tools, and, working closely with colleagues from the digital portfolio, supporting the mass roll-out of the ORCHA app library to select personalised content from accredited sources. The next phase of development will enable iterative improvements to these features plus:

- redesign and relaunch of a new My LiveWell platform;
- improved initial registration, and personalisation
- increased longer-term engagement with the service, including quality impact assessment to understand groups that continue to be poorly represented
- Integrating LiveWell Dorset data on the DiiS platform to increase primary care utilisation and engagement with the service (cross-over to Ageing Well too)

Referral in following Health Checks

Health Checks have been paused through COVID. The intention is to pause and review as we consider future options for more targeted Health Checks, including digital assessment and delivery.

Workforce

System wide approach to supporting staff health and wellbeing

Initial offer established pre-COVID. The enhanced offer developed during COVID emphasises mental health and MSK support, makes strong links with our Active Ageing Programme, and includes a bespoke package for care homes. [Here For Each Other – Join Our Dorset](#) This cross-system team is hosted by Dorset HealthCare and funded through 1-year NHSE monies – need clarity to understand how we sustain the offer going forward.

Next steps are a focus on inequalities and under-served groups, plus connecting this with development on compassionate leadership and digitalisation.

Training frontline professionals

Making Every Contact Count and Mental Health First Aid course have been rolled out across the system. System wide network of trainers established and supported. One-third of Allied Health Professionals across the system have been trained. Good representation from across the system,

with participants from both councils, the CCG, all 4 NHS Trusts, Primary Care Networks, local third sector providers and wider voluntary sector, schools, pharmacies, our universities and the fire service.

Suicide Prevention training is also now being rolled out across the system.

Next steps are planning for wider rollout across the voluntary sector -initially with a training needs analysis and then signpost to relevant digital courses. Dorset MHFA website being set up.

Physical Activity

Active Ageing

Following a bid to Sport England in 2017, the system has received £659k of lottery funding to support a 3-year programme (April 2018 to March 2021) working across the system on building in systematic support for physical activity. Sport England have subsequently agreed to continued funding until March 2022 as they recognise the value of our local approach, and the additional challenges that COVID has brought in the last year.

The programme, led by Active Dorset, has attracted national recognition from Public Health England, Sport England and the Active Partnerships National Team and our approach has been shared as a best practice example of a systems approach to physical activity (see p. 44 of UWE research [Engaging NHS system Leaders in Whole Systems Approaches to Physical Activity](#) and p. 31 of Sport England's new 10-year strategy [Uniting the Movement](#)).

Both Health and Wellbeing Boards have prioritised physical activity in their strategies and have committed to development of a Physical Activity Strategy via Public Health Dorset's JSNA process. It is also a clear priority within the overall COVID recovery plan for Dorset Local Resilience Forum, part of the welfare recovery stream. The Active Ageing programme and our work to encourage everyone to move more connects across many other strands of the Prevention at Scale portfolio, including:

- Living Well:
 - An increased focus through LiveWell Dorset (LWD) – People registering with LWD that are interested in increasing their activity levels has increased from 35% (April 2018) to consistently over 70%. Active Dorset staff work very closely with the LWD team.
 - Workforce Training – physical activity and behaviour change training developed and delivered to health and social care professionals and social prescribers and connecting with LiveWell Dorset.
 - Work with local Allied Health Professionals – physical activity is one of the 5 priorities set by their AHP Public Health strategy group
 - Pre-Retirement focus - workshops delivered for local authority partners and CCG.
- Ageing Well:
 - Maximising the opportunities through digital consultations to include prevention messages and promotion of LiveWell Dorset, adding resources to health and care video library.
 - Cancer – delivering cancer wellbeing events for patients nearing the end of cancer treatment, and supporting the Dorset cancer prevention programme with funding, signposting, information on the new cancer website, and embedding these changes in letters and patient information leaflets.
- Healthy Places:
 - Work in local areas to support Picnic in the Park, Walking for Health, Thriving Communities project and Health and Nature Collaboration. Funding distributed to organisations such as Age UK and Help and Care

Ageing Well

Embed lifestyle Support Offer in Health and Care Pathways

Exercise and education programmes for joint pain

Original PAS plans had a focus on the [EscapePain](#) programme. This continues at DCH, with provision moving online during COVID. However, challenges around face-to-face provision and capacity, with leisure and physical activity providers unable to do this through COVID have meant that a new MSK prevention group has been established, with the Active Ageing programme part-funding an [MSK website](#) to support patient self-management through increased activity and physio self-referral,

Alcohol screening and brief intervention across all secondary care

All three acute sites now have an alcohol liaison service in place.

Lifestyle assessment for all planned care episodes

This work has been slow to progress overall, although there has been good engagement with some clinical groups, such as MSK professionals supporting pre- and post-op fitness and signposting to LiveWell. With COVID progress slowed further, however there is now work, linking with Population Health Management work on elective care waiting lists for COVID recovery as an opportunity to embed lifestyle assessments.

National Diabetes Prevention Programme

A Dorset NDPP programme has been procured through the national framework and is now well-established. Work to support and integrate with our sustainable system offers for healthy lifestyle support through LiveWell Dorset and our Active Ageing programme after people complete their 12-week NDPP programme slowed during COVID but is now being re-energised.

Understand and Act on Implications of the NHS Long Term Plan

CARED project

Business case building on existing smoking in pregnancy work has been developed and submitted but not prioritised as waiting on the LTP specific allocation. The allocation has now been published; however, this is lower than expected and may no longer be recurrent. Business case being reviewed to understand how we use this most effectively.

Align and support prevention offer with PHM approach to defined groups

Reduce variation in secondary prevention of CVD

Hypertension monitoring project – GPs identify and give, if someone needs support to use the technology and give lifestyle support. Activation support and sustainable lifestyle changes.

Transform diabetes pathway

The Diabetes Steering Group oversees use of national diabetes transformation funding to support multidisciplinary foot care preventing amputation, support to inpatients who are diabetic (most admitted for other reasons), structured education for new diabetics and reduced variation in achievement of treatment targets. Although progress had been made, this has been impacted by COVID and recovery is an additional focus for 21/22. Alongside this some PCNs have been using population health management tools to help them think differently about how they support

different groups of diabetic patients. Work to map and connect these two strands of work is ongoing.

Frailty and falls prevention

Through engaging with partners across the system a high-level integrated system model has been developed which sets out goals for:

- Co-ordinated learning and response across the system
- Building population resilience by normalising physical activity, with older people living safe and independent lives
- Taking early action to identify and support those at particular risk
- Responding at the time of a fall in a way that minimises harm and enables the best recovery
- Targeting evidence-based, personalised support for those with highest risk, complex needs, or following a hip fracture

An implementation plan has been drafted including interdependencies with other areas of work across the ICS such as the Active Ageing programme.

Community capacity in general practice

Public Health Dorset commissioned Altogether Better to deliver a Collaborative Practice Leadership and Development Programme in 2017, to support general practice to find new ways to respond to rising demand and unmet need. A [report](#) has now been published highlighting the outcomes and key learning from the 46 members of staff across 27 GP practices that took part, working with local people as practice champions. Champions were invited to be part of the practice team and work together to deliver new models of care. Staff morale improved, new groups and activities have been set up, and one practice was able to demonstrate a 7% reduction in attendance. 22 of the 27 practices showed strong evidence of embedding collaborative practice.

The CCG has funded a further programme to support local practices, however this has been delayed by the COVID pandemic.

Social prescribing

In 2019 Dorset CCG awarded their Non-Clinical Health Coaching and Social Prescribing contract to Help and Care in partnership with Dorset Mental Health Forum (DMHF) and Dorset Healthcare, and [The Dorset Self-Management Service](#) went live in April 2019. In July 2019 NHS England introduced Primary Care Networks, with funding for additional social prescribers available through the PCN contract. Different PCNs have approached this in different ways, some working with Help and Care and others employing these directly, with different areas of focus depending on their local population need. Our social prescribers have proven invaluable through the COVID pandemic, working to support shielded and more vulnerable patients.

Physical health checks within Serious Mental Illness (SMI) Annual Health Check

Working initially with three pilot PCNs, Dorset Health Care support workers have been delivering checks asking about medications, BMI, blood pressure, cholesterol, glucose, alcohol intake and smoking to patients with a Serious Mental Illness. Patients requiring support towards a healthy lifestyle are offered a facilitated referral to LiveWell Dorset, recognising that they may need more support than most people. Pilot areas have seen more than a 50% increase in numbers of checks being conducted. From April 2021 the approach is being rolled out to other PCN areas.

Poole Assertive outreach model

The Clinical Services Review, UHD merger and COVID have all meant that there has been no capacity to explore expanding the existing Poole model to the other acute Trusts.

Align and support prevention offer as part of the LA transformation work

BCP council Vibrant Community Partnerships Board

Currently being established

Dorset Council Project Weymouth

Re-energised to enable better co-ordination of council and partner services in Weymouth and Portland.

Healthy Places

Social /Communities

Active Travel

BCP and Dorset councils were awarded £79M as part of the Government's Transforming Cities Fund in March 2020. Our Transforming Travel Programme aims to create a network of sustainable travel routes and encourage their use. Consultation on the six new sustainable routes took place in phases, with final reports due to be published late August this year, with construction underway in East Dorset on one of these. Both councils are also working on Local Cycling and Walking Infrastructure Plans (LCWIP), along with other active travel schemes and support.

Natural Environment

Improve access to Green Space

PAS funding was used to match fund and support a Future Park's Accelerator bid. BCP is one of nine places across the UK to receive a share of £6.2M funding and £5M in support and expertise.

Delivered by [The Parks Foundation](#), Stour Valley Park and three pilot parks have been selected for environmental enhancements and developments to encourage people to use the parks to improve their mental health and wellbeing and increase physical activity. Original plan was for activities to be delivered by April 2022, but this has been impacted by COVID. Evaluation will then enable lessons to be learnt for further developments locally.

Work has been completed with Exeter University to map local access to green space across Dorset and continues to understand the evidence on the connection between access and health outcomes. This work will support the development of the Local Plans and green infrastructure strategy, and has been shared as an exemplar case study through the South West Partnership for Environmental and Economic Prosperity (SWEEP).

Skills training for place-based staff across the system

Following training and support with evaluation to back up a funding bid, Stepping into Nature (SiN) was awarded £380K by the National Lottery Community Fund to expand its work delivering nature-based activities for older people and people living with dementia into North and East Dorset. Part of this work included connecting staff with the Mental Health First Aid training on offer.

Built Environment

Local Plan

Each council is in the process of developing a new Local Plan, expected to be adopted by 2023 following public consultation. These plans set out the vision for the future of each area and provide a

framework for the local planning system to address housing needs and other economic, social and environmental priorities. This provides an opportunity to ensure that the making of the plan and its implementation creates places that support prevention through, for example providing good quality housing, access to natural environments and green space and a public realm that enables and encourage active travel. Final drafts after consultation are submitted to an Independent Inspector who will examine the plan and make any further recommendations that need to be addressed before the plan can be formally adopted. Latest position:

- As part of this work there has now been agreement on a process for the two local authorities to engage with health services around planning issues.
- Consultation on the draft [Dorset Council Local Plan](#) has closed and responses are being analysed, to inform the final draft for submission.
- BCP council is currently collating evidence, including consideration of green infrastructure, which will include a detailed understanding of issues and options, before the draft goes out for consultation later this year (Autumn / Winter 2021).

Healthy Homes

The [Healthy Homes Dorset](#) programme aims to support adaptations to people's homes to reduce fuel poverty and improve respiratory health. In place since December 2016, with the Centre for Sustainable Energy (CSE) as our delivery partner, this has now been handed over to Ridgewater Energy who won the tender to deliver the next phase. CSE's handover report shows that to March 2020 the programme has:

- engaged over 4,000 residents, at least 40% with a health condition that may be worsened by living in a cold home
- provided direct support to over 2,500 households including helping clients to apply for Warm Homes discount, Surviving Winter Grants or other benefits, with an average £142 saving per household
- installed energy efficient or heating measures in 318 households, with every £1 of council funds matched by £2.40 of funding from other grants or funding sources
- been part of the Safe and Independent Living assessment (SAIL) process, enabling systematic referral to partners across the system to help with other wellbeing issues such as a home safety check, support to explore memory loss issues or help to move wheelie bins

The programme has slowed during COVID but has been recently successful in securing £860k of funding from the Green Homes Grant. It continues to explore the most effective ways to link with health care to ensure support is targeted at those most likely to benefit.

Weymouth Station Gateway

The Weymouth Station Gateway project will deliver environmental and accessibility enhancements. It is funded by the South Western Rail Customer & Community Fund (£600K in total) with a small amount of PAS match funding to include the creation of a publicly accessible 'pocket park'. A planning application has been submitted and implementation plans are in development.

Air Quality

An Air quality monitoring network is now in place funded by PAS monies, with ongoing infrastructure costs being picked up by PHD.

Locality link workers – enabling workstream

To support work in local places Public Health Dorset refocused work within the team so that each of the then 13 localities had a 0.5 wte named public health link. They built relationships and connections with local stakeholders including the GP practices, the voluntary sector and community groups in support of local prevention priorities for the area, connecting into wider programmes

where relevant. Locality link workers worked closely with local GP surgeries to help them develop prevention plans under the Clinical Local Incentive Plan (CCLIP). These have ranged from a focus on screening and immunisations, to improving annual checks for learning disabilities, to working with local communities to increase physical activity. Locality Links have also been able to connect their localities into broader work across the breadth of the PAS agenda.

With the establishment of 18 PCNs in 2019 our locality link workers have been more stretched, and the COVID response has also impacted on our capacity. However, the local knowledge and partnerships that have built up have helped us to work in an agile way on our response to COVID.

For example, [food security](#) was a focus pre-COVID and has expanded greatly during COVID. Increasingly this is not just about emergency food supply, but a more sustainable approach and a focus on healthy and nutritious food, with cooking skills, cook boxes (ingredients and instructions at the same time), and food friendly clubs being established.

Our locality work connects across many other strands of the Prevention at Scale portfolio, including:

- Living Well:
 - Beat the Street programme run in xxx to xx to increase physical activity in Weymouth and Portland, Poole and Purbeck.
- Ageing Well:
 - Using population health management approaches to identify patients at high risk of loneliness and connect them with social prescribers and a local telephone support system.
 - Connection with falls prevention work.
- Healthy Places:
 - Supporting the Transforming Travel work in Poole
 - Work with Active Aging and other partners to encourage ParkRuns, Walking for Health and Orienteering projects in local areas.

Joint Public Health Board Business plan update 16 February 2022

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

Recommendations: The Joint Public Health Board is asked to support the following recommendations:

- 1) Support giving further time to developing a detailed monitoring plan for the high level business plan agreed with the board in May 2021, recognising that there is still considerable uncertainty about current responsibilities in relation to COVID-19 local outbreak response, and the delay to the Integrated Care System.
- 2) Continue to endorse the organisation of our work into the four categories of:
 - 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.

- 3) Support the high level emerging priorities for 22-23 that are starting to emerge as we start to recover from the pandemic and prepare for the ICS going live in July 2022.

Reason for Recommendation: Since the last Board in November 2021 the public health team has been going through it's busiest time in response to the Omicron wave of the COVID-19 pandemic. The volume of incidents and outbreaks that have required input from the team has been higher than at any time previously. This is due to a combination of ongoing high infection rates in the community, increased volume of supporting work on vaccination and inequalities, plus picking up more responsibility for local health protection and leading incident management team meetings as UK Health Security Agency has come under more and more pressure.

1. **Executive Summary**

The Joint Public Health Board approved a high-level business plan in May 2021. This set out four high level areas of work coming to the team:

- a) COVID-19 outbreak management and response;
- b) Wider System working (prevention and inequalities – with Integrated Care System);
- c) Public health programmes – our services and delivery;
- d) Our organisation including supporting functions.

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 and especially the recent omicron wave has impacted our ability to return to routine public health work. In addition – one of our largest areas of business – the prevention and inequalities work in the wider system, has been delayed because of the national timescales for the ICS launch being put back to July 2022.

We are seeking an extension to developing a detailed monitoring plan, recognising that we have not had the capacity to undertake the necessary work.

There are some clear areas where we would expect to be developing new programmes for 22-23, and these are set out in Appendix 1 for the board. These will form a substantial part of the plan for 22-23, subject to agreement following confirmation of the budget, prioritisation and allocation of team capacity.

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

High level business plan for 21-22 reported to JPHB in May 2021.

1 Background

- 1.1. This short report provides an update on the development of the 22-23 business plan and monitoring report, and some of the programmes and key pieces of work that will need to be delivered next year.
- 1.2. The JPHB received a high-level business plan for 2021-22 at the May meeting which set out the main programmes of work:
 - COVID-19 outbreak management and response;
 - Wider System working (prevention and inequalities – with Integrated Care System);
 - Public health programmes
 - Our organisation.
- 1.3. The report highlighted a number of risks and challenges to developing the plan, not least that the majority of the public health team were still deployed in responding to the pandemic, making it difficult to get back to business as usual activities. We asked for a pause in the process.

- 1.4. Since November, the team has again been extremely busy responding to the COVID-19 pandemic, and the omicron wave in particular. Because the ICS start has also been delayed until July 2022, it has made defining and agreeing the priority work areas difficult.

2 Development of the 2022-2023 business plan

- 2.1. 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. Appendix A sets out some specific examples of activities we know will need to be delivered in 22-23, alongside existing business.
- 2.2. In addition, we have introduced new processes into the team to better understand and manage capacity, including regularly reviewing and ensuring the right level of resource to priority programmes. This has helped identify areas where there are gaps, as well as supporting discussions about future priorities.

3 Risks and challenges - update

- 3.1. The previous risk reported around recruitment and retention of the public health team has been mitigated through ongoing recruitment, and redeployment within the team to cover key roles. The turnover of team members in the past year was 27 per cent – outside of tolerance. This is being managed through regular review, exit interviews and ensuring line managers are supporting and managing wellbeing to prevent burnout as much as possible. There have been no recent resignations – hopefully a sign that the team is stabilising after a turbulent couple of years.
- 3.2. There remains uncertainty about the future requirement for local authority public health teams to continue to provide a health protection response. While this is unclear, we are continuing to provide a day response team to the local system to support outbreak management. A national review is currently ongoing about living with COVID-19 which we hope will provide further clarity shortly about responsibilities. The business plan may have to be reviewed if there are significant ongoing responsibilities coming to Councils.

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 note the ongoing challenges with returning to business as usual activities, and the emerging work activities as set out in Appendix A.

Sam Crowe
Director of Public Health

This page is intentionally left blank

Appendix 1 – Business Plan Update

Programme	Activity	Comments
Mental health and suicide prevention	Develop year 2 programme based around new funding of £115K received from NHS England. To include developing plan for Dorset Council. Continue real time surveillance work.	This work has previously been picked up partly under the prevention work – but without funding to date. Priority as part of recovery from pandemic
Best Start in Life	Tender of the PAUSE project joint with Children's services Support the family hubs model developments in 2x councils SEND JSNA	Priority as part of recovery from pandemic – more demand and support required for families with younger children
Strategic assessment and population health insights	Director of Public Health Report – Health in our Places JSNA summaries for each 'place' and Council	Sets the context around current health issues in each place – will be useful as Health and Wellbeing Boards contribute to the Integrated Care Partnership strategy
Drug and alcohol services	Agree partnerships to oversee delivery plans required by new national strategy	
Sexual health services	Embed and further develop PrEP service, and evaluate uptake Continue development of digital offer	

Appendix 1 – Business Plan Update

NHS Health Check	Develop digital check, options for re-launch of the service when national guidance is complete	
Review of local infrastructure to respond to health protection incidents, infectious diseases and environmental hazards	Understand UK HSA local offer, and the resources available through ICS partners to be assured of an effective local health protection response.	Awaiting clarify about national expectations of local public health teams as part of living with COVID review.
Healthy places programme – review and ensure links to Council place transformation programmes in DC and BCP	Develop and refresh the programme following the wrap up of Prevention at Scale, recognising significant new place based programmes of work under each Council.	
LiveWell Dorset	Deliver the service plan Continue training and developing prevention skills for ICS workforce Develop the Health Village offer	