



Dorset's Joint Public Health Board

Date: Wednesday, 9 November 2022
Time: 10.00 am
Venue: Council Chamber, County Hall, Dorchester, DT1 1XJ

Members (Quorum 2 – 1 from each Authority)

Councillors Peter Wharf and Graham Carr-Jones (Dorset Council) and Councillors Jane Kelly and Karen Rampton (BCP Council)

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

For more information about this agenda please contact Democratic Services
Meeting Contact david.northover@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

Item		Pages
1.	ELECTION OF CHAIRMAN To elect a Chairman from Dorset Council for the ensuing municipal year, introductions and acknowledgements.	
2.	APPOINTMENT OF VICE-CHAIRMAN To appoint a Vice-Chairman from BCP Council for the ensuing municipal year.	
3.	APOLOGIES To receive any apologies for absence.	
4.	MINUTES To confirm the minutes of the meeting held on 30 May 2022.	5 - 14

5. DECLARATIONS OF INTEREST

To receive any declarations of interest.

6. PUBLIC PARTICIPATION 15 - 18

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 Democratic Services Officer by 8.30 am on Friday 4 November 2022.

7. FORWARD PLAN 19 - 22

To consider the Board's Forward Plan.

8. DIRECTOR'S UPDATE AND PRESENTATION 23 - 42

To receive an oral update and presentation from the Director on activities, progress made and matters for consideration within Public Health Dorset, and providing an opportunity for consideration of an options paper on NHS Healthchecks.

9. FINANCE UPDATE 43 - 50

To consider the Finance Update report.

10. CLINICAL SERVICES PERFORMANCE MONITORING 51 - 68

To consider a report by the Director.

11. BUSINESS PLAN MONITORING 22/23 69 - 86

To consider a report by the Director.

12. DATES OF FUTURE MEETINGS

To confirm that the date of the next meeting of the Board will be on Thursday 16 February 2023 and to consider the timescales for future meetings during 2023.

13. URGENT ITEMS

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

14. 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 MONDAY 30 MAY 2022

Present: Cllrs Mohan lyengar, Peter Wharf and Graham Carr-Jones

Apologies: Cllrs Karen Rampton

Also present: Cllr Jane Somper - Dorset Council

Officers present (for all or part of the meeting): Sam Crowe (Director of Public Health), Sian White (Finance Manager), Rachel Partridge (Public Health Dorset), Sarah Longdon (Head of Service Planning – Public Health), Steve Gorson (Finance), Sarah Vanessa Read (Director of Nursing and Quality, Dorset CCG) and David Northover (Democratic Services Officer).

130. Election of Chairman and Appointment of Vice-Chairman

As agreed at the last meeting, the Chairmanship of the Board should be maintained on a yearly basis. This was to provide some continuity in how meetings were run and a practical basis for the Board's governance. Given that, it was

Resolved

That Mohan lyengar retain the Chairmanship for this meeting and Cllr Peter Wharf be appointed Vice-Chairman.

At the next meeting of the Board, governance arrangements for the Chairmanship for the year 2022/23 would be affirmed, with Dorset Council assuming this role. It was intended that hereafter, the Chairmanship would rotate between the two authorities on an annual basis, following appointments made at their respective May annual Council meetings.

131. Apologies

Apologies for absence were received from Cllr Karen Rampton (BCP).

An apology for absence was also received from Vivienne Broadhurst.

132. Minutes

The minutes of the meeting held on 16 February 2022 were confirmed.

133. Declarations of Interest

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

134. **Public Participation**

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

It was hoped that the opportunity to participate in meetings would be taken and that Comms and Board members could play their part in encouraging this by the means available to them. It was noted that Comms actively raised the profile of the work of the Board and Public Health Dorset through social media and dedicated websites and this would be maintained. The Chairman, Vice-Chairman and the Director would pursue by what means this might best be achieved.

135. **Forward Plan**

The Board's Forward Plan was received and noted. Whilst it was noted that monitoring of Public Health Dorset commitments and obligations was necessary, it was seen to be beneficial that the Business Plan was now a 'live' document, able to be modified, as necessary, to reflect changing objectives as they occurred. What the Plan contained gave the Board a better understanding of the commitments coming up and when these were due to be considered.

136. **Directors Update on Public Health Activities**

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:-

- Health Improvement
- Health Protection and
- Health Care Public Health

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 would integrate with the Integrated Care System was explained and what part it would play in being able to achieve successful outcomes.

In summary, the presentation covered:-

- **Health protection system - in transition following move to Living with COVID-19**
- **Supporting local system to be ready for Integrated Care Systems**
 - Recruitment to new executive posts for integrated care board

- Leading the development of the first Integrated Care Strategy
- Secured funding for population health management team (March 22)
- **Public health business plan – working with the team to identify priorities, scope programmes, support recovery and resilience**

An issue was raised by the Board about the Drugs Board, and its composition, in that it was considered that it should readily reflect the need for public health interventions and treatments in the first instance - given the issues to be addressed - and that, whilst the judicial regime had its part to play, an understanding of why these issues arose and what interventions and treatments could be applied at source, should be the principle driver.

Although an assessment would be necessary of what part the Police and Public Health, and other stakeholders should play on this Board - and to what extent - it was hoped that a practical resolution could be found, acknowledged and agreed upon whereby each contribution to how policy was developed was valid and relevant that would benefit all.

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.

Noted

137. Finance report

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.

The opening revenue budget for Public Health Dorset in 21/22 was £25.036M. This is based on a combined Grant Allocation of £34.267M. Current forecast outturn is £453K underspend, with more detail set out in section 10 of the report and in Appendix 1.

As at 31st March 2022 the ring-fenced public health reserve stands at £2.647M, with £1.046M potentially committed to different projects and programmes.

The Board had agreed 2022/23 contributions from each local authority to the shared service at their last meeting, including 60% of the 22/23 grant uplift - as set out in Appendix 2 of the report. This gave a 22/23 opening revenue budget for Public Health Dorset of £25.615M.

What proportion each local authority retained of the grant to deliver other services with public health impact was explained.

Each local authority retained a portion of the grant to deliver other services with public health impact. The public health ring-fenced conditions applied equally to these elements of the grant and therefore the Board also monitored the use of the Grant in each council outside of

the shared service. In 2021/22 both councils broke even on their retained grant. As with the Dorset council audit, the BCP audit showed reasonable assurance on governance of the retained portions of the public health grant (appendix 3).

For 2022/23, each council would retain additional funds equivalent to 40% of the uplift to their public health grant. Plans for the use of the retained grant in 22/23 were set out in section 13 of the report.

A range of additional grants and income were received by the shared service in 2021/22 and are planned in 2022/23, with £0.8M additional income spent in 2021/22, £1.4M of income carried over into 2022/23, and an additional £0.9M income anticipated into the shared service in 2022/23. This excluded the Contain Outbreak Management Fund for each council.

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.

The Board asked 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

The Joint Public Health Board is asked to:

- 1) That the 21/22 out turn of £706k underspend for the shared service and break-even position for the grant retained within each council be noted.
- 2) That the 2022/23 opening budget for the shared service be approved.
- 3) That the 2022/23 plans for retained elements within each council be noted.

Reason	for	Decisions
The public health grant is ring-fenced, and all spend against it must comply with the necessary grant conditions and be signed off by both the Chief Executive or Section 151 Officer and the Director of Public Health for each local authority. The public health shared service delivers public health services across Dorset Council (DC) and BCP Council. The service works closely with both Councils and partners to deliver the mandatory public health functions and services, and a range of health and wellbeing initiatives. Each council also provides a range of other services with public health impact and retains a portion of the grant to support this in different ways.		

138. Health Improvement Services Performance Monitoring

The report provided the Board with a summary of performance for LiveWell Dorset, smoking cessation, weight management services, community providers, health checks and children and young people's public health service (CYPPHS) performance; any supporting data is in the appendices

The Board recognised the positive progress and service improvements despite the challenges from the pandemic and workforce challenges including; digital delivery; delivering responsive services including the arrival of Afghan families under the resettlement programme; developing clinical leadership opportunities aligned to key priorities; scaling CO monitoring at mandated contacts; implementing ASQ 3 for the school age review and further scaling of parental mental health. Public Health Dorset also acknowledged the positive feedback from families and young people who use the Children and Young People's Public Health Service

There continued to be significant participation in Early Help through a skill-mixed team to deliver evidence based interventions and support for more vulnerable families. Despite that being the case, the service had achieved positive progress and impact against the four key priorities of the service; smoking cessation; school readiness; physical activity and emotional and mental health.

The Board were pleased to see the progress being made, whilst understanding the challenges that the services faced in terms of demand, resources and funding. The Vice Chairman had taken the opportunity to visit South Walk House – now leased to the NHS from Dorset Council – in being an key establishment for the delivery of certain public health and clinical services - which complemented the services provided by Dorset County Hospital, GP's and other medical providers.

The Board were generally pleased to see that face-to-face interaction had now resumed where practicable, whilst recognising that digital provision still had a significant and increasing part to play in the delivery of services. Whilst it was hoped that greater face to face meetings could take place, the Director considered that the balance between the two was appropriate in the circumstances.

A meeting scheduled on how digital access would develop considered beneficial to both Children's services Cabinet Members and that they should be invited to this.

The Board asked that this report be made available to both Directors and Cabinet members for Children's Services so that they might have the opportunity to consider and comment on the figures, with a view to any revision deemed necessary being accommodated.

The Vice-Chairman also asked that future monitoring reports include a "traffic light" indication of progress, so as to be more readily identifiable.

The Board recognised the need that resourcing of services was essential in their effective delivery and hoped that the ICS would provide some means for this being best achieved to meet future needs.

The Director confirmed that, integral to the ICS strategy, was the ability for local authorities, medical providers, and social care to readily collaborate the delivery of services to meet needs and demands and how resources could be

best used. This way, challenges and risks could be identified and met with a more integrated approach.

The Board were satisfied with the progress being made and hoped improvements to the Service could be maintained.

Resolved

- 1) That the performance on health improvement services and children and young people's services be noted, and;
- 2) That the development of options for the future development of LiveWell Dorset that supported a joined-up approach with Integrated Care system partners be supported;
- 3) That the current approach to restarting the Health Checks programme following the discussion at February Board, noting timescales for relaunching in Spring 2023 be agreed;
- 4) That plans within CYPPHS services to develop a more diverse and flexible workforce that can help address recognised capacity gaps be supported - to include recommending to the Integrated Care System that they include recruitment and retention of health visitors within system workforce plans.

Reason for Decisions

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

139. Health Protection Presentation

The Board received a presentation on Health protection and what this entailed, particularly in respect of managing the transition to Living with COVID-19.

The presentation covered:-

- Testing,
- Contact Tracing,
- Outbreak support,
- Surveillance and Epidemiology,
- Communications & Engagement,
- Behavioural Insights,
- Vaccination programme (remit of Vaccination delivery Board), and
- Contain Outbreak Management Fund (COMF) oversight

The emphasis being placed on what was being done and how this was being achieved and communicated was of importance and, whilst the UKHSA lead on this, the Comms section played an essential role in doing this also. Members agreed that engagement with key stakeholders was critical in ensuring the progress made was maintained - with emphasis being placed on schools and care homes being more aligned with councils in contributing to sharing access to information.

Moreover, the Covid-19 vaccination was just one of 32 vaccination programmes that were administered by health authorities and it was

envisaged that this one would now sit within that suite and managed accordingly.

The Bord recognised that although what had been achieved in managing the Covid pandemic was seen as largely successful and had been delivered by some ingenious means, lessons had been learnt as to how to have better managed the pandemic which could now be applied to any future such situations which might arise - with the processes and technological data available providing invaluable in assisting this. Moreover the newly created ICS would have an essential role to play in how the delivery of interventions were managed efficiently to ensure that there was a natural cohesion between the delivery of health and social care outcomes.

Whilst the report provided the Board with a detailed analysis of what the findings were, and how these were being interpreted the vice chairman asked that a summarised account could well be more beneficial in future so as to ensure the most important and key aspects could be readily understood and received. Officers appreciated this advice.

The Board welcomed the progress made and understood what was being done and the reasons for this and endorsed how this was being achieved.

Noted

140. Business Plan

The Board were being asked to consider and agree the Public Health Dorset business plan and priority work programmes for 2022-23 and to consider developing the forward plan for the board based on the work programmes included in Appendix B.

Significant work had recently taken place to clarify the role and purpose of

Public Health Dorset, especially given the imminent changes with the formal launch of integrated care systems. In addition, the plan identified the top 10 work programmes following a prioritisation exercise, which would help align capacity and resources to delivery over the ensuing year. Appendix A contains the main report, showing how we are organising our work. Appendix B set out a high-level delivery timeline with more detail about some of the programmes and outputs that would need to be delivered in this financial year.

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 considered there to be a need for this Plan to be widely disseminated so that not only were the public aware of what was being done, but so as to engage directly other public bodies – though the Dorset Association of Parish and Town Councils – so this could readily be understood and publicised what these obligations were and so as to raise their profile as could be best achieved. On that basis the Board considered that the Plan should be given consideration when the DAPTC next had a briefing session with PHD/DC/BCP. Comms could play a significant part in facilitating this.

The Board elected members also recognised tht they had a role to play in promoting the business plan as they might.

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. On that basis they endorsed it. However, they understood that as it was a working document, it was flexible enough to be adapted, as necessary.

Resolved

- 1) That the Public Health Dorset business plan and priority work programmes for 2022-23 be agreed.
- 2) That the forward plan for the board based on the work programmes included in Appendix B be developed accordingly.

Reasons for Decisions

Recovery from the pandemic and the move to Living with COVID-19 has now allowed the public health team to take stock and consider priorities for the coming year. Previous attempts at finalising the business plan were hampered by a high degree of uncertainty, plus ongoing responsibilities for responding to COVID-19. Publishing the high-level plan, and an outline timeline showing key deliverables for our work for 2022-23 is an important step in delivering an

effective service. This is because so much of our work relies on collaboration with other organisations in our system. The forward plan for the Joint Public Health Board can be populated over a longer time period based on this business plan. The business plan will be a key document in ensuring early Member engagement with the work of the team during 2022-23.

141. Urgent items

There were no urgent items for consideration.

142. Dates of Future meetings

The Board noted the dates of future meetings:-

- July 2022 – to be postponed until early September - date and venue to be determined
- 1 December 2022 – venue to be determined
- 16 February 2023 – venue to be determined

Duration of meeting: 11.00 am - 1.00 pm

Chairman

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Public Participation at Committee Meetings

Dorset Council welcomes public attendance and involvement at all of its formal committee meetings. You can participate in a meeting by attending and listening to councillors debate and make decisions; by asking a question, making a statement or presenting a petition relating to the business of the committee.

Decisions made by Dorset Council will affect people who live and work in Dorset and the council wishes to ensure that these decisions are fair and democratic.

Please read the information below that sets out the guidelines for public participation. There is separate Guidance to Speaking at Planning Committee should you wish to make representations to one of the area planning committees. There is also separate guidance for anyone wishing to attend a licensing sub-committee, for details please view the Licensing sub-committee procedure and guidance.

How does public speaking work?

Any member of the public living or working in the Dorset Council area, or any appointed representative of any organisation operating within the council's area may ask a question, make a statement or present a petition.

Dorset Council also welcomes the attendance of town and parish council representatives at committee and Full Council meetings and the Chairman will normally invite the clerk or parish councillor to speak first at a meeting.

Please note that you do not need to tell the council in advance if you just wish to attend the committee meeting to listen to debate.

How will I know what is on the agenda for a meeting?

Agendas are normally published at least one week in advance of the meeting and are available to view at www.dorsetcouncil.gov.uk. Committee agendas are also available to view by downloading a free app called:-



Modern.gov onto your laptop or tablet.

How do I make a request to speak?

You need to let the council know if you wish to speak at a committee meeting by contacting the Democratic Services Team at least **3 working days** before the meeting. Requests can be emailed to DemocraticServices@dorsetcouncil.gov.uk. Or you can phone the council (01305 251000) and ask to speak to democratic services.

When registering your request to speak please provide the following information:

- Your name, address and contact details;
- The name of the councillor to whom the question is directed;
- The full text of the question or statement in plain English.

How long may I speak?

You are able to speak for up to 3 minutes when asking a question or making a statement. However the Chairman of the committee will use their discretion if it is appropriate to extend this time.

What will happen at the meeting itself?

The Chairman will invite you to speak at the appropriate point in the meeting, usually at the beginning of the meeting. Town and parish councils will normally be invited to speak first followed by members of the public; councillors will listen to all of the questions and statements made. The most appropriate councillor will respond to the question at the meeting or if the information is not available a written response will be provided after the meeting.

Is there a limit on the number of people allowed to speak?

There is no limit on the number of people able to speak within the 15 minutes set aside for public questions and statements. Occasionally this time may be extended by the Chairman if it is appropriate to do so. No person or organisation may ask/make more than 2 questions or statements at any one meeting.

Who can submit a Petition?

Anyone who lives works or studies in the council's area may organise or sign a petition. This includes anyone under the age of 18. Full details of the Petition Scheme is set out in the [Constitution](#) under the procedure rules. If you are thinking about organising a petition please contact the Democratic Services Team who can provide you with help and advice.

How can I submit a Petition?

A petition must include a clear and concise statement covering the subject of the petition, state what lawful action the petitioners wish the council to take, be signed by at least 20 people supporting the petition, include the name, address and signature of any person supporting the petition and contact details of the petition organiser.

Petitions can be submitted in paper format or through an e-petition portal. Petitions can also be presented to the meeting of Full Council if it meets the threshold. Where the threshold is met the petition organiser should contact democratic services at least **10 working days** before the Full Council meeting. The council's response will depend on the number of people who have signed the petition and the table below sets out that threshold

Number of signatories	Responses
20 – 49	Response from relevant director or service head
50 – 4,999	Response from relevant Executive member
5000+	Referred for debate at a meeting of full Council

What happens next?

If the petition has enough signatures to trigger a debate at Full Council then the petition organiser will be informed when and where the debate will take place. The council will try to consider the petition at its next meeting, although sometimes this may not be possible

and consideration will then take place at the following meeting.

The petition organiser or a person representing the petition organiser will have 3 minutes to present the petition at the Full Council meeting. The petition will be debated by councillors unless the petition is referred to another committee for consideration, in which case it will not be debated. Councillors may ask questions of the petition organiser and the petition organiser, or their representative, will have 3 minutes at the end of the debate to respond before the councillors take a vote on the matter.

Please refer to the council's Petition Scheme in the [Constitution](#) for further details or contact a member of the Democratic Services Team for help and advice.

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Joint Public Health Board Forward Plan
For the period OCTOBER 2022 – FEBRUARY 2023
(publication date – 12 OCTOBER 2022)

Explanatory Note:

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

Definition of Key Decisions

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

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

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

Private/Exempt Items for Decision

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

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

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Directors Update	Joint Public Health Board	9 November 2022	Officers and portfolio holders from each member local authority	N/A	Presentation	Sam Crowe
Finance report	Joint Public Health Board	9 November 2022	Officers and portfolio holders from each member local authority	N/A	Board report	Jane Horne, Sian White, Anna Fresolone
Clinical Services Performance Monitoring	Joint Public Health Board	9 November 2022	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan, Nicky Cleave
Business Plan Monitoring	Joint Public Health Board	9 November 2022	Officers and portfolio holders from each member local authority..	N/A	Board report	Sam Crowe, Sarah Longdon
Finance report	Joint Public Health Board	16 February 2023	Officers and portfolio holders from each member local authority	N/A	Board report	Jane Horne, Sian White, Anna Fresolone

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Health Improvement Services Performance Monitoring	Joint Public Health Board					Health Improvement Services Performance Monitoring
Business Plan Monitoring	Joint Public Health Board	16 February 2023	Officers and portfolio holders from each member local authority..	N/A	Board report	Sam Crowe, Sarah Longdon

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Joint Public Health Board NHS Health Checks Update 9 November 2022

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

Report Status: Public

Recommendations: The Joint Public Health Board is asked to consider the options for the NHS health checks refresh programme and agree the best option(s) for Public Health Dorset to design and further develop the preferred option.

Reason for Recommendation: 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.

1. Executive Summary

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

2. Financial Implications

The service considered within this paper is commissioned from the recurrent Public Health Dorset shared service budget. Full financial implications will be costed as part of the next phase.

None of these contracts currently include any element of incentive or outcome related payment.

3. Environmental implications

N/A

4. Well-being and Health Implications

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

5. Other Implications

N/A

6. Risk Assessment

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

Current Risk: LOW

Residual Risk: LOW

7. Equalities Impact Assessment

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

8. Appendices

Appendix 1: Health Checks options summary as slides

Appendix 2: Spreadsheet summary of the pros and cons of each option

9. Background Papers

1. Internal health check options paper
2. Insights survey report
3. <https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care>
4. <https://www.gov.uk/government/publications/nhs-health-check-programme-review>

1. Background

- 1.1 This report provides an update of the current position for the NHS Health Checks (NHS HC) programme and possible options for a refreshed programme delivery. Please see Appendices for more detail on the options that are to be considered and the pros and cons of each.
- 1.2 NHS HC was paused because of COVID-19 restrictions and current vaccination programmes. The February 2022 Joint Board papers gave an overview of the current national position and the NHS HC review, where opportunities were identified, to think about delivering the programme differently. The paper highlighted the need to carry out engagement, design ideas for a new refreshed health checks programme, which could include a digital design and incorporate LiveWell Dorset as a behaviour change service post health check.

2. Planning the restart HC programme

- 2.1 Public Health Dorset (PHD) continues to liaise with the Local Medical Committee (LMC), the Local Pharmaceutical Committee (LPC) and Primary Care Clinical Directors about restarting the programme. Providers view delivery of the HC programme as low priority because of continued pressures.
- 2.2 In preparation for restarting the programme the public health team have gathered insights and views from providers of the HC service and local communities. This is to assess how the programme could be more effective to improve access for people and encourage attendance.
- 2.3 We also gained insight into the challenges providers face with delivery and how we could make the programme more effective to engage them to sign up to the service. From a review of the literature and these valuable insights gained from people about the current NHS HC model, the public health team have developed 5 options for the future delivery of the programme.
- 2.4 The insights work suggests that providers felt that the payments had not increased for a long time and needed to be updated, they also expressed the lack of staff, time, and space to deliver the programme in surgeries and remained of low value to them. Patients however, valued, and were in favour of receiving a check, they liked the primary care delivery model and had little appetite for a digital offer. They commented on how they would like to be

invited and highlighted that it was the measurements for blood pressure, cholesterol and information about dementia that motivated them to attend for a check.

3. Summary of the NHS Health Check Options

3.1 Although the NHS HC programme has experienced some success, there remains opportunities for further contribution towards reducing cardiovascular disease risk and health inequalities and address the wider determinants of health. The goals of the transformed NHS Health Check will be to engage people in maintaining good health and prevent chronic disease, reduce health inequalities and act as a gateway to wider wellness offers of support. The following options outline a summary of different delivery models for consideration by the Joint Board.

3.2 Option 1 Continue the current approach

To keep the HC programme as the current model

- deliver universal NHS HC through primary care through a framework already in place
- this will keep a light touch option available. A simple approach with minimum disruption to the programme and the wider system.
- primary care are vital to the delivery of the programme, and this maintains services for them.

3.3 Option 2 Deliver through primary care with some simple changes

Deliver the universal NHS HC with improvements that:

- sends invitations through a central system
- includes reminders
- delivers out of hours
- targets communities that would benefit from a HC most
- provides strong links to LiveWell Dorset (LWD) post Health Check

This will keep current providers engaged, while following best practice guidelines. We can deliver a simple approach and bring in changes to increase user access, performance, and value.

3.4 **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

3.5 **Option 4 a universal digital offer with some targeted face to face provision**

- to provide a digital NHS HC as universal offer, alongside a face-to-face offer for those at higher risk.
- for those using the digital offer, we can signpost patients to different providers for blood pressure and cholesterol readings.
- or patients can use home testing kits and digital tools.
- we will maximise NHS HC numbers offered across Dorset and BCP councils, whilst aligning clinical resource to where it is most needed.

3.6 **Option 5 a mixed offer for people to choose**

We can develop NHS HC so that Primary Care Networks (PCNs) can choose what type of NHS HC model they would like to offer

- digital or face to face
- or PCNs may choose to target their offer
- PCNs can deliver HC in specific areas

We know that the population of Dorset and BCP is diverse, and access to services we offer, may need to vary within different communities.

3.7 The refreshed HC programme will promote ongoing engagement about health and wellbeing, backed-up by regular interaction, including support for behaviour change that is more accessible and convenient.

4. **Conclusion and recommendations**

- 4.1 This paper provides a summary of the options for discussion and consideration for the NHS Health Check programme. Appendices and background papers include supporting information.
- 4.2 The Joint Board is asked to consider the information in this report and agree the most appropriate option for the public health team to design and cost.
- 4.3 The initial insights work undertaken with providers and the public suggest option 3 is the preferred option with primary care delivering the universal programme, with added targeted outreach delivery through building capacity within LiveWell Dorset.

Sam Crowe
Director of Public Health

Health Checks Restart

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Aim : to provide a summary of the health checks rationale for change.

we have drawn out some options for future delivery for consideration by the Board.



Background

Page 30

- the NHS Health Check programme (NHS HC) is a mandatory public health service
- there is a national expectation that councils deliver NHS HC
- we have restarted the universal offer, while we scope other options
- we want to learn from the programme, what has worked well and what challenges are faced by those delivering the service



What would we like?

Local Health Check data April 2018-March 2020

we want to improve access in
communities where
cardiovascular disease risk
is highest

Page 31

data suggests a disparity in
delivery in our communities

Lower risk	Higher risk
Poole North (2268 checks delivered)	Bournemouth East (366 checks delivered)
Mid Dorset (1827 checks delivered)	Central Bournemouth (123 checks delivered)
East Dorset (2623 checks delivered)	Bournemouth North (348 checks delivered)



Feedback to inform redesign

From our providers

- surveys
- asking localities
- our report will identify best practice to shape our options

From our population

- literature review to see best practice
- surveys by specific communities
- our report will show what people need to access NHS HC



Option one: continue the current approach

Deliver universal NHS HC through primary care through a framework already in place

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This will keep a light touch option available. A simple approach with minimum disruption to the programme and the wider system.

Primary care are vital to the delivery of the programme and this maintains services for them.



Option two: delivery through primary care

Deliver the universal NHS HC with effective changes that:

- send invitations through a central system
- includes reminders
- delivers out of hours
- targets communities
- provides strong links to LiveWell Dorset (LWD) post Health Check

We will keep current providers engaged, while following best practice guidelines. We can deliver a simple approach and bring in changes to increase user access, performance and value.



Option three: primary care delivery with added outreach provision via LWD

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

Page 35

- 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: Universal digital offer with targeted face to face provision

To provide a digital NHS HC as universal offer, alongside a face-to-face offer for those at higher risk.

Page 36 We will signpost patients to different providers for blood pressure or cholesterol readings.

Or use home testing kits and digital tools.

We will maximise NHS HC numbers offered across Dorset and BCP councils, whilst aligning clinical resource to where it is most needed.



Option five: a mixed offer for people

We can develop NHS HC so that Primary Care Networks (PCNs) can choose what type of NHS HC they would like to offer

Page 37

- digital or face to face
- or PCNs may choose to target their offer
- working in specific areas

We Know that the population of Dorset and BCP is diverse, and access to services we offer, may need to vary within different communities.



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NHS Health Check (HC) restart options: A summary of positive and negative			
areas to consider	1. current universal approach as GP delivery	2. current universal approach with simple changes	3.universal with PLUS outreach LWD
simplicity	simple and no disruption	minimum disruption with the simple process changes	more complex t
access	areas of need less supported	potential to improve access	potential high in and higher coverage communities
cost	low cost concern from providers	increased cost to us with 3 levels of delivery payments	higher cost to: mobilise LWD for service
equity	less as access opportunity may vary	improved through targeted invites to communities	much improved communities w
mobilisation	easy	easy with communication to providers, will not solve current staffing crisis	will take longer possible
visibility	improved with a launch campaign	improved with a launch campaign	high visibility w campaign and L
scale	lower	improved as simple changes may reduce non attenders	much improved outreach servic
procurement	none	easy changes to the specification	in house change and easy change for primary care
data collection	acceptable	acceptable	acceptable to n nationally. Some enable outreach uploaded to GP
governance/ delivery assurance	acceptable to monitor and report nationally	acceptable to monitor and report nationally	need to develop for LWD and go supervision and processes , but

access to behaviour change (LWD)	varied via referrals	stronger links to LWD post HC	very strong
one stop approach	yes plus referral to LWD	yes plus referral to LWD	yes

ative aspects of each option		
h simple changes delivery using	4. digital self serve universal offer with targeted health check appointments	5. mixed offer for providers to choose their approach
to do but possible	complex with a new model to design with self serve tools and signposting pathways for elements of the HC or self tests	comprehensive with high choice but complex design and monitoring and governance
increase in access coverage in key	easy access for universal offer as online. Idea to improve access for higher risk groups who will be invited	flexible and potential to be higher
staff, train and or an effective	increased cost to provider for targeted , low cost digital post set up costs which will be higher and on going maintenance will be needed	high set up and maintenance if all models are designed and put on offer
access to the who would benefit	improved through targeted invites , survey had little support for digital	may increase health inequalities of offer not equitable across the area
r to mobilise but	complex and will take longer with a new model to design and best practice for digital offers to source	complex and will take time
with a launch LWD engagement	improved with a launch campaign	effective campaign required to ensure people know where to go
l with LWD as an e	high scale and will save HC appointments for those that need it	potential as choice
es to LWD services es in specification e	yes	yes
monitor and report e more work to h data to be ' records from LWD	acceptable for targeted appointments , will have to be designed for digital, possible self input procedure	acceptable for some areas complex for others
p delivery pathways overnance, l delivery assurance possible	acceptable governance arrangements to be designed . No guaranteed assurance of full digital data input as a self serve model	complex and will take time

	on line self serve, or self referral to LWD	a mix of each model re access to LWD
	yes if all online plus referrals to LWD	mix with choice

Joint Public Health Board

9 November 2022

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

Recommendation:

The Joint Public Health Board is asked to:

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

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 Executive Summary

- 1.1 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.
- 1.2 The opening revenue budget for Public Health Dorset in 22/23 was £25.615M. The current forecast out turn is £280k underspend. More detail is set out in section 10 and table 1 in appendix 1.
- 1.3 The shared service public health reserve was £2.647M on 1 April 2022. We propose a return of £610k to BCP and of £548k to DC in year. Principles for how we use the remaining, committed reserve are set out in section 11.
- 1.4 In 22/23 BCP keeps £8.338M of their grant, and DC keeps £1.277M. Both expect to spend to budget. More detail on how they use this retained grant is set out in section 12.

2 Financial Implications

- 2.1 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.

3 Wellbeing and health implications

- 3.1 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.

4 Climate implications

- 4.1 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.

5 Other Implications

- 5.1 None identified in this paper.

6 Risk Assessment

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

7 Equalities Impact Assessment

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

8 Appendices

Appendix 1 Finance Tables October 2022

Appendix 2 Financial contributions to shared service 2022/23

9 Background Papers

Previous finance reports to the Board

[Shared Service Partnership agreement November 2020](#)

[Spending Review 2021](#)

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

www.gov.uk published 7 February 2022

Finance briefing, January 2022

10 2022/23 shared service forecast out turn

- 10.1 The Board agreed contributions from each local authority in February 2022, shown in appendix 2. This gives a 22/23 opening revenue budget for Public Health Dorset of £25.615M.
- 10.2 The opening budget included an uplift into the shared service (60 per cent of the uplift to the grant). The Board agreed to use this on existing cost pressures and two development areas. We agreed details of our children and young people's development programme with partners. These will reduce financial requirements for both local authority children's services teams. LiveWell Dorset are testing out different ways of working. They want to get more of the people who need the most support into the service. They use income as well as the development funds to do this. Each council kept 40 per cent of their grant uplift to use at their discretion.
- 10.3 Our current forecast suggests that we are likely to see an underspend in 2022/23. NHS Health Checks activity makes the biggest contribution to the underspend. We are forecasting £66k spend against a £600k budget for this. Other assumptions included in the forecast are:
- estimated 4.5 per cent uplift on salary costs for the 22/23 local authority pay award

- no uplift on existing contracts in 22/23
- activity for emergency hormonal contraception (EHC) and long-acting reversible contraception (LARC) is the same as before COVID
- activity for needle exchange and supervised consumption together is around 50 per cent of levels before COVID. During COVID we changed pathways to reduce activity. These changes have also improved patient outcomes, so we do not expect activity to go back up.
- community provider activity on stopping smoking is stable, at around two-thirds of levels before COVID. LiveWell Dorset now support more people though, making this up to about 90 per cent of levels before COVID.
- in 22/23 Contain Outbreak Management Funds (COMF) or other income will cover our fixed term roles except possibly roles linked to the adult obesity grant. The adult obesity grant stopped early, after only 1 year, but roles are fixed for 3 years, so there may be a shortfall.
- agreed developments within early intervention and LiveWell Dorset spend to budget.

10.4 Recognising that we will underspend, we have agreed with both councils to use some of this in year. This will support work:

- in communities and neighbourhoods,
- connected with the two Local Plans, and
- embedding the physical activity strategy.

10.5 There is still a lot of uncertainty that could create financial risk or volatility. This includes:

- Ongoing COVID pressures – covered by remaining COMF until March 2023.
- Wider health protection work – roles and responsibilities still being worked through with UKHSA and the new Integrated Care Board (ICB)
- Integrated Care System (ICS) development – it is still early days for the ICB and the ICS. Ways of working, roles and responsibilities are still being worked through.
- General inflation pressures and implications of cost of living crisis.
- Other potential funding streams as shared at the last board meeting.

11 Use of shared service reserve

11.1 The shared service public health reserve was £2.647M on 1 April 2022, of which £1.158M is not committed. After discussion with both councils, we propose to return this part of the reserve to the councils this year. This can fund work with public health impact on a non-recurrent basis. The shared service agreement splits this based on approximate contributions into the

shared service. In 22/23 the contributions are 49 per cent BCP and 52 per cent DC. Before BCP took back all their drugs and alcohol services it was around 55% for the BCP area and 45% for the Dorset area. We propose a return of £610k to BCP and of £548k to DC. See table 2 in the appendix for detail.

11.2 As set out in appendix 1, we used £97k of reserve for extra safeguarding capacity as agreed in February. This is an interim approach whilst scoping a sustainable model with local partnerships.

11.3 The board already agreed commitments against the remaining reserve:

- £443k for Prevention at Scale (PAS) projects
- £340k for community health improvement services
- £609k for place-based work

11.4 Recognising the current challenging financial landscape, PHD will work to agreed principles. The same conditions apply to how we use reserve funds as to the public health grant. Proposed principles are:

- Use underspend before pulling on reserves
- Support work within communities that will reduce their reliance on statutory services
- Support early intervention work with individuals
- Support invest to save work that falls within grant conditions
- Work with local VCS partners
- Provide interim support for public health work where required until transformation impacts are realised.

12 Use of grant kept by the councils

12.1 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.

12.2 BCP council will keep £8.338M of their 22/23 grant. This will be set against the following budget areas, with a forecast out turn at budget:

- Drugs and alcohol services for adults and children (£5.090M)
- Children's centres and early help (£2.994M)
- A central overheads element (£254k)

12.3 BCP council also earmarked £25k of the grant that they kept in 21/22 for use in the future on a digital engagement platform. Following further system discussion this reserve is no longer required, and so will be included in the 22/23 spend outlined.

12.4 Dorset council will keep £1.277M of their 22/23 grant. This will be set against the following areas, with a forecast out turn at budget:

- Community safety (£283k). 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).

Footnote:

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

Appendix 1 Finance Tables October 2022

Table 1. Forecast out turn 2022/23

2021/22	Budget 2022-2023	Forecast out turn 2022-2023	Over/underspend 2022/23
Public Health Function			
Clinical Treatment Services	£8,929,500	£8,775,860	£153,820
Early Intervention 0-19	£11,512,500(1)	£11,519,166	-£6,666
Health Improvement	£2,637,043	£1,839,548	£797,495
Health Protection	£60,500	£186,500	-£126,000
Public Health Intelligence	£150,000	£69,571	£80,429
Resilience and Inequalities	£80,000	£108,352	-£28,352
Public Health Team	£2,341,921	£2,923,657	-£590,736
Total	£25,711,464(1)	£25,413,474	£279,990

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

Table 2. Public Health shared service reserve

Opening balance at 1st April 2022	£2,646,900
Movement out of reserve	£97,000
Current balance in reserve	£2,549,900
Proposed return to BCP council	£610,243
Proposed return to Dorset council	£547,657
Proposed balance in reserve	£1,392,000

Appendix 2 Financial contributions to shared service 2022/23

Table 1. Agreed Partner contributions 22/23

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

Joint Public Health Board

9 November 2022

Clinical Services Performance Monitoring

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 Authors: Nicky Cleave and Sophia Callaghan
Title: Consultant in Public Health
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sophia.callaghan@dorsetcouncil.gov.uk

Report Status: Public

Recommendations:

The Joint Board is asked to:

- consider the information in this report and to note the performance and changes in relation to drugs and alcohol, and sexual health.
- agree 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.

Reason for Recommendation:

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

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.

1. Executive Summary

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

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

2. Financial Implications

None

3. Environmental implications

No direct implications.

4. Well-being and Health Implications

Improving access, programmes and referral links with partners will have a positive implication for health and wellbeing

5. Other Implications

N/A

6. Risk Assessment

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

Current Risk: LOW

Residual Risk: LOW

7. Equalities Impact Assessment

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

8. Appendices

Appendix A - Supporting slides

9. Background Papers

Previous reports to the JPHB.

1. Background

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

2. Drugs and Alcohol

- 2.1 BCP Council is responsible for commissioning all its drug and alcohol services, except for pharmacy services for needle exchange and supervised consumption. Public Health Dorset are responsible for commissioning all services for residents in the Dorset Council area and pharmacy services.
- 2.2 The new Pan-Dorset Combating Drugs Partnership Board to support 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*, has now been established. The Board has agreed three subgroups to focus on each of the three priorities within the strategy (enforcement activity to break drug supply chains; delivering a world class treatment and recovery system; and achieving a generational shift in the demand for drugs) and a fourth subgroup which is focused on the development of a needs assessment and analytical work so that progress towards achieving the aims of the strategy can be monitored.
- 2.3 Commissioners in both Dorset Council and BCP Council are working closely with providers to implement the plans agreed with OHID and the Department of Levelling Up, Housing and Communities for use of additional grant monies received in 2022/23.
- 2.4 The impacts of the COVID-19 pandemic have lessened within the treatment system with improvements in access for inpatient detoxification and residential rehabilitation.
- 2.5 Drug related deaths remain a priority locally, and despite the pandemic the number of deaths has remained stable in the past few years. The Pan-Dorset Drug Related Death Panel continues to meet regularly to review and learn from all deaths.
- 2.6 Opiate and alcohol completion rates in BCP Council remain low although opiate completions have improved slightly. The overall number of people in treatment for opiates continues to increase, particularly the cohort who are homeless or at risk of homelessness the proportion. This means that the proportion of those in long term treatment remains below the national average because of the large influx of new clients in the past 18 months.

- 2.7 The recommissioning of the new BCP services which mobilised from November 2021 had an impact on service engagement and capacity due to staff vacancies. However, services have now settled down after transition, and vacancy numbers have fallen. The expectation is that outcomes should start to improve with the additional provision that will be on offer.
- 2.8 Overall numbers of people in treatment in Dorset Council remains stable although there has been a small drop in those presenting to treatment. Treatment completion rates are better than national averages for both opiates and alcohol.
- 2.9 The numbers of young people accessing both tier 2 and tier 3 treatment in Dorset Council has continued to decline. Treatment providers are working closely with Dorset Council Children's Services to address this by strengthening links and referral routes with locality teams and schools.

3. Sexual Health

- 3.1 All new STIs (excluding Chlamydia in under 25s) per 100,000 population aged 15 to 64 years showed that in 2020 infection diagnoses were lower than England average in Bournemouth, Christchurch and Poole combined and lower in Dorset. There has been a longer-term trend, which has remained relatively stable since 2012, new data published for 2021 shows an increase in new STIs locally and nationally, with Bournemouth, Christchurch and Poole now above England average.
- 3.2 For chlamydia screening Sexual Health Services in Dorset have adopted a more targeted focus in directing screening to areas of greater need. To increase positivity rates and subsequent treatment. So, the proportion of those 15-25 years olds screened in higher prevalence areas are higher. The numbers screened aged between 15-25 in Bournemouth, Christchurch and Poole combined are shown as higher than England average and Dorset are much lower. New data published for 2021 shows testing is starting to improve now. The diagnoses for those 15-25 and over 25 are lower than England average across both council areas and continue to decline, compared to a slight increase in England average overall.
- 3.3 The rate of Gonorrhoea has been increasing since 2016 but show a levelling off during 2020, and a slight decline for Bournemouth, Christchurch and Poole and Dorset, which was more in line with the England trend. Figures both remain lower than the England average at 62.2 and 14.0 per 100,000 population respectively compared to 90.3. However, new data published for 2021 shows that declining figures are starting to level off.
- 3.4 Nationally rates of syphilis diagnoses have shown a rising trend, rates in Bournemouth, Christchurch and Poole peaked again in 2018 following a decline since 2014, figures for 2020 showed continued declining trends, new data

- published for 2021, shows figures for Dorset continue to decline and Bournemouth, Christchurch and Poole show the decline is now levelling off and the England average is now on the rise, at 13.27, 7.30 and 3.19 respectively.
- 3.5 The prevalence rate for HIV in 2020 was 2.7 per 1000 population in Bournemouth, Christchurch and Poole, which was higher than the England average (2.3), new data published for 2021 shows a slight decline (2.69). However, trends remain higher than average, which is largely due to vulnerable groups residing in the area. This gives an amber ranking against the national goal of less than 2 per 1000 population. Rates for Dorset (0.8) were below average and ranked green.
 - 3.6 New data published in 2021 shows that HIV new diagnosis rates fell overall in Bournemouth, Christchurch and Poole (5.2) compared to the previous year but not significantly and remain above England average (4.76). Dorset remains low (1.84). Late diagnosis for HIV has improved since 2011 as people are presenting and getting tested earlier and awareness of clinical indicators for HIV among care professionals has improved.
 - 3.7 Nationally conception rates have fallen over time from 22.8 to 13, in Bournemouth, Christchurch and Poole figures were below England average in 2018, the declining rates are levelling off and new data published 2021 show figures are now in line with the England average (13) and Dorset remains below average (10.59).

4. Conclusion and recommendations

- 4.1 This paper provides a high-level summary of performance, and more in-depth information is available on request. The Joint Public Health Board is asked to note the performance data in this report for sexual health and substance misuse and 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.

Sam Crowe
Director of Public Health

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sexual health performance update

This presentation provides key highlights of performance and programme development for sexual health services

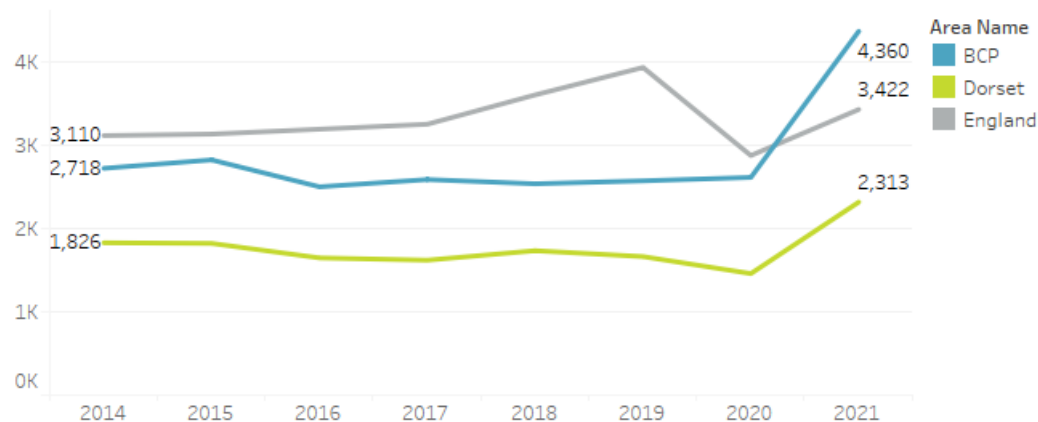
Recommendations:

The Joint Board is asked to consider the information, note performance, and programme development in relation to sexual health.

Sophia Callaghan
Consultant In Public Health



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

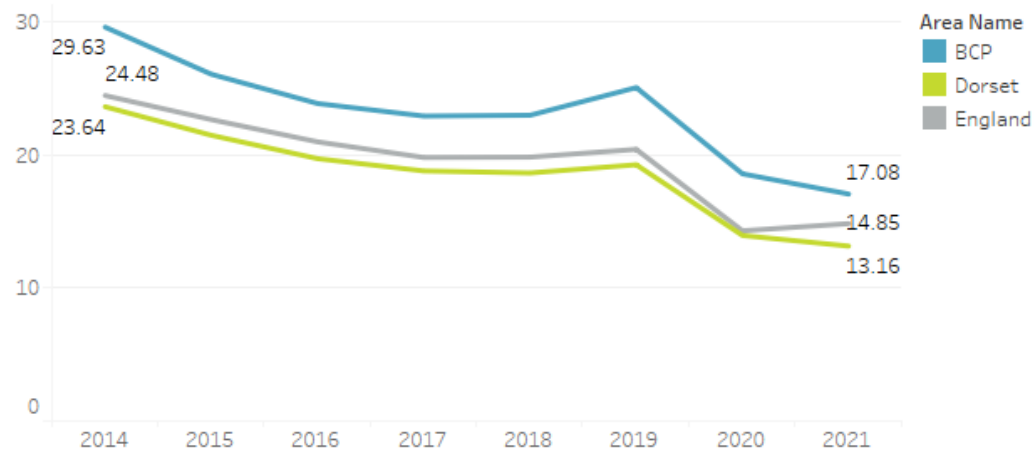


New data for 2021 shows that sexually transmitted infections have risen following a relatively static picture since 2012

These changes would be influenced by the Pandemic



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

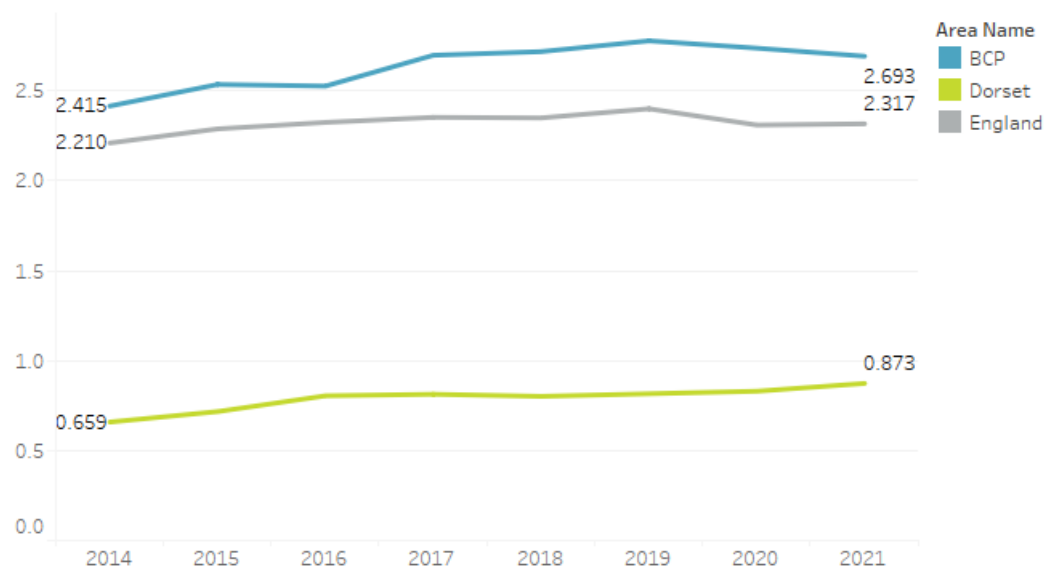


Screening is higher than average in Bournemouth, Christchurch and Poole

This is because we target resources in areas of higher need



7.HIV Diagnosed prevalence 15 -59

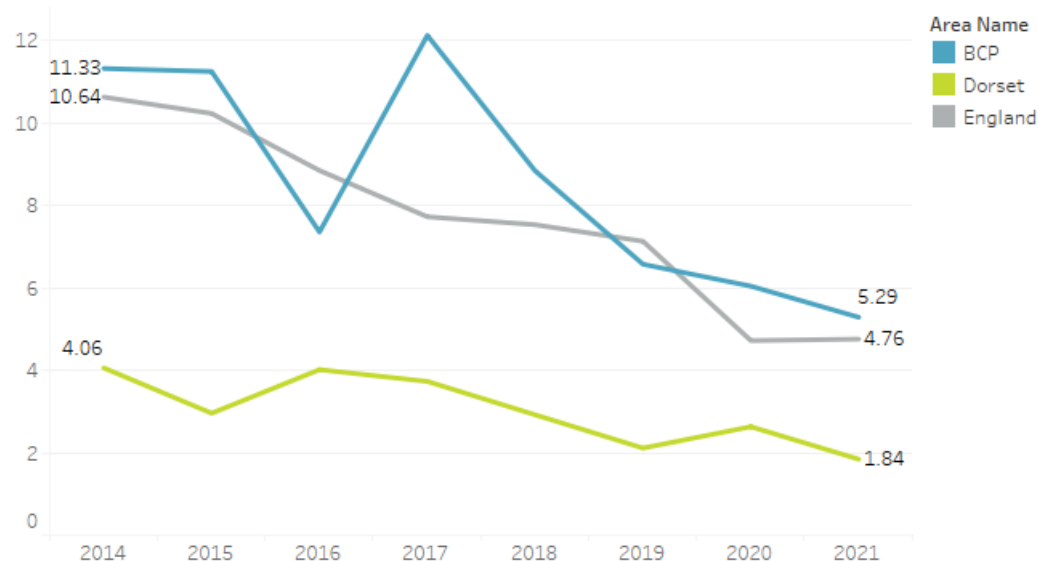


Cases of HIV have stayed relatively static and fallen slightly in 2021

The figures are higher than England average, this is largely due to vulnerable groups residing in the areas



8.HIV new diagnosis rate per 100,000



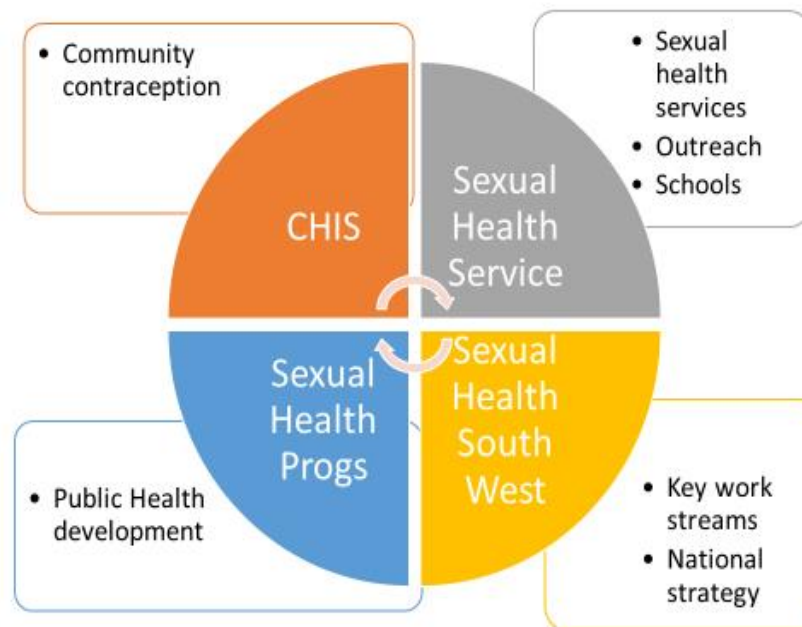
New data published in 2021 shows that HIV new diagnosis rates have fallen compared to the previous year and remain above average

Late diagnosis for HIV has improved since 2011 as people are presenting and getting tested earlier and awareness of signs have improved



Sexual Health Programme and contract structure

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New ways of working and Local Programme Development

review digital support for young people

develop wider programmes for sexual health

Embed prevention into service delivery

Develop communication plans to target different population groups

support development of healthy early pregnancy with providers

improve quality measures to review programmes

co-production with providers

develop our contraception project with other services

establish a health promotion plan for sexual health

improve the data we collect

work with providers to develop an HIV prevention programme

support southwest with inequalities work

Developing opt out HIV testing online services



Drugs and alcohol performance update

This presentation provides key highlights of performance and programme development for drug and alcohol services

Recommendations:

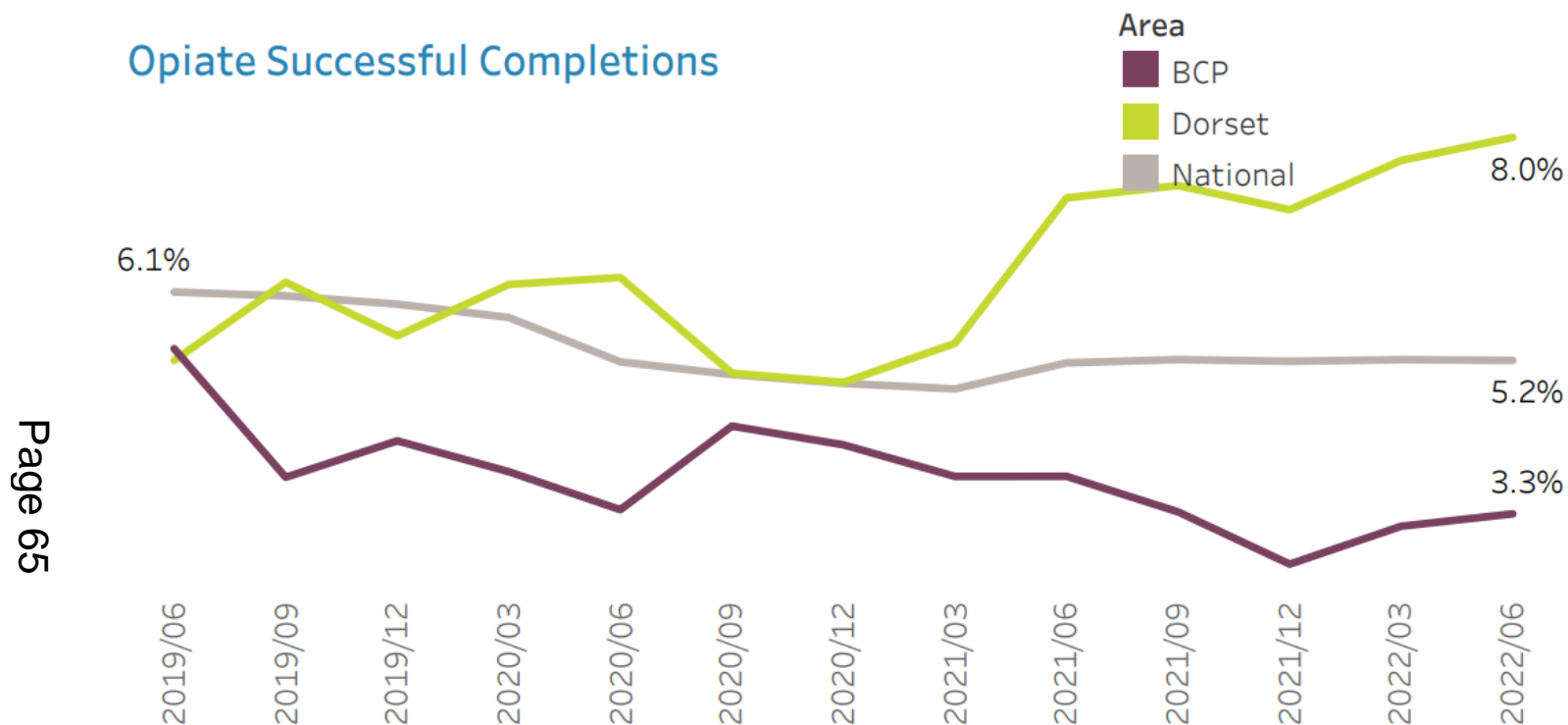
The Joint Board is asked to:

- consider the information in this report and to note the performance and changes in relation to drugs and alcohol, and sexual health.
- agree 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.

Dr Nicky Cleave
Consultant In Public Health



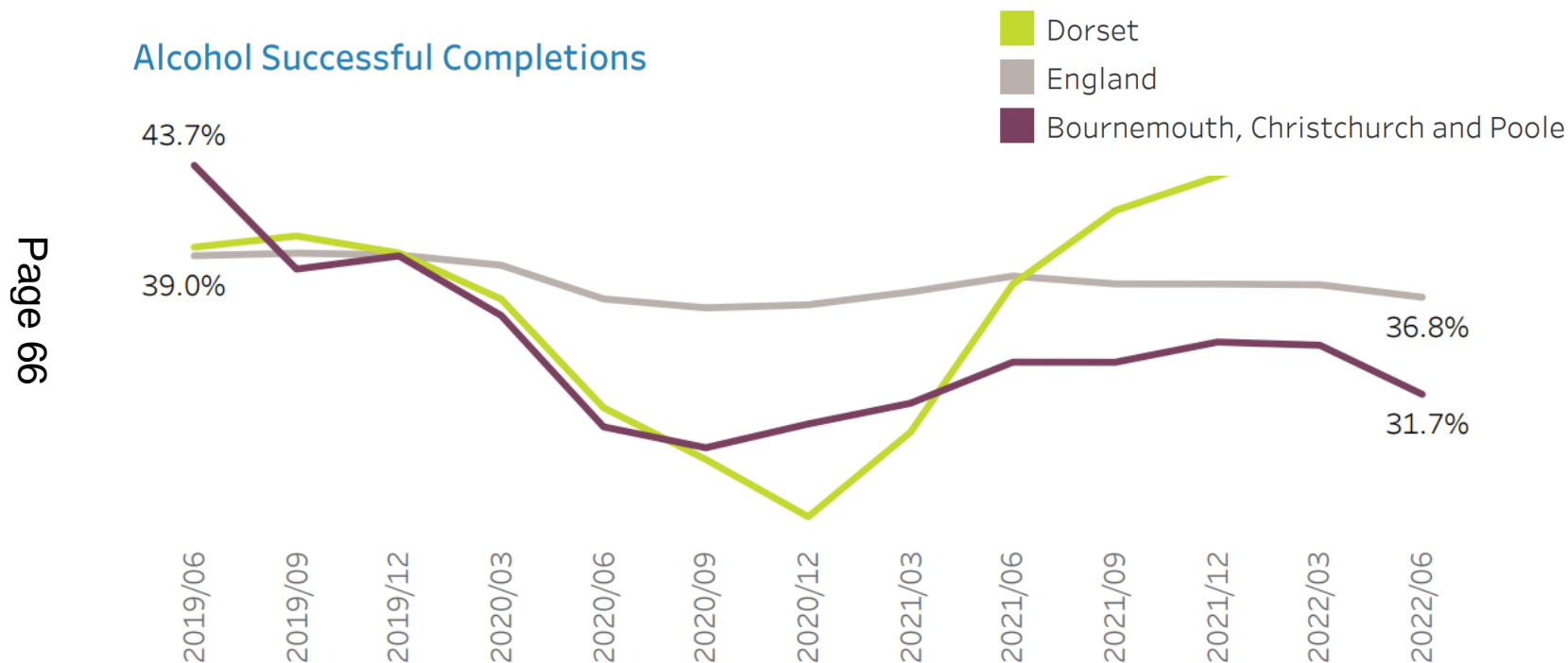
Opiate Successful Completions



Completions in Dorset have recovered well following the pandemic.
In BCP these remain lower than the national average.



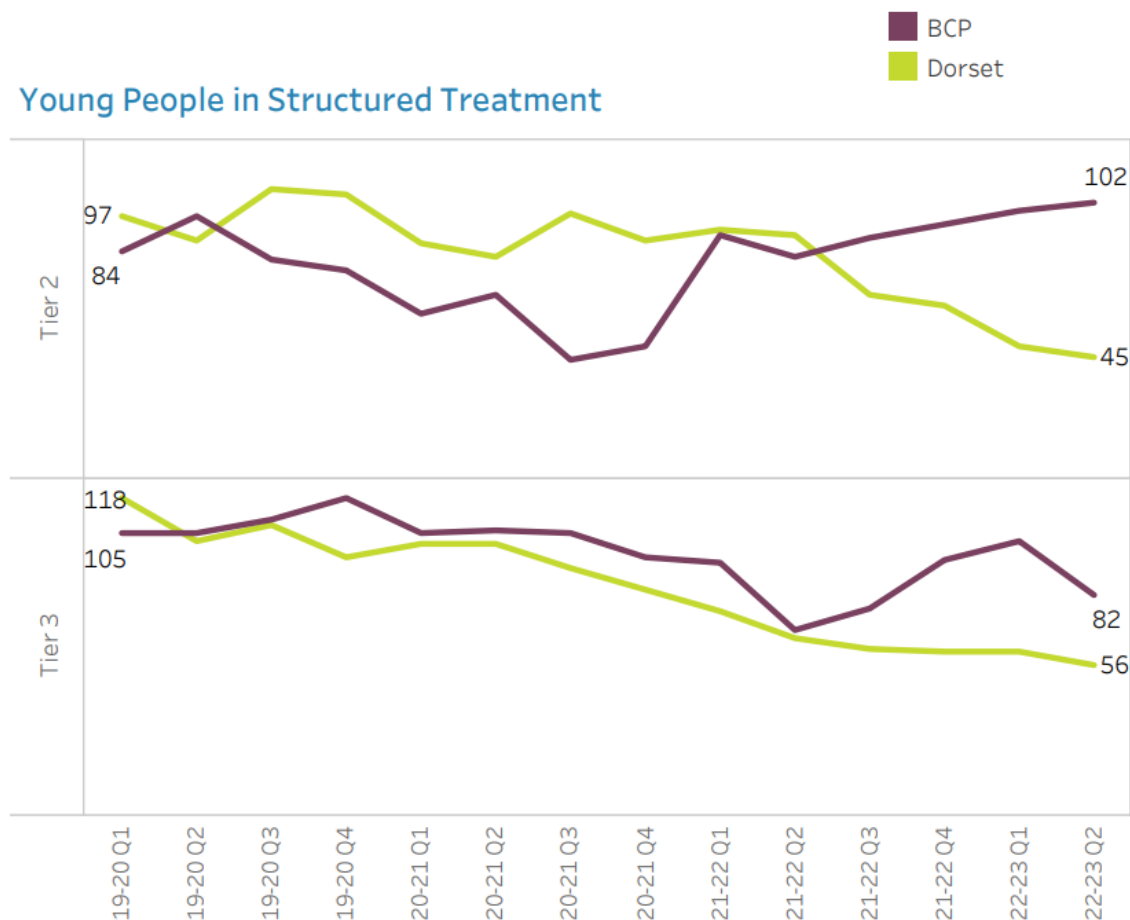
Alcohol Successful Completions



Completions in Dorset have recovered well following the pandemic.
In BCP these remain lower than the national average.



Young People in Structured Treatment



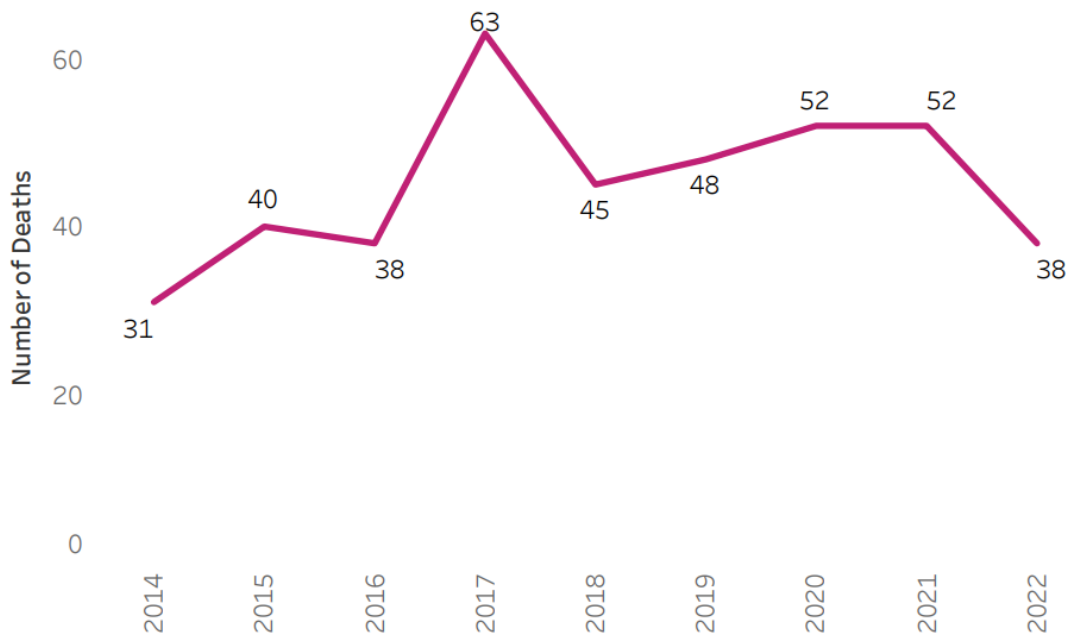
Number of young people engaging in tier 2 treatment has increased in BCP, and tier 3 numbers are stable.

In Dorset the numbers in tier 2 and 3 continue to fall.



Drug Related Deaths Pan-Dorset

Please note 2022 figures are draft and subject to coroners conclusions.



The numbers of drug related deaths have been quite stable in the last two years, although the numbers have increased in the last decade. The overall number at the end of 2022 is anticipated to be comparable to previous years.



Joint Public Health Board Business Plan Monitoring 22-23

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: Sam Crowe
Title: Director of Public Health
Tel: 01305 224400
Email: sam.crowe@dorsetcouncil.gov.uk;

Report Status: Public

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

- 1) Consider the performance monitoring report presentation (Appendix A) and agree the format to be used for future board meetings, including key metrics and measures for each programme
- 2) Agree to develop the forward plan of key decisions for the board based on the programme updates in the monitoring report.

Reason for Recommendations: 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.

1. Executive Summary

The Board received a copy of the Public Health Dorset business plan setting out our programmes and priorities for 22-23. The plan was agreed by the board at its meeting of 30th May. A follow on action was to develop a simple to understand monitoring report that could be used by the board to assess progress in delivery of our programmes. This is being presented to the board for comment in Appendix A.

Going forwards, future board meetings will receive a monitoring report setting out progress against these deliverables. The monitoring report will also be used to populate the forward plan of key decisions.

2. Financial Implications

No direct financial implications arise from this report.

3. Climate implications

N/A

4. Other Implications

N/A

5. Risk Assessment

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

Current Risk: LOW

Residual Risk: LOW

6. Equalities Impact Assessment

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

7. Appendices

Appendix A – Public Health Dorset programme monitoring report, October 2022.

8. Background Papers

None.

1 Background

- 1.1. This short report provides an update on the development of the 22-23 Public Health Dorset business plan monitoring report, and some of the

programmes and key pieces of work that will need to be delivered next year.

- 1.2. The board agreed the high-level plan on 30 May 2022. A follow-on action was to develop an accessible monitoring report, to go to each board showing progress on delivery.
- 1.3. The board is asked for feedback about the style, content and measures that are in the monitoring report. This recognises that the report may need to evolve as a helpful tool in assuring delivery of our programmes.

2 Current position

- 2.1. The monitoring report is divided into public health programmes – mainly health improvement - and wider system delivery. Each programme has a single suggested measure against which performance can be judged. These are for discussion and agreement, and could change depending on how useful they are considered. Most programmes are on track for delivery - with the exception of the Healthy Child Programme.
- 2.2. Wider system activities are programmes where we are working with other partners. Because of the degree of change in setting up the integrated care system, these programmes are at different stages of development. The programmes will develop as further work is done to scope and identify priorities for delivery, as the ICS develops.

3 Risks and challenges

- 3.1. Previously we have reported that high turnover of public health Dorset employees was putting our capacity to deliver at risk. Turnover is improving, as measured on a 12-month rolling basis, and currently stands at around 16% for the year (it was 29% in the last reporting period). There is an ongoing risk around recruitment and retention to public health roles, and we will keep this under review.
- 3.2. There is more certainty around health protection responsibilities going forwards, especially as COVID-19 infection has not reached levels seen earlier in the year. Our working assumption currently is that we will not be

expected to return to managing COVID-19 as an emergency response, but continue to support the system through the health protection network working closely with UK Health Security Agency and partners.

- 3.3. Integrated Care System work remains a capacity pressure. In recognition of this we are negotiating a memorandum of understanding with the ICS so that we can be clear what public health capacity is required, and ensure this is only for priority programmes. It is also an opportunity to explore how we might identify additional public health capacity for ICS work. This will enable us to continue to deliver on our core programmes.

- 4.3 This short paper provides an update on the development of a monitoring report to enable assurance on delivery of our business plan. Board members are asked to consider the presentation in Appendix A, and provide feedback on the approach. In addition, the Board is asked to develop the forward plan for the board based on the monitoring report for 22-23.




Sam Crowe
Director of Public Health



Public Health Dorset - Business Plan

Programme Progress Update October 2022

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.

Public Health Dorset Programmes				
Programme	Status	Value / target where applicable	Progress	Update
<div> <div></div> <div>Health Improvement</div> </div>				
Healthy Child Programme – % children achieving expected development in all domains at 2.5-year check (Q1)	Behind	89% / 95%		Slide 4
Healthy Child Programme – contacts to Chat Health and Parentline services	TBC	TBC		Slide 4
Healthchecks – Number of invitations sent (Q1)	On track	95 / TBC		Slide 5
Healthchecks – Number of checks delivered (Q1)	On track	95 / TBC		Slide 5
LiveWell Dorset – Number of service registrations (Q2)	On track	1646 / n/a		Slide 5
Sexual Health – Progress towards target contacts in contract year to date	On track	69% / 100%		Slide 6
Drugs & Alcohol – Number of adults in treatment	On track	1460 / 1920		Slide 7
Smoking cessation – Number of enrolments in contract year to date (August 22)	On track	354 / n/a		
Joint Strategic Needs Assessment – Webpage views per quarter (Q2)	On track	450 / n/a		Slide 8

Wider system activities

Programme	Status	Value / target where applicable	Progress	Update
<div> <div> </div> <div>Health Protection</div> </div>				
Prevention and control of infectious diseases	On track	n/a		Slide 10
<div> <div> </div> <div>Healthy Places</div> </div>				
Built Environment – Planning applications considered for comment in year	On track	6 / n/a		Slide 11
Built Environment – Healthy Homes adaptations completed	TBC	TBC		
<div> <div> </div> <div>Healthcare Public Health</div> </div>				
Mental Health – Suicide Prevention Training sessions delivered year to date	On track	9 / n/a		Slide 12
Health Inequalities – Academy webpage views per quarter	On track	TBC		Slide 13
IDEA – Number of collaborative analysis projects in progress (Q2)	On track	2 / n/a		Slide 14

Programme Progress -- Healthy Child Programme

Programme lead: Jo Wilson, Head of Programmes

Key objectives

- Workforce engagement and development programme with health visiting and school nursing (Children and Young People's Public Health Services - CYPPHS)
- Pause mobilisation (recruitment challenges)
- Engagement with Family Hub development
- Co-producing the Best Start in Life plan (Dorset) and developing a Best Start in Life partnership (BCP)
- Business case to scale Healthy Movers project (School readiness/physical activity intervention in Early Years)

Programme progress

- Contract Variation for CYPPHS developed and signed for period 1st October 2022- 30th Sept 2024
- Breastfeeding Network mobilisation of new provider for Peer Support and Infant Feeding Network established
- Pause Tender award and mobilisation with BHCA

Next steps

- Co-producing a Best Start in Life plan(s)

Challenges

Like many services, the CYPPHS is experiencing pressure (workforce and complexity of families) but continue to deliver core mandated contacts (at times within extended timelines/risk assessment) and priority early help interventions with families, children and young people. From the 1st November, Parentline, a text message advice service for parents will be extended to families with children and young people aged 0- 19 years (25 year SEND), which will provide speedy access to advice, guidance and referral, by qualified and skilled professionals.

Programme progress -- Healthy Lifestyles Support

Programme lead: Sophia Callaghan, Public Health Consultant

Key objectives

- To promote health behaviours to support people to improve their health and wellbeing.
- To deliver effective improvements in health and wellbeing and work with partners to influence delivery of wider prevention work.
- To roll out the NHS Health check refresh and develop a system approach to a targeted programme

Programme progress

- The refresh of the NHS Health Checks programme is progressing. Key forums, providers and residents have been engaged, with a great response from our eligible population (over 700 responses). A scoping paper with options has been drafted.
- A deep dive into Community Health Improvement Services has been completed, including a cost review of Long-Acting Reversible Contraception (LARC) with recommendations informing Public Health Dorset contract and commissioning group.

Next steps

- JPHB informal board discussion on health checks next steps planned in October and will also be discussed at Primary Care Committee
- Working up agreed options and commissioning model for NHS Health Checks
- Opportunities are being explored for the ongoing sustainability of LiveWell resourcing of outpatient assessment centres.
- Planning for CHIS recommissioning in April 2024

Challenges

Primary care staff capacity for NHS Health Checks and Primary care capacity for LARC.

Programme progress -- Sexual Health

Programme lead: Sophia Callaghan, Public Health Consultant

Key objectives

- To deliver a fully integrated Sexual, Reproductive and HIV Service as a whole system approach and promote and improve good sexual health through delivery of evidence-based practise and behaviour change activity.
- Increase awareness and uptake of PrEP in at-risk groups - PrEP is a drug taken by HIV-negative people that reduces the risk of getting HIV.

Programme progress

- Sexual Health Service integration complete with providers and deep dive planned to assess effectiveness.
- Behaviour change objectives in place for the service and a deep dive planned in January 23 to review progress and develop next steps.
- Capacity increased to further develop sexual health contracts and programme, onboarding progressing well.
- Year 2 plan in place for HIV PrEP and HIV prevention programme being co-produced with providers.
- HIV testing communication plan in place.

Next steps

Annual conversation for sexual health contract and commissioning in November to review year 2 achievements and plan year 3 objectives

Challenges

Potential resources linked to LARC cost review and PrEP action plan.

Programme progress -- Drugs & Alcohol

Programme lead: Nicky Cleave, Public Health Consultant

Key objectives

- To support the establishment of the new Combating Drugs Partnership Board. In particular the development of a needs assessment to support the development of a delivery plan for the Board and its sub-groups.
- To work with providers to agree 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

- Confirmation from OHID and DLUHC of both the Supplemental and Rough Sleepers grants has allowed us to finalise plans with providers for the use of the grants in 2022/23 onwards.
- A new performance tool which includes the core contract and grant funded activities has been developed to improve contract management.
- The Combating Drugs Partnership Board has been established and work has started to develop the needs assessment to inform local actions to deliver the ambitions of the national drug strategy.

Next steps

Completion of the needs assessment by the end of November, and the agreement of a delivery plan by the Combating Drugs Partnership Board by end of December 2022.

Challenges

None

Programme progress – Joint Strategic Needs Assessment (JSNA)

Programme lead: Natasha Morris, Team Lead - Intelligence

Key objectives

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

Programme progress

- Completed engagement programme with system partners and health and wellbeing boards
- Refreshed annual JSNA narratives and updated content on website
- Contributions to the development of the Integrated Care Partnership (ICP) strategy.

Next steps

To finalise and implement the communications plan and website review to increase engagement with website content. Begin scoping of Community Mental Wellbeing panel.

Challenges

None

Programme update – Pharmaceutical Needs Assessment (PNA)

Programme lead: Jane Horne, Public Health Consultant

The Pharmaceutical Needs Assessment (PNA) consultation closed on 21 September. The PNA was revised in light of the responses and has been published. After sharing lessons learned to be used when updating the PNA for October 2025 the programme will be closed.

Programme update – Oral Health

Programme lead: Jane Horne, Public Health Consultant

It has not been possible to find a provider for the oral health survey of year 6 children in the academic year 2022/23. Discussion with the specialist community dental provider has started regarding potential delivery of the survey for 5-year-olds in the financial year 2023/24.

Programme progress – Prevention and control of infectious diseases

Programme lead: Rachel Partridge, Public Health Consultant

Key objectives

To assure that systems and plans are in place to keep the population of Dorset safe from infectious diseases, including COVID-19, and other health hazards.

Programme progress

- An internal review of health protection has been undertaken and presented to Public Health Dorset Senior Management Team.
- The external review of system response and resilience has commenced and is nearly complete.
- The Dorset Health Protection Network is being kept up-to-date on progress and initial findings of both reviews.
- Immunisations have been considered in the system review work. Dorset's Health Protection Network has received assurance report from NHS England.

Next steps

- System response and resilience - To support the Integrated Care Board (ICB) in undertaking a review of how NHS resources will be mobilised in response to a health protection incident, with a particular focus on winter preparedness.

Challenges

COMF funding ends in March 2023 and no additional health protection funding announced. A significant increase in acute respiratory infections are expected this season.

Programme progress – Built Environment and Local Plans

Programme lead: Rachel Partridge, Public Health Consultant

Key objectives

To re-establish a consultation channel on planning applications and engagement with Local Plan development across BCP and Dorset.

Programme progress

The new process has been embedded for receiving consultations from BCP and Dorset and for internal review within PHD team coordinated by the lead officer.

Next steps

Review point of threshold for PHD review of planning applications and evaluation of impact of input on decision making process.

Challenges

None.

Programme update – Air Quality

Air Quality is a part of the health protection system review. This agenda is linked to the climate change agenda. New Air Quality legislation is soon to be available. PHD expects an update from Environmental Health colleagues at next quarters Health Protection Network (Jan 23).

Programme progress -- Mental Health

Programme lead: Vicki Fearne, Public Health Consultant

Key objectives

- To scope a community public mental health component through the Joint Strategic Needs Assessment process.
- To re-establish real time surveillance for suspected suicides and attempts with Dorset Police
- To provide system public health leadership to support the Integrated Care System wellbeing offer and lead the Pan-Dorset Workforce Wellbeing Network
- To lead the system suicide prevention network and support roll out of suicide prevention training

Programme progress

- Planning for the Joint Strategic Needs Assessment work is in process.
- Work is ongoing with Dorset Police to try to re-establish Real Time Surveillance (RTS)
- The system wellbeing offer is established. Public health are providing leadership support and influence to networking. Key priority areas are progressing well e.g., cost of living, men's health and menopause.
- Skills development programme being rolled out for Suicide Prevention First Aid and Mental Health First Aid across the system

Next steps

- JSNA panel for Mental Health
- Workforce wellbeing refresh considering ICS board
- Rural and young people suicide prevention campaigns being rolled out in the Autumn.
- Impact evaluation of years one skills training

Challenges

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

Capacity pressures are sometimes affecting training attendance.

Programme progress – Health Inequalities

Programme lead: Paul Iggulden, Public Health Consultant

Key objectives

To reduce health inequalities in BCP and Dorset Council areas.

Programme progress

Awareness raising work has progressed through data, a series of webinar events and the virtual academy. The ICS Health Inequalities group are providing assurance and challenge around NHSE priorities and CORE20PLUS5. Funding has been awarded and work begun on a project looking at non-attendances at appointments.

Next steps

- To create Health Inequalities ambassadors within Public Health and LiveWell Dorset and to support partners in their Health Inequalities reducing activities (particularly Locality link workers).
- To establish Public Health Dorset as an anchor institution exemplar.
- To support healthcare partners in progressing the CORE20PLUS5 agenda and support Health and Wellbeing Boards in the development and implementation of Health Inequalities Action Plans.

Challenges

None

Programme progress -- Population Health Management

Programme lead: Jane Horne, Public Health Consultant

Key objectives

Improve the tools that Population Health management is drawing on to support developments at scale that tackle variation.

Programme progress

- Data supporting Integrated Care Partnership case studies for discussion at Joint Health and Wellbeing Board session
- Developing specification for collaborative hypertension dashboard to show progress

Next steps

First iteration of strategic hypertension dashboard by January 2023

Challenges

Effective joint working takes time, particularly in the early stages - some barriers to data access being worked through.