



## Joint Public Health Board

**Date:** Thursday, 16 February 2023  
**Time:** 10.00 am  
**Venue:** Committee Room 1, County Hall, Dorchester, DT1 1XJ

**Membership: (Quorum 2 – 1 from each LA)**

**Dorset Council:** Councillors Peter Wharf (Chairman) and Graham Carr-Jones  
**BCP Council:** Councillors Jane Kelly (Vice-Chairman) and Karen Rampton  
**NHS Dorset:** David Freeman, Chief Commissioning Officer

Each Local Authority is permitted to invite a non-executive representative to participate as a non-voting board member.

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

For more information about this agenda please contact Democratic Services:  
Chris Harrod on [chris.harrod@dorsetcouncil.gov.uk](mailto:chris.harrod@dorsetcouncil.gov.uk)

Members of the public are welcome to attend this meeting, apart from any items listed in the exempt part of this agenda.

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## Agenda

### Page No.

#### 1 APOLOGIES

To receive any apologies for absence.

#### 2 MINUTES

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To confirm the minutes of the meeting held on 9 November 2022.

#### 3 DECLARATIONS OF INTEREST

To receive any declarations of interest.

#### 4 PUBLIC PARTICIPATION

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

**Requests to speak should be received in writing by the Senior Democratic Services Officer by 8.30 am on Monday 13 February 2023.**

#### 5 FORWARD PLAN

21 - 24

To consider and note the forward plan.

#### 6 FINANCE UPDATE

25 - 32

To consider the report.

#### 7 NHS HEALTH CHECKS UPDATE

33 - 48

To consider the report.

#### 8 TREATING TOBACCO DEPENDENCY

49 - 54

To consider the report.

#### 9 BUSINESS PLAN MONITORING

55 - 76

To receive and note the attached PowerPoint presentation.

**10 DIRECTOR'S UPDATE**

To receive a verbal update from the Director of Public Health.

**11 URGENT ITEMS**

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

**12 EXEMPT BUSINESS**

To move the exclusion of the press and the public for the following item in view of the likely disclosure of exempt information within the meaning of paragraph 3 of schedule 12 A to the Local Government Act 1972 (as amended).

The public and the press will be asked to leave the meeting whilst the item of business is considered.

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## DORSET'S JOINT PUBLIC HEALTH BOARD

### MINUTES OF MEETING HELD ON WEDNESDAY 9 NOVEMBER 2022

**Present:** Cllrs Peter Wharf (Chairman) and Graham Carr-Jones (Dorset Council) and Cllr Jane Kelly (vice-Chairman) BCP Council.

**Apologies:** Cllrs Karen Rampton

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

Sam Crowe (Director of Public Health), Rachel Partridge (Public Health Dorset), Nicky Cleave (Public Health Dorset), Jane Horne (Public Health Dorset), Sarah Longdon (Head of Service Planning – Public Health), Steve Gorson (Finance), and David Northover (Democratic Services Officer).

**143. Election of Chairman**

**Resolved**

That Councillor Peter Wharf be elected Chairman and retain the Chairmanship for the ensuing year, 2022/23.

The Chairman took the opportunity to thank Councillor Mohan Iyengar, from BCP Council, for his valued contribution to the Board, particularly in Chairing the Board meetings over the previous year, and in the support he had given to Public Health Dorset and its work.

Thanks was also extended to Vanessa Read, Head of Nursing at Dorset CCG, for the contribution she had made to the Board in the past too.

**144. Appointment of Vice-Chairman**

**Resolved**

That Cllr Jane Kelly be appointed Vice-Chairman for the ensuing municipal year 2022/23.

**145. Apologies**

Apologies for absence were received from Cllr Karen Rampton (BCP) and Debbie Simmons, Head of Nursing.

**146. Minutes**

The minutes of the meeting held on 30 May 2022 were confirmed and signed.

147. **Declarations of Interest**

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

148. **Public Participation**

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

149. **Forward Plan**

The Board's Forward Plan was received and noted. What the Plan contained gave the Board a better understanding of the commitments coming up and when these were due to be considered.

The Board recognised that the Business Plan – being a live document – would act as the basis for what was to consider moving forward and was fundamental, and integral, to all Public Health Dorset was aiming to achieve.

150. **Director's Update and Presentation/Options for the NHS health checks refresh programme**

The Board received a presentation by the Director on public health activities, how these were being applied and what they entailed.

The presentation set out what developments were taking place with:-

- National Reforms and Policy
- Public Health Dorset
- Health Improvement
- Health Protection
- Health Care Public Health
- Local progress with the Integrated Care System changes

together with what influence could be brought to bear in their regard and the progress being made in delivering these services to achieve the necessary outcomes.

How Public Health Dorset was integrating with the Integrated Care System was explained in particular, and what part it was playing in being able to achieve successful outcomes.

A copy of the Director's presentation is attached to these minutes.

As part of this presentation and update the Board were also being asked to give consideration to options for the NHS health checks refresh programme and agree – in principle - the best option(s) for Public Health Dorset to design and further develop the preferred option. Whilst not on the forward Plan, nor being a key decision as yet, this would give an indication to allow Public Health Dorset to design and cost the preferred option for the NHS health check programme to ensure that the relaunched health check was more effective.

The Board was reminded that the NHS Health Checks was paused because of COVID-19 restrictions and current vaccination programmes. It was now planned to restart the programme taking into account the current national position and the NHS HC review, where opportunities had been identified, to think about delivering the programme differently i.e what part Public Health, providers; GP's, the NHS and pharmacies could all play in this.

The options for consideration were: -

- **Option 1** - Continue the current approach
- **Option 2** - Deliver through primary care with some simple changes
- **Option 3 - Primary Care delivery with added outreach provision via LiveWell Dorset**

Continue delivering NHS HC as option two alongside additional outreach provision in targeted areas of higher risk

- primary care will deliver and record all NHS HC data.
- outreach providers will boost capacity
- LWD can reach higher risk communities
- LWD will provide robust behaviour change support for individuals following their NHS HC
- **Option 4** - a universal digital offer with some targeted face to face provision
- **Option 5** - a mixed offer for people to choose

In accordance with the conclusion and recommendations in the report – in that initial insights work undertaken with providers and the public suggested that Option 3 was the preferred option, the Board agreed that – in principle – **Option 3** would be the optimum course of action to progress - Option 2 also being an alternative consideration - and that this matter would be added to the Forward plan as a key decision for consideration and formal agreement at the next Board meeting in February 2023.

The Director was pleased to have this steer and it would give time to phase and scope the necessities of delivering the health checks and, whilst it was hoped that enough data would be available to give to the board at their next meeting in February, it was acknowledged that this would be a progressive and incremental delivery: the Board being able to manage and monitor Public Health Dorset activities more effectively and actively and recognised that, both the Board and the Integrated Care Board/System, would have an intrinsic role to play in meeting public health outcomes going forward.

The Board thanked the Director for the update which provided them with a good insight on what progress was being made and how this was being done. The part LiveWell Dorset could play in delivering the necessary outcomes was much valued and would be beneficial to what could be achieved.

**Resolved**

That in considering the options for the NHS health checks refresh programme it was **agreed that Option 3** to be the best option – with Option 2 an alternative candidate - for Public Health Dorset to design and further develop the preferred option.

#### Reason for Decision

To allow Public Health Dorset to design and cost the preferred option for the NHS health check programme and ensure that the relaunched health check is more effective.

### 151. **Finance Update**

The Board considered the Finance Report 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.

This report provided an update on the use of each Council's ring-fenced public health grant - covering the budget for the shared service Public Health Dorset and the grant kept by each council to use. The principles set out in Section 11.4 of the report on use of committed reserves were also for the Board's consideration.

The opening revenue budget for Public Health Dorset in 22/23 was £25.615M, with the current forecast out turn being £280k underspend - with detail being set out in section 10 of the report and table 1 in Appendix 1.

The shared service public health reserve was £2.647M on 1 April 2022. It was proposed to return £610k to BCP and of £548k to DC in year. Principles for how the remaining, committed reserve were to be used were set out in Section 11 of the report.

In 22/23 BCP would keep £8.338M of their grant, and DC keep £1.277M, with both Councils expected to spend to budget, with detail on how each Council were to use this retained grant being set out in section 12 of the report. The board were being asked to accept the reasoning for this and agree to this arrangement.

How future Covid 19 work, wider health protection work and Integrated Care Services development were to be addressed was explained, as well as the reasoning why allocations were made as they were and the formula used to determine this, what criteria had to be met for this usage and what priorities and needs each council had in identified where their respective allocations could be spent. One differentiation was that BCP spend was more greatly apportioned to drug and alcohol intervention and children's centres, with DC support into Children's Services - whereby there was to be active discussion with Theresa Leavy, Executive Director People, Children's on how this was to be achieved.

The Board mentioned again about the underspend, how this had come about and why this was the case. Officers explained that this had predominately arisen given the suspension of face-to-face health checks during the pandemic, but that



a digital alternative had been able to be provide to some extent. It was anticipated that those monies would be able to be now spent again as more face-to-face assessments were again possible.

### **Resolved**

- 1) That the 2022/23 shared service forecast out turn of £280k underspend and the break-even position for the grant kept by each council be noted
- 2) That the return of £610k to BCP and £548k to DC from the public health reserve be agreed.
- 3) That the principles set out in 11.4 on use of committed reserves be supported.

### **Reason for Decisions**

There are conditions that set out how councils can use their public health grant. Each local authority Chief Executive or Section 151 Officer and the Director of Public Health must sign to say this has happened.

Public Health Dorset (PHD) is a shared service across Dorset Council and BCP Council. PHD delivers public health services on behalf of both councils. Each council also provides other services with public health impact. These may be different in the two councils. The councils pay into the shared service but may also use part of the grant to support the work in the council.

Monitoring how we spend the grant will help us to know if we are meeting the conditions. It will support better financial planning. It will also help us to be sure we use the grant in the best way to improve health and wellbeing outcomes.

## **152. Clinical Services Performance Monitoring**

The Board considered a report which provided a high-level summary of performance for drugs and alcohol and sexual health services, with supporting data in appendices and were being asked to consider whether the future monitoring of service performance for drug and alcohol services should be delegated to the Combating Drugs Partnership Board and its subgroups – dedicated to supporting the delivery of the ambitions of the national drug strategy “From harm to hope: A 10-year drugs plan to cut crime and save lives”.

The importance of monitoring of the clinical treatment services performance was readily acknowledged so that the delivery of the services might still be able to achieve all that it might.

The Board considered that, in their close monitoring of performance, clinical treatment services delivery was still being maintained as well as it might, with the budget being used to best effect to benefit those in need of the services. Whilst agreeing that it was appropriate and beneficial for the future monitoring of service performance for drug and alcohol services to be delegated to the Combating Drugs Partnership Board and its subgroups, they asked to still receive regular summaries about this to see what progress, or otherwise, was being made.

### **Resolved**

- 1) That the information provided and the performance and changes in relation to drugs and alcohol, and sexual health be noted and accepted.

2) That oversight of performance in drug and alcohol services should in the future be delegated to the Combating Drugs Partnership Board and its subgroups to avoid unnecessary duplication, be agreed.

#### Reason for Decisions

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.

The new Combating Drugs Partnership Board and its subgroups will have oversight of the performance of the treatment systems in both Dorset Council and BCP Council, and particularly the progress towards delivering the targets agreed with the Office for Health Improvement and Disparities (OHID) and the use of grant monies.

### 153. **Business Plan Monitoring 22/23**

The Board were provided with an update on the development of monitoring to enable assurance on the delivery of our business plan, being asked to consider the presentation in Appendix A, and to provide feedback on the approach. In addition, the Board was being asked to develop the forward plan for the Board based on the monitoring report for 22-23.

The Business Plan identified what Public Health Dorset did, how it did it what was to be achieved and what was needed to do this. The context was set as to what the obligations were: health improvement, health protection; Healthcare public health; and healthy places - and by what means these would be achieved: the aims, the mission, the vision and the objectives.

The Board acknowledged the progress made in developing the business plan which they considered would achieve all that was necessary in delivering the desired outcomes for public health in Dorset, with the priorities identified being correct. It considered there was a satisfactory mechanism to achieve what monitoring was necessary and understood that as it was a working document, it was flexible enough to be adapted. The integration with ICS - in complementing the work of each other - was integral to the success of the Plan and what could be achieved.

As mentioned at the previous meeting, there would be a need to disseminate what was being done to interested parties and Comms would have a part to play in doing this.

#### **Resolved**

1) That the performance monitoring report presentation (Appendix A) be noted the format to be used for future board meetings, including key metrics and measures for each programme be agreed

2) That the development of the Forward Plan of key decisions for the Board based on the programme updates in the monitoring report be agreed.

#### Reason for Decisions

The public health team published its business plan in May 2022, setting out clear priority programmes. Developing an effective monitoring report for the

board is an important step in assuring delivery. It enables Board members to be sighted on progress and challenges in delivering our core programmes of work. Board members are asked for feedback on the report and identify areas for improvement. The monitoring report should also be used to identify key decisions for the Joint Public Health Board, and its forward plan.

**154. Dates of Future Meetings**

**155. Urgent items**

There were no urgent items for consideration.

**156. Exempt Business**

There was no exempt business for consideration.

**157. Director's Presentation Slides**

**Duration of meeting:** 10.00 am - 12.00 pm

**Chairman**

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# Directors update: Joint Public Health Board

09 November 2022



# National reforms and policy

- Last November we reviewed a number of national policy changes including establishing Integrated Care Systems, Levelling up, and the new Office for Health Improvement and Disparities

*Since then ...*

- ICS went live 1 July – locally we are leading development of the strategy
- Levelling up – unclear future due to change (s) in PM – awaiting Nov 17 budget statement to see impact on public services of budget gap
- OHID – expected policy on health disparities not now expected. Local work on health inequalities continues via ICS
- Big focus in ICS on secondary prevention rather than primary prevention – health and social care levy repealed ‘but funding will stay at same level’
- National drug strategy *From Harm to Hope* December 2021 – new partnerships to oversee delivery against new funding



# Our organisation: update

- Last November the team was coming out of COVID work into a changing system. We needed to develop a new business plan, and understand where to focus our efforts.
- We committed to agreeing the business plan, and developing processes for allocating capacity:

May	Business plan agreed with JPHB
July	Programmes agreed and capacity identified
October	Re-prioritising based on current pressures
November	Monitoring approach – shared with Board today

- Recent major changes – COVID work continues to decline, ICS changes taking up more of team's time. ICS strategy, drugs and alcohol, healthy child programme, mental health and inequalities all in the top 5 currently



# Health improvement

- Re-establishing a strong NHS Health Check programme – options paper to be considered today
- Drug and alcohol services – decision required by Cabinet on retendering the service provider in the Dorset Council area
- Live Well Dorset – continuing the work supporting outpatient assessment centres – additional funding secured for South Walks House to expand operations
- Smoking cessation – significant progress with stop smoking services in our local acute hospitals
  - University hospitals Dorset – screened 27,000 people admitted, with 8.3% overall actively smoking. Of these, 1,675 have accepted treatment to quit smoking – 68%





# Health protection

- COVID infections falling again but notifications of influenza starting
- National modelling suggests second winter peak in January
- No variants of concern currently – most current infections are omicron BA.4 and BA.5
- Vaccination with autumn booster picking up pace – 47% of eligible groups have received their autumn booster as of beginning of November
- Work ongoing to understand the gaps in building a strong system approach to health protection – not just public health responsibility



# Healthcare public health

- ICS strategy is the largest current piece of programme work
- Due to be finalised December 2022
- Will inform the ICB Forward Plan
- Support for population health management and inequalities, as well as general public health support to be set out in a memorandum of understanding
- Agree how much capacity we are putting into the NHS, and also ensure this is on areas linked with the ICP strategy
  - Falls prevention, cardiovascular disease prevention, children's emotional health and wellbeing, JSNA programme of work



# Local progress with ICS changes

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National reform objective	Local progress
All 42 systems in England will become ICS entities from April 2022	ICS formally went live 1 July – new ICB took over from clinical commissioning group
Integrated Care Partnership – drives strategy – Councils as equal partners	ICP held its first meeting in September 2022 – DPH leading development of strategy, due 19/12
Integrated care board – with new chief executive – NHS plans	ICB in place with entirely new executive team – strong support for work to be guided by strategy
Collaboration across population within ICS footprint – 2 ‘places’ within this in Dorset system based around Dorset and BCP Councils	Places formally established but next steps unclear; Health and Wellbeing Boards have both agreed to have strategic oversight in each place
Population health management used to drive improvements in outcomes, tackle inequalities	Public health supporting healthcare MoU to continue to support these agendas



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**Joint Public Health Board Forward Plan  
For the period 16 FEBRUARY 2023 to 28 FEBRUARY 2024  
(publication date – 18 JANUARY 2023)**

**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	Background documents	Member / Officer Contact
<b>February 2023</b>				
<b>Finance report</b>  <b>Key Decision</b> - Yes <b>Public Access</b> - Open	Joint Public Health Board	16 Feb 2023	Board Report	<b>Lead member</b> - Deputy Leader and Portfolio Holder for Adult Social Care and Health, Councillor Jane Kelly, BCP Councillor  <b>Lead officer</b> - Jane Horne, Consultant in Public Health <i>jane.horne@dorsetcouncil.gov.uk, Sian White, Service Manager, Finance sian.l.white@dorsetcouncil.gov.uk</i>
<b>Business Plan Monitoring</b>  <b>Key Decision</b> - Yes <b>Public Access</b> - Open	Joint Public Health Board	16 Feb 2023	Board Report	<b>Lead member</b> - Deputy Leader and Portfolio Holder for Adult Social Care and Health, Councillor Jane Kelly, BCP Councillor  <b>Lead officer</b> - Sam Crowe, Director of Public Health <i>sam.crowe@dorsetcouncil.gov.uk, Sarah Longdon, Head of Transformation Team sarah.longdon@dorsetcouncil.gov.uk</i>
<b>Healthchecks</b>  <b>Key Decision</b> - Yes <b>Public Access</b> - Open	Joint Public Health Board	16 Feb 2023	Board Report	<b>Lead member</b> - Deputy Leader and Portfolio Holder for Adult Social Care and Health, Councillor Jane Kelly, BCP Councillor  <b>Lead officer</b> - Sophia Callaghan <i>sophia.callaghan@dorsetcouncil.gov.uk</i>
<b>Treating Tobacco Dependency</b>  <b>Key Decision</b> - Yes <b>Public Access</b> - Open	Joint Public Health Board	16 Feb 2023	Board report	<b>Lead member</b> - Deputy Leader and Portfolio Holder for Adult Social Care and Health, Councillor Jane Kelly, BCP Councillor  <b>Lead officer</b> - Jane Horne, Consultant in Public Health <i>jane.horne@dorsetcouncil.gov.uk</i>
<b>June 2023</b>				
<b>Finance Report</b>  <b>Key Decision</b> - No <b>Public Access</b> - Open	Joint Public Health Board	12 Jun 2023	Board report	<b>Lead member</b> - Deputy Leader and Portfolio Holder for Adult Social Care and Health, Councillor Jane Kelly, BCP Councillor  <b>Lead officer</b> - Jane Horne, Consultant in Public Health

Subject / Decision	Decision Maker	Decision Due Date	Background documents	Member / Officer Contact
				<i>jane.horne@dorsetcouncil.gov.uk, Sian White, Service Manager, Finance sian.l.white@dorsetcouncil.gov.uk</i>
<b>Business Plan Monitoring</b>  <b>Key Decision</b> - Yes <b>Public Access</b> - Open	Joint Public Health Board	12 Jun 2023	Board report	<b>Lead member</b> - Deputy Leader and Portfolio Holder for Adult Social Care and Health, Councillor Jane Kelly, BCP Councillor  <b>Lead officer</b> - Sam Crowe, Director of Public Health <i>sam.crowe@dorsetcouncil.gov.uk, Sarah Longdon, Head of Transformation Team sarah.longdon@dorsetcouncil.gov.uk</i>
<b>Healthcare Public Health Memorandum of Understanding</b>  <b>Key Decision</b> - Yes <b>Public Access</b> - Open	Joint Public Health Board	12 Jun 2023	Board report	<b>Lead member</b> - Deputy Leader and Portfolio Holder for Adult Social Care and Health, Councillor Jane Kelly, BCP Councillor  <b>Lead officer</b> - Sam Crowe, Director of Public Health <i>sam.crowe@dorsetcouncil.gov.uk, Jane Horne, Consultant in Public Health jane.horne@dorsetcouncil.gov.uk, Paul Iggulden, Public Health Consultant paul.iggulden@dorsetcouncil.gov.uk</i>
<b>Development of Children's Public Health Services</b>  <b>Key Decision</b> - Yes <b>Public Access</b> - Open	Joint Public Health Board	12 Jun 2023	Board report	<b>Lead member</b> - Deputy Leader and Portfolio Holder for Adult Social Care and Health, Councillor Jane Kelly, BCP Councillor  <b>Lead officer</b> - Jane Horne, Consultant in Public Health <i>jane.horne@dorsetcouncil.gov.uk, Joanne Wilson, Head of Programmes, Public Health j.wilson@dorsetcc.gov.uk</i>
<b>October 2023</b>				
<b>Finance Report</b>  <b>Key Decision</b> - Yes <b>Public Access</b> - Open	Joint Public Health Board	12 Oct 2023	Board report	<b>Lead member</b> - Deputy Leader and Portfolio Holder for Adult Social Care and Health, Councillor Jane Kelly, BCP Councillor  <b>Lead officer</b> - Jane Horne, Consultant in Public Health <i>jane.horne@dorsetcouncil.gov.uk, Sian White, Service Manager, Finance sian.l.white@dorsetcouncil.gov.uk</i>
<b>Business Plan Monitoring</b>	Joint Public Health	12 Oct 2023	Board report	<b>Lead member</b> - Deputy Leader and Portfolio Holder for Adult

Subject / Decision	Decision Maker	Decision Due Date	Background documents	Member / Officer Contact
<b>Key Decision</b> - Yes <b>Public Access</b> - Open	Board			Social Care and Health, Councillor Jane Kelly, BCP Councillor  <b>Lead officer</b> - Sam Crowe, Director of Public Health <i>sam.crowe@dorsetcouncil.gov.uk, Sarah Longdon, Head of Transformation Team sarah.longdon@dorsetcouncil.gov.uk</i>
<b>February 2024</b>				
<b>Finance Report</b>  <b>Key Decision</b> - Yes <b>Public Access</b> - Open	Joint Public Health Board	22 Feb 2024	Board report	<b>Lead member</b> - Deputy Leader and Portfolio Holder for Adult Social Care and Health, Councillor Jane Kelly, BCP Councillor  <b>Lead officer</b> - Jane Home, Consultant in Public Health <i>jane.home@dorsetcouncil.gov.uk, Sian White, Service Manager, Finance sian.l.white@dorsetcouncil.gov.uk</i>
<b>Business Plan Monitoring</b>  <b>Key Decision</b> - Yes <b>Public Access</b> - Open	Joint Public Health Board	22 Feb 2024	Board report	<b>Lead member</b> - Deputy Leader and Portfolio Holder for Adult Social Care and Health, Councillor Jane Kelly, BCP Councillor  <b>Lead officer</b> - Sam Crowe, Director of Public Health <i>sam.crowe@dorsetcouncil.gov.uk, Sarah Longdon, Head of Transformation Team sarah.longdon@dorsetcouncil.gov.uk</i>

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# Joint Public Health Board

## 16 February 2023

### Finance Update

## For Decision

**Portfolio Holder:** Cllr P Wharf, Adult Social Care and Health, Dorset Council  
Cllr J Kelly, Communities, Health and Leisure,  
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

### Brief Summary:

This report provides a regular update on the use of each council's ring-fenced public health grant. It covers the budget for the shared service Public Health Dorset and the grant kept by each council to use.

The opening revenue budget for Public Health Dorset in 22/23 was £25.615M.

The current forecast out turn is £537k underspend.

In 22/23 BCP kept £8.338M of their grant, and DC kept £1.277M. Although there is some underspend this will be redirected to other relevant areas within the council, and both expect to spend to budget.

Looking forward to 23/24, the public health allocations are not yet published. Our current assumption is that the grant to each local authority will stay the same.

This will mean that the opening budget for the shared service in 23/24 will again be £25.615M. The Board is asked to consider options in case the grant increases.

The shared service public health reserve was £2.647M on 1 April 2022. The uncommitted funds have now been returned to councils as agreed at the last Board. Non-recurrent work has been agreed over the next three years that is in line with agreed commitments and principles. Where possible underspend will be used first.

### **Recommendation:**

The Joint Public Health Board is asked to:

- 1) note the 2022/23 shared service forecast out turn of £537k underspend, and the break-even position for the grant kept by each council in 22/23.
- 2) note the current assumptions that give a 23/24 opening revenue budget for Public Health Dorset of £25.615M.
- 3) agree the recommended approach to any increase in the public health grants when published.
- 4) agree the recommendation to delegate authority to the Director of Public Health in consultation with the Portfolio Holder for Dorset Council and Portfolio Holder for BCP Council to deliver the agreed approach above.
- 5) note plans for the use of ring-fenced public health reserves over the next three years, in line with principles agreed at the November Board.

### **Reason for Recommendation:**

There are conditions that set out how councils can use their public health grant. Each local authority Chief Executive or Section 151 Officer and the Director of Public Health must sign to say this has happened.

Public Health Dorset (PHD) is a shared service across Dorset Council and BCP Council. PHD delivers public health services on behalf of both councils. Each council also provides other services with public health impact. These may be different in the two councils. The councils pay into the shared service but may also use part of the grant to support the work in the council.

Monitoring how we spend the grant will help us to know if we are meeting the conditions. It will support better financial planning. It will also help us to be sure we use the grant in the best way to improve health and wellbeing outcomes.

### **1 2022/23 shared service forecast out turn**

- 1.1 The Board agreed contributions from each local authority in February 2022, shown in appendix 2. This gave a 22/23 opening revenue budget for Public Health Dorset of £25.615M.
- 1.2 Our latest forecast suggests that we will see an underspend of £537k. This is more than reported at the last Board. Various factors contribute to this, and the main ones are set out below:
  - Clinical Treatment Services – additional grants cover some areas of spend. Activity appears to be slowing down in community contracts.
  - Early intervention – minor slippage in planned developments
  - Health Improvement – NHS Health Checks and adult obesity increased, but smoking cessation activity in the community decreased.

In LiveWell Dorset some operational costs have fallen. There has also been some slippage in planned developments.

- Health Protection and Healthy Places – some one-off schemes supported. These are in line with the principles agreed in November.
- Public Health Intelligence – no change
- Resilience and Inequalities – additional income from partners supports specific pieces of work. We also funded further one-off schemes to support communities and neighbourhoods.
- Public Health Team (and operational costs) - impact of the 22/23 local authority pay award is now clearer.

1.3 There is uncertainty that could lead to further changes in this forecast.

Issues include:

- Continued COVID impacts and use of Contain Outbreak Management Funds (COMF).
- Fluctuations in activity within community services. We saw changes during COVID in all our community services. For some services we expect this change to continue as the service model has changed. In other services we expected to see a return to similar levels as we saw pre-COVID. Activity has not always recovered as expected. This may be due to ongoing pressure on providers, so could change if this improves.
- Capacity to support some of the planned development work or one-off schemes. This is both internal capacity and/or capacity of partners. Again, if pressure across the system eases this could change.
- Additional income through a variety of routes.

## **2 Use of grant kept by the councils in 22/23**

2.1 Each council keeps part of their grant to support other public health work in the council. The same conditions apply to funds kept by the council and paid into the shared service. The Joint Public Health Board monitors spend across the whole of the grant.

2.2 BCP Council kept £8.338M of their 22/23 grant. The drug and alcohol services are projected to underspend in the range of £300k compared to the initial budget intentions, this is due to some recruitment lag within the providers and other services i.e. needle exchange and supervised consumption still not at the level of pre Covid. BCP Council is planning to redirect this underspend to support additional expenditure in the childrens centres and early help services for this financial year. The revised forecast use of the BCP retained grant is as follows:

- Drugs and alcohol services for adults and children (£4.790M)
  - Children's centres and early help (£3.294M)
  - A central overheads element (£254k)
- 2.3 Dorset council kept £1.277M of their 22/23 grant. The community safety work is projected to underspend by up to £80k compared to initial budget assumptions. This is because of delays in recruitment to posts. Discussion is in progress to determine how to use this underspend, but it is expected this will all be spent in year. The revised forecast use is therefore:
- Community safety (£203k). The increase will support additional work around domestic abuse and violent crime, linked to new legislation.
  - Community development work (£333k).
  - Children's early intervention (£114k).
  - Prevention and support for adults with complex needs (£515k). This includes support for rough sleepers, those with mental health, substance misuse and housing needs, as well as suicide prevention and self-harm reduction.
  - A central overheads element – (£32k)
  - Potential underspend in discussion – £80k

### **3 Looking forward to 2023/24**

- 3.1 Public Health allocations for 2023/24 were due in January but are not yet published. So, our current assumption is that:
- the grant to each local authority will stay the same as 2022/23
  - the contributions to the shared service from each local authority will not change (see 22/23 figures in appendix 2)
  - Public Health Dorset will have an opening revenue budget of £25.615M
- 3.2 There has been national discussion around a potential 1% uplift, but this is uncertain. This could equate to £206k increase for BCP council and £146k increase for Dorset council. When the Department for Health and Social Care publish the public health allocations, if there is an increase we can:
- (i) Assume that each council keeps their increase to use in line with grant conditions
  - (ii) Assume that each council passes through their increase to the shared service
  - (iii) Assume that each council keeps 50% of their increase and passes the other 50% through to the shared service
  - (iv) Ask each council to determine their own approach. This can take account of their individual financial positions.

- 3.3 Budget development work for the shared service for 23/24 followed the Dorset Council process. This suggested cost pressures of £1.2M. Balanced against this were potential savings of £1.2M.
- 3.4 Cost pressures included anticipated 23/24 pay award and increments for staff within the shared service, additional work in response to the Zero HIV policy and work around smoking in hospitals, plus potential cost pressures within existing contracts.
- 3.5 These are offset by anticipated income from partners, savings and efficiencies delivered through joining-up some of our intelligence tools and work with partners across the system, and an opening position that we will not provide uplifts on existing contracts.
- 3.6 Our main contracts account for a large proportion of spend. Regular contract management discussions include concerns about general inflation pressures and staffing costs. We moved some funding from activity or results-based elements into core contract values. There has been no uplift to total contract values.

#### **4 Use of shared service reserve**

- 4.1 The shared service public health reserve was £2.647M on 1 April 2022. At November's Board the return of uncommitted reserves, split £610k to BCP and of £548k to DC was agreed to take place in 2022/23.
- 4.2 The board already agreed commitments against the remaining reserve:
- £97k of reserve for interim extra safeguarding capacity which has been used in 22/23
  - £443k for Prevention at Scale (PAS) projects
  - £340k for community health improvement services
  - £609k for place-based work
- 4.3 Recognising the current challenging financial landscape, PHD is working to principles agreed at the last Board in how it uses reserves. A range of non-recurrent work that meets these principles has now been agreed to utilise the PAS and CHIS kickstart reserves over the next 3 years. Where possible underspend will be used first – this may be dependent on timing.
- 4.4 Discussions for use of the place-based reserve work have also taken place and will be agreed through respective Health and Well-being Boards.

## **5 Financial Implications**

- 5.1 The aim of the shared service model is to use money and resources in an efficient and effective way. The retained element of the grant allows flexibility for local priorities. The report covers financial implications throughout.

## **6 Wellbeing and health implications**

- 6.1 The aim of Public Health Dorset is for all people in Dorset to live healthy and fulfilled lives for as long as possible, and disparities are minimal. The grant supports this work, and the report highlights specific implications where relevant.

## **7 Environmental implications**

- 7.1 Public Health Dorset has a key domain of work around healthy places. This looks at how our built and natural environment can improve population health. This work may also impact on climate change, and the report highlights specific implications where relevant.

## **8 Other Implications**

- 8.1 None identified in this paper.

## **9 Risk Assessment**

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

## **10 Equalities Impact Assessment**

- 10.1 This is a monitoring report, so Equalities Impact Assessment is not applicable.

## **11 Appendices**

Appendix 1 Finance Tables January 2023

Appendix 2 Financial contributions to shared service 2022/23

## **12 Background Papers**

Previous finance reports to the Board

[Shared Service Partnership agreement November 2020](#)

[Public health grants to local authorities: 2022 to 2023 - GOV.UK](#)

[www.gov.uk](http://www.gov.uk) published 7 February 2022

## Appendix 1 Finance Tables January 2023

**Table 1. Forecast out turn 2022/23**

	Budget 2022-2023	Forecast out turn 2022-2023	Over/underspend 2022/23
<b>Public Health Function</b>			
Clinical Treatment Services	£8,929,500	£8,575,620	£353,880
Early Intervention 0-19	£11,512,500(1)	£11,502,666	£9,834
Health Improvement	£2,637,043	£1,801,284	£835,759
Health Protection	£60,500	£245,262	-£184,762
Public Health Intelligence	£150,000	£69,571	£80,429
Resilience and Inequalities	£80,000	£122,489	-£42,489
Public Health Team	£2,341,921	£2,857,630	-£515,709
<b>Total</b>	<b>£25,711,464(1)</b>	<b>£25,174,522</b>	<b>£536,942</b>

(1) Budget includes £97,000 from Public Health Reserve

**Table 2. Opening budget 2023/24, assuming no increase to 23/24 PH grant**

	Budget 2023-2024
<b>Public Health Function</b>	
Clinical Treatment Services	£8,929,500
Early Intervention 0-19	£11,415,500
Health Improvement	£2,637,043
Health Protection	£60,500
Public Health Intelligence	£148,000
Resilience and Inequalities	£137,000
Public Health Team	£2,286,121
<b>Total</b>	<b>£25,614,464</b>

**Table 3. Public Health shared service reserve**

<b>Opening balance at 1st April 2022</b>	<b>£2,646,900</b>
Public Health Dorset commitment to STP/PAS costs	£443,000
Kickstart CHIS contracts post COVID-19	£340,000
Interim Safeguarding capacity (moved to PH budget)	£97,000
Place based work	£609,000
<b>Uncommitted amount in reserve at 1st April 2022</b>	<b>£1,157,900</b>
<b>Agreed at JPHB November 2022</b>	
Bournemouth, Christchurch and Poole Council	£610,243
Dorset Council	£547,657
<b>Total</b>	<b>£1,157,900</b>

## Appendix 2 Financial contributions to shared service 2022/23

Table 1. Agreed Partner contributions 22/23

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

If we assume no uplift to the grant, we expect shared service contributions for 23/24 to remain the same.



# Joint Public Health Board 16 February 2023 NHS Health Checks Update

## For Decision

**Portfolio Holder:** Cllr P Wharf, Adult Social Care and Health, Dorset Council  
Cllr J Kelly, Communities, Health and Leisure,  
Bournemouth, Christchurch and Poole (BCP) Council

**Local Councillor(s):** All

**Executive Director:** Sam Crowe, Director of Public Health

**Report Author:** Sophia Callaghan  
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**Report Status:** Public

### Brief Summary:

This report sets out progress on the NHS Health Check (NHS HC) refresh programme. The report summarises:

- our engagement with partners so far
- highlights the level of interest in delivering the checks by providers
- modelling and cost options including a summary of the targeted LiveWell Dorset (LWD) health check delivery model
- Mobilisation requirements including a communications plan for launch.

The report presents recommendations for key decisions on how to deliver the invitations element of the programme, payments and targeted delivery through LiveWell Dorset.

### Recommendation:

The Joint Public Health Board is asked to consider and agree the following recommendations:

- 1:** Increase payments to participating general practices to £3.50 per invitation, providing payment upfront to support programme administration option;
- 2:** Implement a two-tier payment structure for NHS Health Checks delivered, paying £28 per check for patients not meeting target criteria and paying £35 per check for enhanced payments;
- 3:** allocate £400,000 of the NHS Health Checks budget to primary care to cover the cost of sending out invitations, delivering checks and programme admin;
- 4:** allocate £200,000 of the NHS Health Check budget to LiveWell Dorset to mobilise and develop their targeted NHS Health Check programme in 2023/4.

### **Reason for Recommendation:**

To ensure the future delivery of this mandated programme reaches as many people in need as possible through a mixed model of delivery, within available budget. This involves using LiveWell Dorset alongside primary care to target communities with lower uptake to identify and reduce their cardiovascular risk.

## **1 Background**

- 1.1 The February 2022 Joint Board papers gave an overview of the national NHS HC position following its pause due to COVID-19. Opportunities were identified during the discussion to think about delivering the programme differently. For many years, the programme has tended to deliver more checks to areas with less cardiovascular need, and fewer checks in areas with higher cardiovascular need. The Board agreed to carry out engagement with providers of the checks, and to design options for a new refreshed NHS Health Checks programme.
- 1.2 The November 2022 Joint Public Health Board considered an options paper and agreed a mixed delivery model. Mainly primary care delivery with an added outreach service via LiveWell Dorset (LWD) who would work in areas of higher need. Since then, work has been underway to continue to engage primary care partners, while modelling costs of an affordable delivery model. This report provides an update on progress and makes recommendations for how the programme should be delivered in 2023/24 onwards.

### **Summary of engagement with partners**

- 1.3 The Public Health Dorset (PHD) team have engaged with integrated care system partners to ensure support for the new programme and understand likely interest in delivery. This includes the Clinical Directors Group, and Primary Care Networks (PCNs) and potentially the emerging neighbourhood commissioning oversight group. Further insights from PCNs

highlight continued challenges with increasing costs of consumables, staff capacity, venue space, uncertainty of uptake of the programme if investment is made, and a complicated returns process for the current NHS HC programme. PHD have listened to feedback and incorporated where we can ways to simplify or support practices.

1.4 In order to plan a mixed model, it is important to understand the primary care provider's intentions around delivery, so gaps can be identified for LiveWell Dorset to target. As part of the engagement process providers were asked for information on whether they intend to:

- a) Send invitations to their patients inviting them for an NHS Health Check
- b) Deliver the NHS Health Check service to their patients / across the PCN
- c) Would support LiveWell Dorset to deliver checks to their patients

1.5 Seven PCNs have provided a full response surrounding their intentions to deliver the programme, five PCNs have provided a partial response and three PCNs have provided no response. Of those who replied, we have feedback to suggest 48 practices intend to send out invitations and 43 practices intend to deliver the programme. The proposal is that as a mixed model, LiveWell Dorset identify key communities in each PCN area where there are gaps in provision.

<b>Localities with full PCN provision</b>	<b>Localities with partial PCN provision</b>	<b>Localities with no PCN provision</b>	<b>Providers interested in working with LiveWell Dorset</b>
Bournemouth Central (1 PCN)	Mid Dorset (1 PCN)	North Bournemouth (1 PCN)	Adams Practice (Poole Central)
Bournemouth East (2 PCNs)	Purbeck (1PCN)	Poole Bay and Bournemouth PCN	The Village (Bournemouth North)
Poole North (1 PCN)	Poole Central (1 PCN)	West Dorset (1 PCN)	Blandford PCN
Christchurch (1PCN)	East Dorset (1 PCN)		Gillingham PCN
Weymouth & Portland (1 PCN) (but also happy to delegate all to LWD)	North Dorset (3 PCNs)		Cranborne Practice
			Weymouth and Portland PCN

## 2 NHS Target Activity and Costing Options

- 2.1 National requirements are to invite 20% of the eligible population each year and achieve a 75% uptake. Pre-COVID, the local NHS HC programme was running at around 10% of invitations being sent, with a 50% uptake, resulting in around 900 – 1,000 NHS Health Checks per month. The aim for 2023/24 is for the NHS Health Check programme to achieve 19/20 levels of activity. As such Public Health Dorset will invite 10% of the population and achieve a 50% uptake with a budget of £600,000. Primary care providers and LiveWell Dorset will deliver this service.
- 2.2 The total eligible population across Dorset and BCP is 230,614. Therefore, the aim is to see the following activity of the course of the year:
- Inviting 10% of the eligible population = **23,061 invites**
  - Uptake of 50% = **11,530 checks delivered**
- 2.3 NHS Health Check invitations
- **Option 1** – continue with the current remuneration of £1.50 per invitation
  - **Option 2** – increase payments for invitations to cover the administration and uploading patient data (delivered by LiveWell Dorset)
  - **Option 3** – Provide primary care with block payments in advance to cover admin surrounding the programme. To cover **10% of invites per practice**.

% Patients invited	Number of patients invited	Cost per invitation			
		Option 1	Option 2 / 3		
		£1.50	£2.50	£3.50	£4.50
20%	46122	£69,183.00	£115,305.00	£161,427.00	£207,549.00
15%	34592	£51,888.00	£86,480.00	£121,072.00	£155,664.00
<b>10%</b>	<b>23061</b>	£34,591.50	£57,652.50	<b>£80,713.50</b>	£103,774.50
5%	11530	£17,295.00	£28,825.00	£40,355.00	£51,885.00

**Recommendation 1:** Based on feedback from primary care providers, an increase in payment for inviting patients and a fee to cover their time uploading patient data from other providers would encourage their participation. It is recommended to increase the payment to £3.50 per invitation, providing payment upfront to practices, to support and ease the programme administration (option 2 and 3).

### NHS Health Check Delivery

- 2.4 In 2023/24, the primary care payment model will be revised to address concerns around the cost effectiveness and incentivise primary care to

invite patients at greater risk of developing cardiovascular disease. Patients with the risk factors outlined below have been identified as being at higher risk of developing cardiovascular disease. Primary care providers will receive an enhanced payment for delivering checks to these patients. Checks on patients who do not have these risk factors will receive the existing baseline payment.

The following characteristics are recommended as the criteria for the enhanced payment:

- Smokers, BMI>30 , BP > 140/90 , Quintiles 1 and 2 , Black ethnicity , Ages 40-49

2.5 To understand the potential cost implications of making changes to the payment structure, we modelled a range of activity scenarios, payment structures, and the resulting costs.

2.6 Table 1 below shows the scenario costs; varying by the % of invitation sent, patient uptake and the cost per check. This table shows the current cost per check (the proposed baseline payment) and the enhanced payments at £35 per check.

% Patients invited	% Uptake	Number attending	Cost per check (flat rate)	
			£28.00 (baseline)	£35.00 (enhanced)
20%	50%	23061	£645,708.00	£807,135.00
	25%	11530	£322,840.00	£403,550.00
15%	50%	17296	£484,288.00	£605,360.00
	25%	8648	£242,144.00	£302,680.00
10%	50%	11530	<b>£322,840.00</b>	<b>£403,550.00</b>
	25%	5765	<b>£161,420.00</b>	<b>£201,775.00</b>
5%	50%	5765	£161,420.00	£201,775.00
	25%	2882	£80,696.00	£100,870.00

**Recommendation 2:** Implement a two-tier payment structure for NHS Health Check delivery, paying £28 per check for patients not meeting target criteria and paying £35 per check for enhanced payments. This weighted payment approach aims to encourage practices to invite patients at higher risk of developing cardiovascular disease and therefore most likely to benefit from the NHS Health Check programme.

**Recommendation 3:** It is recommended to allocate £400,000 of the NHS Health Checks budget to primary care to cover the cost of sending out invitation, delivering checks and programme admin.

**Recommendation 4:** Allocate the remaining £200,000 of the NHS Health Check budget to LiveWell Dorset to mobilise and develop their targeted NHS Health Check programme throughout 2023/4.

### **3 Outreach Provision through LiveWell Dorset**

- 3.1 LWD is an established service with robust and effective reach into communities experiencing high CVD morbidity and mortality and is well placed to ensure behaviour change support is offered to individuals following the risk assessment part of an NHS Health Check.
- 3.2 A targeted NHS HC model aims to engage communities and individuals who may be resistant or have low health literacy requirements. Innovative and opportunistic service models will be developed, which deliver proactively within community spaces. The proposed LWD model aims to deliver a minimum of 2,000 checks per annum for a maximum cost of £200k, which includes mobilisation and set up costs. The aim is to draw the main percentage of participants from the two most deprived quintiles.
- 3.3 The planned service model will be delivered by a new sub-team within LWD. The existing Health MOT programme will be upgraded to meet the delivery requirements of a full NHS HC. The programme will include marketing and communications, targeted to individuals and communities with the greatest risk of cardiovascular disease. Delivery will be peripatetic including, but not limited to:
  - At community events
  - Pop-up clinics in community venues / settings, e.g. shopping centres,
  - Via the LWD workplace wellbeing programme
  - In primary and secondary care settings

### **4 Communication Plan and NHS HC Programme Launch**

- 4.1 A comprehensive communication plan has been developed which outlines internal and external stakeholders, a communication timeline for both stakeholders and the public and more detail about the plan can be found in appendix one.

### **5 Financial Implications**

- 5.1 The service considered within this paper is commissioned from the recurrent Public Health Dorset shared service budget. Full financial implications are costed and modelled within this paper.

## **6 Wellbeing and health implications**

- 6.1 Improving delivery approaches and targeted access will improve health and wellbeing for those with greatest need

## **7 Environmental implications**

- 7.1 The planning for the LiveWell service is in very early stages, however the peripatetic element will embed low carbon transport measures. We will do this by:
- running events, rather than one to one sessions
  - utilising local staff in each of the areas to minimise transport
  - looking at an incremental development plan to keep emissions low.

## **8 Other Implications**

- 8.1 Non identified in this paper

## **9 Risk Assessment**

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

## **10 Equalities Impact Assessment**

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

## **11 Appendices**

- 11.1 Appendix A: Communication plan

## **12 Background Papers**

Internal health check options paper

Insights survey report

<https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care>

<https://www.gov.uk/government/publications/nhs-health-check-programme-review>

## **NHS Health Check communications plan**

### **Background**

The NHS Health Check programme is a national programme of work that we at Public Health Dorset have a duty to deliver across our population.

The programme is for adults in England aged 40 to 74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. And it can help to find ways to reduce the risks through lifestyle changes and / or risk management through medication.

We at Public Health Dorset have taken the decision to review how the service is delivered, with an aim of increasing the proportion of residents considered to be high risk of developing cardiovascular disease having a check each year. We want to increase provision in areas of highest need as part of our work tackling health inequalities, by making changes to the service offer which ultimately benefits both the residents of Dorset and the providers who deliver the service.

In October we asked for the opinions of the public and the providers about what worked well, what didn't and what would make it easier to access and deliver the service.

We had a great response from the public with around 1,000 replies who unanimously indicated they'd prefer NHS Health Checks to be delivered in primary care.

Using the response from the survey form both providers and residents we put together an options paper to take to the Joint Health and Wellbeing Board.

The board agreed that the following option for the future delivery of the NHS Health Check programme should be developed and costed:

### **Primary care delivery with added outreach provision from LiveWell Dorset**

- Primary care will be the preferred provider for inviting, delivering, and recording all NHS HC data.
- Outreach provider will boost capacity (LiveWell Dorset) in areas of need and areas with gaps in primary care delivery

We are now looking at being ready to launch this model by April 2023.

### **Aim**

To deliver 11,000 NHS health checks across BCP Council and Dorset Council areas. These are pre COVID-19 pandemic figures.

### **Resources**

Dorset's NHS Health Check providers



## **Appendix A: Health Check Communications Plan**

Public Health Dorset's locality link workers

Project team

Support packages about the new model

### **Spokespeople**

#### **External**

BCP Council – Cllr Jane Kelly, Lead Member for Communities

Dorset Council – Cllr Peter Wharf, Portfolio Holder for Adult Social Care and Health

#### **Internal**

Sarah Long and Sophia Callaghan

### **Channels for communications about health checks**

#### **External**

- PHD Facebook
- PHD Twitter
- PHD Instagram
- PHD website
- PHD blogs
- LiveWell Dorset website
- LiveWell Dorset Facebook
- Press releases
- Health and Wellbeing e-newsletter
- LiveWell newsletter
- NHS Dorset's GP newsletter
- Dorset Councillor's e-newsletter
- BCP Councillor's e-newsletter
- Town and parish council e-newsletter
- Locality link workers
- GP TV screens
- Provider letters sent to residents
- Provider texts sent to residents
- NHS Health Check leaflets
- PHD Facebook adverts
- Facebook community groups
- LiveWell Dorset events

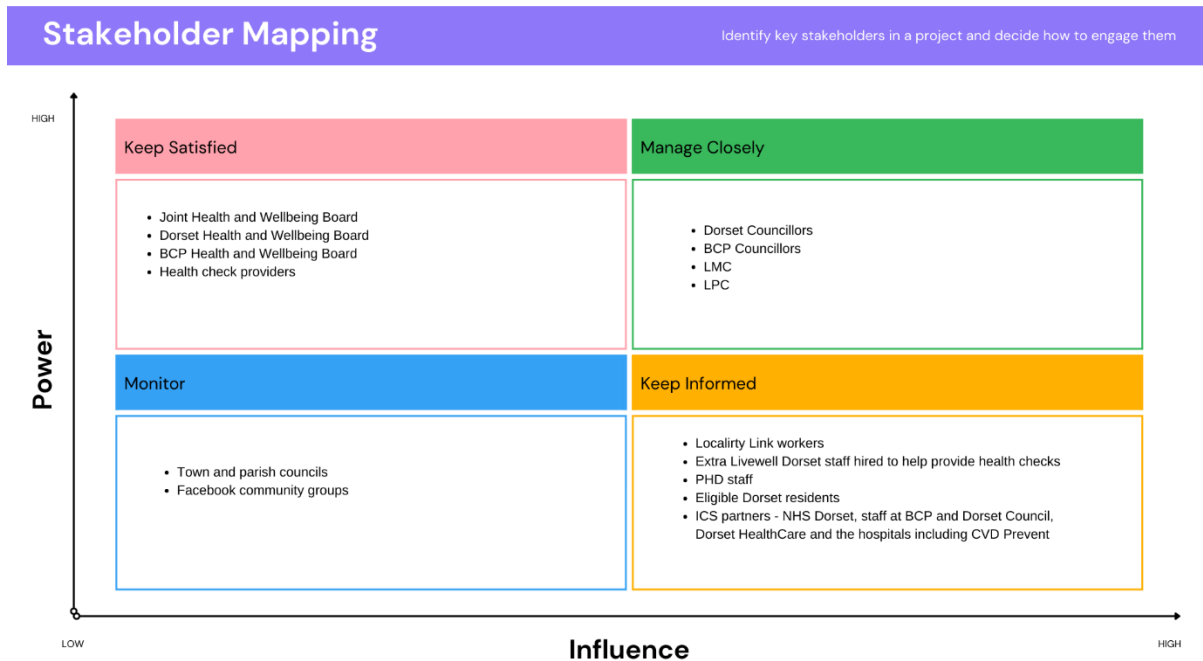
#### **Internal**

- The Hub
- PHD monthly bulletin

## Appendix A: Health Check Communications Plan

- LiveWell Team Talk
- TV screens in council and partner offices
- Partner intranets
- Locality link workers

### Stakeholder mapping



### Key dates

Date	Event	Who
September – October	Promotion of public and PCN survey of	Sarah Long, Kirstie Smith and locality link workers
21 October	Deadline for responses from residents and PCNS on how they would like health checks to be delivered.	Locality Link Workers
9 November	Joint Dorset Health and Wellbeing Board	
9 November	Dorset Council Health and Wellbeing Board	
23 December	Deadline for PCNS to get their information back	Locality link workers with Sarah and Sophia

## Appendix A: Health Check Communications Plan

	about how they will deliver the service	
27 January	Health Checks paper to be complete for the Joint Public Health Board and sent to Sam Crowe	Sarah Long
16 February 2023	Joint Public Health Board – final decision on delivery	Sam Crowe
March	Sign up NHS Health Check providers up to the CHIS framework	Sarah Long/ Georgia Stone
March	New LWD resource employed by PHD	Stuart Burley and Emma Rossi
1 April	NHS Health Check programme launches	Kirstie Smith, Sarah Long and Sophia
TBC	LWD NHS health checks offer launch	Kirstie Smith with Sally Rowe and Emma Rossi/Stuart Burley

### Communications Plan 1

#### Audience – Providers (PCNs)

##### Aim

Engage with providers and work with them to help them provide the programme that benefits them and Dorset residents.

Inform them of the changes.

##### Key messages

- 1) We are working with you to create a programme that works for both providers and residents.
- 2) We've listened to your feedback to create the new service
- 3) NHS Health Checks are a priority health protection programme for Public Health Dorset to deliver with the help of Dorset's PCNs to Dorset residents.

## Appendix A: Health Check Communications Plan

Date	Action	Channel	By who
September	Providers survey	PCNS through PHD contracts email, GP bulletin, localities leads	Sarah Long, Kirstie Smith, locality leads
October	Reminder of survey deadline	Locality leads, PH contracts email to providers and GP bulletin	As above
23 October	Survey closed		
November	Briefings produced for PCNS about new model and how they can deliver health checks	Email	Kirstie Smith and Sarah Long
November	Meeting with LPC and LMC	Meeting	Sophia Callaghan
November	Meeting with Clinical Directors Board	Meeting	Jane Horne
W/C 5 December	FAQ put together with initial concerns/questions from PCNs	PH contracts email and localities	Sarah Long and Kirstie Smith
December	Conversations with PCNS on delivery model	Locality leads	All locality workers with support from Sarah Long
Mid February	Email briefing pack to PCNs reminding them of the service, weighted payments, how to access training and how to sign up to be a HC provider	Email to PCNs through localities and CHIS contacts	KS with SL and localities / CHIS

## Appendix A: Health Check Communications Plan

Mid March	Email to providers to say launch is coming, initial comms is to advertise the new service followed by targeted comms to areas throughout summer	Email to providers through localities	KS with SL and localities
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## Communications Plan 2

### Internal communications

#### Audience - Public Health Dorset employees

#### Aim

Educate how to talk to PCNs.

Inform of the changes and how they can support delivery.

Date	Action	Channel	By who
October	Meeting with Locality leads about new NHS Health Checks model	Meeting	Sarah Long
November	Meeting with all Locality Link Workers presenting new approach	Meeting	Sarah Long
December	Meeting with LiveWell Dorset about new NHS Health Checks approach	Meeting	Sarah Long, Stuart Burley and Emma Rossi
March	Education of the new model	The Hub, LWD Team Talk, PHD Internal	Kirstie Smith, Sarah Long

## Appendix A: Health Check Communications Plan

		Newsletter, GP newsletter	
April	Launch of new programme	The Hub, LWD Team Talk, ICS partner intranets, GP newsletter	Kirstie Smith, Sally Rowe, Sarah Long

### Communications Plan 3

#### Public communications

#### Audience – eligible residents of Dorset

#### Aim

Inform residents a revised NHS Health Check service is available and how to get one.

Encourage eligible residents to get a health check.

#### Key messages

- 1) An NHS Health Check is a free and easy to access service.
- 2) The NHS Health Check is a free check-up of your overall health. It can tell you whether you're at higher risk of getting certain health problems, such as heart disease, diabetes, kidney disease or stroke.
- 3) This screening programme is targeted at the 40-74 age group as this has been evidenced as the best time to spot early signs of stroke, kidney disease and heart disease
- 4) Contact your local provider to make get a health check.
- 5) We have listened to your feedback from the survey to create a service more that is more accessible to you
- 6) NHS health checks are available through your local GP, pharmacy and some other community events

Date	Action	Channel	By who
September	Promoted survey to residents to gain thoughts on NHS health checks	PHD Health and Wellbeing newsletter, LWD newsletter, BCP Health and Wellbeing Newsletter, Facebook advert	Kirstie Smith and Sally Rowe

**Appendix A: Health Check Communications Plan**

October	Continued promotion of public survey	Localities through PCNs, PHD social media	Kirstie Smith, localities
21 October	Public survey closed		
16 February	Paper presented to Joint Health and Wellbeing Board for decision	Meeting	Sam Crowe/ Sophia Callaghan
16 February	Draft media statement in case of media enquiries	Media statement	Kirstie Smith
March	Press release – Residents invited for NHS Health check from April	Press release	Kirstie Smith
	Website update – update websites with new programme information	PHD website/ LWD website	Kirstie Smith/Sally Rowe
	Briefing to Cllrs about new programme	NHS Health Check update in BCP and Dorset Council Member Newsletter	Kirstie Smith
April	Social media – Eligible residents will be invited to a Health Check	Facebook	Kirstie Smith
	Facebook advert – targeted advertising at eligible residents	Facebook	Kirstie Smith
	Social media post in Facebook community groups	Dorset and BCP Facebook community groups	Kirstie Smith

**Appendix A: Health Check Communications Plan**

	PHD newsletter – You're invited for an NHS Health Check	PHD Health and Wellbeing Newsletter	Kirstie Smith/Ellen Finlay
	LiveWell Dorset newsletter – You're invited for an NHS Health Check	LiveWell Dorset newsletter	Sally Rowe
May	Social media – remind eligible residents NHS Health Checks are available	Facebook	



# Joint Public Health Board

## 16 February 2023

### Treating Tobacco Dependency

#### For Decision

**Portfolio Holder:** Cllr P Wharf, Adult Social Care and Health, Dorset Council  
Cllr J Kelly, Communities, Health and Leisure,  
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

#### Brief Summary:

This report provides a brief overview of the Treating Tobacco Dependency work featured on BBC South Today on 12 December. The work focuses on action within Dorset's hospitals. Contracts are in development with each Trust for this work. This paper clarifies these arrangements to ensure transparency and deliver compliance with Dorset Council governance in respect of procurement processes and Public Contract Regulations.

#### Recommendation:

The Joint Public Health Board is asked to:

- Note the excellent work on Treating Tobacco Dependency
- Note the contracts awarded to Dorset County Hospital and Dorset HealthCare, and
- University Hospitals Dorset

#### Reason for Recommendation:

There is commitment across the Dorset ICS to support Treating Tobacco Dependency work in our hospitals. National funding allocations for this work were transferred to Public Health Dorset to support this.

These services must integrate within our NHS hospital trusts and contracts have been entered into.

Smoking is the largest avoidable cause of death, and of social inequalities in life expectancy. It also impacts on the need for social care. Estimated costs of smoking in Dorset, across the NHS and both local authorities, are over £30M per year.

## **1 Background**

1.1 Smoking tobacco remains the largest modifiable risk to health. It impacts on both mortality and morbidity. It is also one of the greatest drivers of health inequality in England. The NHS Long Term Plan, 2019 included three commitments on tobacco for delivery by the NHS:

- all inpatients (admitted overnight in physical acute and mental health related settings) to be able to access NHS-funded tobacco dependence treatment services by the end of 2023/24,
- all pregnant women will also be able to access treatment services by the end of 2023/24 – with novel pathways to ensure support for partners/significant others, and
- development of a new universal smoking cessation offer as part of specialist mental health services for long-term users of specialist mental health (national rollout from 2023/24).

1.2 Dorset already had a range of work in place to support people to quit:

- Dorset Healthcare Trust was seen as an exemplar of support to inpatients that smoke since 2017. This was not, however, spread across all mental health and community settings.
- Public Health Dorset (PHD) pump-primed work to integrating support to stop smoking into maternity care. Poole Hospital saw significant improvement, with fewer women still smoking at the birth. This involved working with the whole family to support the best environment for the pregnant smoking mother to quit. Bournemouth and DCH hospitals had more limited success. PHD funded a programme manager to share the learning.
- The programme manager set up a system-wide steering group in 2019. The aim is to support progress towards the LTP commitments.
- Public Health Dorset also commissions community-based support to stop smoking. GPs, community pharmacies and LiveWell Dorset all play a part.

- 1.3 The NHS LTP commitments on smoking cessation are supported by 3 years of funding to each Integrated Care System between 21/22 and 23/24. NHS Dorset agreed to transfer these funds to PHD to combine with the programme manager funding. Delivery will be overseen by the system-wide steering group.
- 1.4 As this service needs to be part of all other hospital services, our NHS hospital trusts are the only potential providers. Contracts have been agreed in respect of work with DCH and Dorset HealthCare Trust and approved in accordance with Dorset Council's Contract Procedure Rules.
- 1.5 As UHD is our larger acute hospital, and they host the programme management support, their contract value is higher and exceeds Dorset Councils Key Decision threshold. Ordinarily, the Joint Public Health Board would be requested to approve award of a contract with financial consequences of £500k or more. Dorset Council's Scheme of Delegation, (Part 3 of the Constitution) provides for Chief Officers to take urgent decisions, where there is not time to seek formal approval.
- 1.6 The contract directly awarded to UHD also falls under the Public Contract Regulations 2015, namely Regulation 32(2)(b)(ii) where direct award is permitted where competition is absent for technical reasons.
- 1.7 Dorset Council legal services have advised that the requirements of Regulation 32 have been met.
- 1.8 In January 2023 the Director of Public Health exercised delegated powers to award the contract to UHD and now reports the award of contract to the Joint Public Health Board for noting.

## **2 The Dorset CARED model**

- 2.1 The Dorset CARED model has been developed from the Ottawa model for smoking cessation. The Ottawa model has been shown to improve long-term quit rates by 11%, reduce re-admission within 30 days by 50% and reduce the risk of death by 40% over 2 years.
- 2.2 Our model provides a comprehensive programme that systematically identifies all active smokers admitted to secondary care (including maternity, mental health and community hospital settings) and gives them very brief advice (VBA) and nicotine replacement therapy (NRT) for the duration of their hospital care.
- 2.3 Unless they opt-out, patients are also supported by specialist staff to develop an individualised long term treatment plan.
- 2.4 Services are provided within the context of smokefree hospital environments, backed up by Trust policy.

### **3 Financial Implications**

- 3.1 Public Health Dorset has a budget to provide for smoking cessation work. As well as community services this has funded a post to support development of smoking cessation approaches in hospital.
- 3.2 In 21/22 national funding was made available to CCGs (now ICBs) to support NHS Long Term Plan aspirations about the expansion of smoking cessation through hospitals. The Dorset ICS agreed transfer of funds to Public Health Dorset to ensure this was delivered.
- 3.3 Action on Smoking and Health estimated the costs of smoking for Dorset council at £8.7M and for BCP council at £7.8M, while the TTD business case suggested costs to Dorset NHS partners of £13.7M.
- 3.4 Modelling from the Ottawa evidence suggest that direct costs to Dorset NHS partners due to smoking related illness could drop by £4M by March 2023. This is cost avoided rather than cost-releasing savings.

### **4 Wellbeing and health implications**

- 4.1 Smoking is the largest avoidable cause of death, and of social inequalities in life expectancy, in the UK. Smokers who start smoking at around the start of adult life lose an average of 10 years of life expectancy, or around 1 year for every 4 years of smoking after the age of 30. Smoking is a recognised cause of lung cancer, COPD, cardiovascular disease and a wide range of other diseases. [RCP 2018]
- 4.2 Smoking also impacts on the need for social care. Current smokers are over 2.5 times more likely to receive social care support in their home than never-smokers, while ex-smokers are just over 1.5 times more likely to receive care in their home. On average, smokers report difficulty completing tasks 7 years earlier than never smokers and receive care support 10 years earlier than never smokers. Smokers and ex-smokers receive more hours of care than never smokers. On average, current smokers in receipt of social care support receive 4 times as many hours of care as never smokers. [ASH March 2021]
- 4.3 Treating smoking prolongs life and substantially improves the natural history of many diseases. Smoking cessation interventions are highly effective and cost-effective, far more so than many treatments and interventions used routinely to treat smoking-related diseases.

## **5 Environmental implications**

- 5.1 The environmental costs of tobacco production and consumption have not been extensively studied but here is a growing body of evidence to show that it has a significant impact at every stage of the process.
- 5.2 The tobacco supply chain is a contributor to deforestation, the use of fossil fuels and the dumping or leaking of waste products into the natural environment. Chemicals used in tobacco growing mean that the land is unsuitable for supporting any other crop.
- 5.3 Cigarette butt littering is both a public nuisance and also exerts hazardous and toxic effects on the environment and ecosystems where they end up.

## **6 Other Implications**

- 6.1 None identified in this paper.

## **7 Risk Assessment**

- 7.1 Having considered the risks associated with this report, the level of risk has been identified as:  
Current Risk: MEDIUM  
Residual Risk: LOW

## **8 Equalities Impact Assessment**

- 8.1 Smoking is not evenly distributed across the population. Some populations are more likely to smoke than others. Checking the smoking status of every patient and offering all smokers information and treatment ensures no bias. Each person can make their own informed choice about stopping smoking. It also shows that smokers' health is not deemed less important than that of non-smokers. Smoke-free NHS estates protect the health of patients and staff. They also signal that smoking is a crucial health issue and support those smokers who are trying to quit.
- 8.2 Evaluation of the service should check access by different population groups.

## **9 Appendices**

None

## **10 Background Papers**

[Hiding in plain sight, treating tobacco dependency in the NHS, The Tobacco Advisory Group for the Royal College of Physicians, 2018.](#)  
[NHS Long Term Plan 2019.](#)  
[The cost of smoking to the social care system. ASH, March 2021](#)  
[Tobacco and the Environment, ASH, September 2021](#)








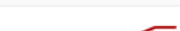







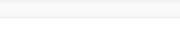
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# Public Health Dorset - Business Plan

Programme Progress Update January 2023

The table below and in the following slide show development to date on a simplified regular reporting format to show Public Health Dorset programme progress. Some measures are in development, and therefore may be missing information currently. This report will develop over time following Public Health programme priorities and milestones. Links to progress updates for the programme are shown in the Update column.

☑	Name	Owners	Status	Progress (Q3)	Trend (Quarterly)
	System Strategy Development	 Sam Crowe <a href="#">Slide 5</a>	On track		
	Drugs and Alcohol	 Nicky Cleave <a href="#">Slide 6</a>	On track		
	Adults in Treatment (Dorset Council)	 Nicky Cleave	On track	1.66K/1.92K	
	Healthy Child Programme	 Joanne Wilson <a href="#">Slide 7</a>	On track		
	% of mothers who received a first face to face antenatal contact with a Health Visitor	 Joanne Wilson	Behind	70.00 %/95.00 %	
	% of all births that received a face to face New Birth Visit within 14 days by a health visitor	 Joanne Wilson	Behind	84.00 %/95.00 %	
	% of children who received a 6-8 week review by the time they were 8 weeks	 Joanne Wilson	Behind	94.00 %/95.00 %	
	% of children who received a 12 month review by the age of 12 months	 Joanne Wilson	Behind	90.00 %/95.00 %	
	% of children who received a 2-2.5 year review	 Joanne Wilson	Behind	90.00 %/95.00 %	
	% of children at or above expected level of development in all 5 domains of the Ages and Stages Questionnaire, at 2.5 years	 Joanne Wilson	Behind	88.00 %/95.00 %	



Name	Owners	Status	Progress (Q3)	Trend (Quarterly)
<ul style="list-style-type: none"> <li>Mental Health           <ul style="list-style-type: none"> <li>Suicide Prevention Training sessions delivered year to date</li> <li>Suicide Real Time Surveillance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Vicki Fearne <a href="#">Slide 8</a></li> <li>Vicki Fearne</li> <li>Vicki Fearne <a href="#">Slide 9</a></li> </ul>	<ul style="list-style-type: none"> <li>On track</li> <li>On track</li> <li>At risk</li> </ul>	<ul style="list-style-type: none"> <li>16</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Health Inequalities	Paul Iggulden <a href="#">Slide 10</a>	On track		
<ul style="list-style-type: none"> <li>Improving Data to Evidence Action           <ul style="list-style-type: none"> <li>Number of collaborative analysis projects in progress</li> <li>Health protection assurance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Jane Horne <a href="#">Slide 11</a></li> <li>Jane Horne</li> <li>Rachel Partridge <a href="#">Slide 12</a></li> </ul>	<ul style="list-style-type: none"> <li>Behind</li> <li>On track</li> <li>Behind</li> </ul>	<ul style="list-style-type: none"> <li>3</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<ul style="list-style-type: none"> <li>Healthy Lifestyle Support           <ul style="list-style-type: none"> <li>Cumulative number of enrolments in Smoking Cessation this year</li> <li>New Registrations with LiveWell Dorset (Cumulative in Financial Year 22/23)</li> <li>Health Checks - Invitations in quarter</li> <li>Health Checks - Delivered in quarter</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Sophia Callaghan <a href="#">Slides 13 - 15</a></li> <li>Sophia Callaghan</li> <li>Sophia Callaghan</li> <li>Sophia Callaghan</li> <li>Sophia Callaghan</li> </ul>	<ul style="list-style-type: none"> <li>On track</li> <li>On track</li> <li>On track</li> <li>On track</li> </ul>	<ul style="list-style-type: none"> <li>690</li> <li>5.31K</li> <li>3.33K</li> <li>1.23K</li> </ul>	<ul style="list-style-type: none"> <li></li> <li></li> <li></li> <li></li> </ul>

Name	Owners	Status	Progress (Q3)	Trend (Quarterly)
<ul style="list-style-type: none"> <li>Built environment and local plans</li> </ul>	Rachel Partridge <a href="#">Slide 16</a>	On track		
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Planning applications considered for comment in quarter</li> </ul> </li> </ul>	Rachel Partridge	On track	13	
<ul style="list-style-type: none"> <li>Sexual Health</li> </ul>	Sophia Callaghan <a href="#">Slide 17</a>	On track		
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Cumulative number of contacts in this contract year</li> </ul> </li> </ul>	Sophia Callaghan	On track	26.0K/40.8K	
<ul style="list-style-type: none"> <li>Health protection response</li> </ul>	Rachel Partridge <a href="#">Slide 18</a>	On track		
<ul style="list-style-type: none"> <li>Joint Strategic Needs Assessment</li> </ul>	Natasha Morris <a href="#">Slide 19</a>	On track		
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>JSNA-Webpage Views</li> </ul> </li> </ul>	Natasha Morris	On track	403	
<ul style="list-style-type: none"> <li>Evidence-based innovation and policy development</li> </ul>	Rachel Partridge <a href="#">Slide 20</a>	On track		

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Data is not included for December 2022 due to a software issue.

# Programme Progress – System Strategy Development

Programme lead: Sam Crowe, Director of Public Health

## Key objectives

- Lead the development of the integrated care system strategy

## Programme progress

- ICP strategy was delivered on time, and approved by the Integrated Care Partnership
- As part of the strategy development, the engagement exercise Community Voices - 100 in-depth conversations - was completed. This is now being used to identify priorities and themes for further exploration as the strategy is developed
- Also in scope is developing an ongoing work programme that will look at a process for delivering the strategy through system plans and strategies, including the ICB forward plan, Health and Wellbeing strategies, and organisation plans. This is due to be discussed by the ICB at its next meeting January 24th.

## Next steps

- Agreeing the work programme for the next steps in implementing the strategy, plus a strategy oversight team to deliver it
- Agree a sustained approach to system-level public engagement building on 100 Conversations project.

## Additional Points

This programme is an opportunity to influence through the strategy for taking more of a prevention based approach to many of our services. However, it is also costly in terms of public health resource supporting it. We are asking the ICP to take more ownership of the next steps, implementing the strategy, and to identify a team from system organisations to help deliver it.

# Programme progress – Drugs and Alcohol

Programme lead: Nicky Cleave, Public Health Consultant

## Key objectives

- To continue to support the establishment of the new Combating Drugs Partnership Board and subgroups, using the needs assessment and draft delivery plans to establish metrics for monitoring progress.
- To work with providers to agree the and monitor the projects funded by the Supplemental and Rough Sleepers grants to deliver the targets/objectives agreed with Office for Health Improvement and Disparities (OHID) and Department for Levelling Up, Housing and Communities (DLUHC)
- To deliver the procurement plans for residential detoxification and rehabilitation, the REACH OUT project and the core drug and alcohol service

## Programme progress

- The needs assessment for the Combating Drugs Partnership Board was completed, subgroups are being established and draft delivery plans have been written.
- Procurement plans are on track to deliver all projects as planned.

## Next steps

- The procurement plan for the core drug and alcohol service is on the agenda for the Dorset Council Cabinet meeting in February.

# Programme progress – Healthy Child Programme

Programme lead: Jo Wilson, Head of Programmes

## Key objectives

- Continuing to improve performance and service outcomes for the Children and Young People's Public Health Service (contract).
- Scoping integration opportunities within Family Hubs to design and deliver services for children and young people.
- Scaling projects which improve health and wellbeing outcomes for Early Years, e.g. Breastfeeding Peer Support, Healthy Start and Healthy Movers physical activity
- Securing strategic support for implementing Thrive model for young people's mental health, seeking investment in early intervention and new models of integrated care for young people needing Risk Support.
- Mobilisation of Pause Dorset.

## Programme progress

- Leadership and workforce development sessions delivered in partnership with Bournemouth University have identified priorities for service improvements. Quick wins achieved including scaling digital access for practitioners to schedule appointments and demonstrate resources / interventions when visiting families.
- Strategic design sessions with Family Hub programmes in Dorset and BCP
- Clarifying scope and budgets for scaling Early Years projects and programmes
- Partnership workshops to identify key challenges and achievements to implementing Thrive model.
- Go Live agreed for Pause on the 16th January 2023

## Next steps

Contractual commitments and mobilisation of programme priorities.

# Programme progress – Mental Health

Programme lead: Vicki Fearne, Public Health Consultant

## Key objectives

- Scope community public mental health component through JSNA
- System wide roll out of suicide prevention training
- To provide system public health leadership to support the Integrated Care System wellbeing offer and lead the Pan-Dorset Workforce Wellbeing Network

## Programme progress

- Engagement work with partners has identified the need to agree a definition of "community" and "mental health" to work with before going through the JSNA process.
- Over 200 people now trained in Suicide First aid. Developing networking opportunities and further support and training for those already trained.
- Refresh for wellbeing objectives being developed for this year with a renew on LWD engagement leads connections to supporting ICS partners
- Rural and young people suicide prevention Autumn campaign complete
- Schools offer developed in response to higher need in key areas for young people

## Next steps

- Initial workshop this month to inform JSNA work going forward.
- Roll out ASIST training across ICS partners
- Develop champion networks, resource portal and CPD training for all SP training programmes
- Develop wider schools and young people SP skills development offer as next steps to the CYP campaigns for mental health
- Rural Campaign evaluation with social media and a blog to continue with local support

## Additional Points

Suicide Prevention Training is a system piece of work. Funding (largely from NHS E and NHS Dorset) comes to an end September 2023. We are waiting for the refreshed national suicide prevention strategy to understand if funding to support this work will continue.

# Programme progress – Mental Health - Suicide RTS

Programme lead: Vicki Fearne, Public Health Consultant

## Key objectives

- Re-establish real time surveillance for suspected suicides and attempts with Dorset Police

## Programme progress

- Dorset Police have stated an ambition to support this work going forward.
- Some limited data on suspected suicides has been submitted. Further work by Dorset Police is needed to enable us to use this data in a meaningful way.

## Next steps

- Continuing to work with Dorset Police to provide timely, quality data on suspected suicides.
- Continuing to work with Dorset Police on scoping real time surveillance for attempts.

## Additional Points

RTS presents challenges as barriers to progress sit with external partners.

# Programme progress – Health Inequalities

Programme lead: Paul Iggulden, Public Health Consultant

## Key objectives

- To support development of an ICS programme for reducing health inequalities through the actions of healthcare providers (Phase I) and other system partners (Phase II).
- To work with both councils and VSC organisations through localities to support residents and communities most vulnerable to increases in the cost of living.

## Programme progress

- Development of maturity matrix to baseline where partners are with Anchor Institutions (social value) activities.
- Partnership work by localities team to provide cost of living support to communities
- Planning for Health Inequalities Dorset symposium - 100+ registered for event on 1st February.
- Significant progress continues in developing infrastructure that supports people to feed themselves well (food banks, community fridges, social supermarkets, mobile pantries) across both Dorset and BCP council areas with a focus on developing pathways from emergency to affordable food.
- Our localities teams continues to support partnership work across our communities in helping vulnerable people to maximise their income, to manage debt and to support their wellbeing.
- Ongoing partnership work in organising support to migrant people with the focus on Ukrainian Refugees and people seeking asylum based in hotels.

## Next steps

- Clarifying roles around Health Inequalities with emergent ICB team
- Organising Food Security Event (late April) for those involved in developing food initiatives in the Dorset Council area.



# Programme update – Improving Data to Evidence Action

Programme lead: Jane Horne, Public Health Consultant

## Key objectives

Improve the the tools that Population Health Management and Business Intelligence is drawing on.

Priorities:

1. Data sharing workstream
2. Collaborative work on data and insights to support strategic priorities
3. Collaborative work on developing local area profiles

## Programme progress

1. Data sharing workstream established. Priority identified as sharing LiveWell Dorset data with DiiS. Detail of current data structure, flows and permissions clarified.
2. PHD analysts now have access to backend of DiiS.
3. Workshop to understand potential requirements completed

## Next steps

Complete use case and privacy impact assessment for sharing LiveWell Dorset data with DiiS - March 2023

## Additional Points

Ongoing challenge of collaborative work – balancing pace and engagement

Development of first collaborative strategic data and insights focuses on hypertension - development and testing Jan to July 2023

Local area profiles - development and testing of initial requirements Jan to March 2023. Mapping of related system work ongoing.

# Programme progress – Health Protection Assurance

Programme lead: Rachel Partridge, Deputy Director of Public Health

## Key objectives

- Scoping: Internal & System-wide health protection reviews
- Establish governance arrangements including Dorset Health Protection Network

## Programme progress

- Established Dorset Health Protection Board (12th October, 8th December, next meeting: 21st March 2023).
- Local Health Resilience Partnership (LHRP) established and last met 18th November 2022.
- Information and system review drafted in preparation for discussion with PHD SMT.
- Ambition to gain assurance that plans are in place to mobilise system resources, including NHS resources, in response to a health protection incident. Using UKHSA regional tool (GAAP tool), delay of Dorset system to complete. Struggling to engage key contacts in ICB due to ongoing system pressure and organisational change.

## Next steps

- Follow up engagement with ICB colleagues to complete GAAP tool and identify clear processes and governance for health protection.
- Discuss system review findings with SMT colleagues.

## Additional Points

Dorset system has a number of ongoing risks and incidents. There is a need to develop a resilient system to be able to effectively respond and alleviate system pressures and harm to individuals.

# Programme progress – Healthy Lifestyle Support, Health Checks

Programme lead: Sophia Callaghan, Public Health Consultant

## Key objectives

To roll out the NHS health check refresh and develop a system approach to a targeted programme

## Programme progress

- Formal discussion on health checks complete and options 3 chosen for mixed model delivery
- Paper for the Board to update on primary care and LiveWell Dorset modelling and delivery options
- ICS Stakeholder engagement (Locality Leads discussions with Primary Care Networks, Primary Care Strategy Implementation Group (PCSIG), Local Medical Committee (LMC), Local Pharmaceutical Committee (LPC))
- Costing modelling complete
- Communication and engagement plan in place

## Next steps

- Board approval February to agree population modelling , to agree the LiveWell Dorset targeted approach and to agree the communication plan and launch requirements

## Additional Points

Risk of primary care capacity and delivery risk, however the mixed model will support a consistent approach to health check delivery in the communities that will benefit most

# Programme progress – Healthy Lifestyle Support, LiveWell Dorset

Programme lead: Sophia Callaghan, Public Health Consultant

## Key objectives

To deliver the LWD lifestyle service elements of coaching, skills development and organisational and community engagement

## Programme progress

- The LiveWell Dorset service continues to be increase the level of support being offered to those individuals with the greatest needs. The financial year of 2022/23 is projected to be the busiest year for the service since pre-pandemic.
- Work is underway to secure the sustainability of the integration of LWD services in clinical pathways in the two Outpatient Assessment Centres in South Walks House and Beales.
- LWD service is mobilising a substantial new offer – targeted NHS Health Checks. The new service will reach into communities experiencing high CVD morbidity and mortality and ensure robust behaviour change support is offered to individuals, alongside the clinical elements of a Health Check.

## Next steps

- Refresh engagement with ICS system wellbeing partners , targeted health checks programme mobilisation , sustainable offer within clinical pathways at Beales and South Walks House .

## Additional Points

Dependent on board agreement of the targeted LWD health checks programme

# Programme progress – Healthy Lifestyle Support, Smoking, Cardiovascular & Weight Management

Programme lead: Sophia Callaghan, Public Health Consultant

## Key objectives

To deliver the weight management and smoking cessation service as part of the LWD Behaviour change offer.

## Programme progress

- Weight management services continue to be delivered through LiveWell Dorset and access to community group provision via Weight Watchers and Slimming World. Outcomes performance remains very strong for participants accessing Slimming World services, with around 65-70% achieving the target weight 5% loss. For individuals accessing Weight Watchers it is slightly lower at around 50% achieving the target 5% weight loss.
- The contract for community weight loss provision is in the process of being re-procured. The new contract will be in place from April 2023.
- Treating Tobacco Dependency in hospitals: Good progress in roll out of CARED model across University Hospitals Dorset, Dorset County Hospital and Dorset HealthCare. A separate paper to the Board provides more detail.
- Smoking cessation: There has been a continued gradual decline in the numbers seeking smoking cessation support via community provision in pharmacies and general practice. This is in large part due to the ongoing unavailability of pharmacotherapy (Champix). There is focused piece of work underway with the Dorset Local Pharmaceutical Committee to increase service delivery and outcomes.
- We launched a new NICE-recommended smoking cessation offer as of January 2023. It is a cognitive restructuring programme delivered by the organisation Allen Carr Easyway. It has proved to be extremely popular in the first few weeks of 2023. We will review uptake and outcomes over the initial period and consider if a more detailed commissioning business case is required.

## Next steps

- Treating Tobacco Dependency in hospitals: Formalise contracts as set out in separate paper to the Board.
- For smoking cessation- We are currently working with the ICB and Dorset Medicines Management to explore bringing online an alternative medication – Bupropion.
- For weight management a key milestone will be the awarding of new contracts for Financial Year 2024, and the implementation of these services.

# Programme progress – Built Environment and Local Plans

Programme lead: Rachel Partridge, Public Health Consultant

## Key objectives

- Engagement with the Local Plan development in Dorset Council and BCP Council.
- Establish a planning application consultation and review process for Public Health Dorset on major applications to Dorset and BCP Councils.
- Delivery of Healthy Homes Dorset

## Programme progress

- Establishing links with planning teams in Dorset Council and BCP re input to Local Plan Development. Part of DC CLT workshop on planning. Timings of Local Plan Delivery have been amended so now a longer timeframe for this piece of work.
- Process established with BCP and DC planning teams. Update and training given to Public Health Dorset colleagues through Locality training and Programme engagement workshop.
- Healthy Homes Dorset remains a very popular service and continues to be very busy. Applications for additional funding from central Government have been submitted.

## Next steps

Review of how the planning application process has been embedded in PHD to agree future consultation thresholds. Analysis and mapping across BCP & DC to inform planning policy to promote healthy food environment. Support and review implementation of any new funding received by HHD. Scoping the need for PHD input into development of new DC Housing strategy.

# Programme progress – Sexual Health

Programme lead: Sophia Callaghan, Public Health Consultant

## Key objectives

- To deliver the mandated service with an effective approach to user access
- To promote and improve good sexual health through delivery of evidence-based practise and behaviour change activity
- To develop a zero HIV prevention programme

## Programme progress

- Year two observations, achievements and next steps complete
- Year three service objectives developed and agreed
- Zero HIV programme objectives agreed
- Prep contract variations and business case in process of finalisation (end of January for extended PrEP programme)
- Annual contracting process, quality assurance and programme objectives for year thee in place and agreed

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## Next steps

- Kick start contract process and action plans, effective dashboard development to mitigate coding issues and ensure effective monitoring

# Programme progress – Health Protection Response

Programme lead: Rachel Partridge, Deputy Director of Public Health

## Key objectives

- Maintain the Public Health Dorset health protection duty desk.
- Scope & support the development of system incident response plans.
- Provide advice/scrutiny/challenge to health protection incident response.

## Programme progress

- Continues to operate effectively (until March 23).
- Working with UKHSA and key local stakeholders (Environmental Health, Adult Social Care teams, head teachers) on a range of Health Protection prevention & response plans.
- PHD has provided input into number of IMTs including a recent outbreak in an asylum hotel.

## Next steps

- Consider PHD Health Protection model from 1st April 23.
- Continue to attend key meetings, follow up and support the work of UKHSA on reviewing & developing the single case plan.
- Currently quantifying health protection incidents involving PHD.



# Programme progress – Joint Strategic Needs Assessment

Programme lead: Natasha Morris, Team Leader Intelligence

## Key objectives

- To engage system partners in identification of health and wellbeing priorities, supporting a culture of evidence-based decision making.

## Programme progress

- Supported development of the ICP strategy
- Actions for the BCP SEND JSNA completed
- Scoping sessions held for the Community Mental Wellbeing panel

## Next steps

- Initialise the next round of JSNA engagement, in preparation for updating the annual JSNA narratives later this year.

## Additional Points

Work on the communication plan and website review have slipped to this quarter due to resourcing requirements for higher priority programmes.

# Programme progress – Evidence-based innovation and policy development

Programme lead: Rachel Partridge, Deputy Director of Public Health

## Key objectives

- To support BCP Council, DC Council and wider stakeholders to take action to improve infrastructure and support the increase in active and sustainable travel, focussing on walking and cycling
- To work with our partners across the two Councils and the VCSE to reduce inequalities in access to high quality greenspace to support and improve health and wellbeing
- Our remit is to support and enable our partners, particularly the two Councils, to improve local air quality through direct action where possible and to influence wider policy at a local and national level to improve local air quality.

## Programme progress

- Scoped and developed an outline MoU with BCP and DC active travel teams for joint funded work within the 2 LAs to commence April 2023 for 2 years.
- Took part in a stakeholder workshop on the development of Local Transport Plan 4 in November 2022. Professor Tapp produced an evidence review to support the development of the work.
- Took part in presentation and tour of BCP Future Parks sites (Green Heart Parks) with key stakeholders including external funders and elected members. MoU scoped and developed with The Parks Foundation to support roll out of BCP Community Parks enhancement (Green Heart Parks) to commence April 2023.

## Next steps

- Scope with EH colleagues the implications of the Chief Medical Officer Annual Report focussing and the forthcoming new national policy/legislation on Air Quality. Support a presentation on BCP Community Parks enhancement project (Green Heart Parks) to BCP Health & Wellbeing Board.

# Communication Plan Update

Lucy Mears, Communications Manager

## Key objectives

- To develop a communications strategy to support Public Health Dorset in achieving our business plan priorities

## Progress

- The communications strategy has been developed, published and shared with The wider team
- The communications forward plan has been updated to align resource to current priority programmes
- Key activity from the past quarter includes delivery of a targeted rural mental Health campaign, cold weather response to reach the most vulnerable, management of Strep A communications with education settings, and Mental Health crisis materials to support an incident response

## Next steps

- Key campaigns for the coming months include supporting the Health Checks rescoping and rollout, planning and delivery of a school readiness campaign for young children, and a system-wide mental health campaign for children and young people.

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