



## Joint Public Health Board

**Date:** Tuesday, 25 July 2023

**Time:** 2.30 pm

**Venue:** Council Chamber, County Hall, Dorchester DT1 1XJ

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

**Dorset Council:** Councillors Laura Beddow and Jane Somper

**BCP Council:** Councillors David Brown and Vikki Slade

**NHS Dorset:** David Freeman, Chief Commissioning Officer

**Non-Voting Members:** Cllr Cherry Brooks and BCP Vacancy

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

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

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

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# A G E N D A

Page No.

## 1 ELECTION OF CHAIRMAN

To elect a chairman for the 2023/24 Municipal Year.

**Please note:** At the meetings held on 16 February 2022 and 30 May 2022 it was agreed and then reaffirmed respectively that the Joint Working Arrangements would be amended to allow a chairman to be elected on a rotational basis for an annual term, as opposed to on a per meeting rotational basis. However, this amendment was not made to the Terms of Reference, so agreement is now sought to make the amendment on a permanent basis.

Further to this, having liaised with the Head of Democratic Services at BCP Council, it has been requested that Dorset Council continue to host these meetings for the 2023/24 Municipal Year due to limited accommodation because of an extensive refurbishment programme and limited resources, as a result, this aspect of Joint Working Arrangements would also need amending.

## 2 ELECTION OF VICE-CHAIRMAN

To elect a Vice-Chairman for the 2023/24 Municipal Year.

## 3 APOLOGIES

To receive any apologies for absence.

## 4 MINUTES

5 - 10

To confirm the minutes of the meeting held on 16 February 2023.

## 5 DECLARATIONS OF INTEREST

To receive any declarations of interest.

## 6 PUBLIC PARTICIPATION

Representatives of town or parish councils and members of the public who live, work, or represent an organisation within the Dorset Council area are welcome to submit either 1 question or 1 statement for each

meeting. You are welcome to attend the meeting in person or via MS Teams to read out your question and to receive the response. If you submit a statement for the committee this will be circulated to all members of the committee in advance of the meeting as a supplement to the agenda and appended to the minutes for the formal record but will not be read out at the meeting. **The first 8 questions and the first 8 statements received from members of the public or organisations for each meeting will be accepted on a first come first served basis in accordance with the deadline set out below.**

Further information read [Public Participation - Dorset Council](#)

All submissions must be emailed in full to [chris.harrod@dorsetcouncil.gov.uk](mailto:chris.harrod@dorsetcouncil.gov.uk) by 8.30am on Wednesday 7 June 2023

When submitting your question or statement please note that:

- You can submit 1 question or 1 statement.
- a question may include a short pre-amble to set the context.
- It must be a single question and any sub-divided questions will not be permitted.
- Each question will consist of no more than 450 words, and you will be given up to 3 minutes to present your question.
- when submitting a question please indicate who the question is for (e.g., the name of the committee or Portfolio Holder)
- Include your name, address, and contact details. Only your name will be published but we may need your other details to contact you about your question or statement in advance of the meeting.
- questions and statements received in line with the council's rules for public participation will be published as a supplement to the agenda.
- all questions, statements and responses will be published in full within the minutes of the meeting.

## **7 DIRECTOR OF PUBLIC HEALTH UPDATE**

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

## **8 FINANCE REPORT**

11 - 20

To consider the report.

## **9 DEVELOPMENT OF CHILDREN'S PUBLIC HEALTH SERVICES**

21 - 26

To consider the report.

**10 HEALTHCARE PUBLIC HEALTH MEMORANDUM OF UNDERSTANDING** 27 - 30

To consider the report.

**11 BUSINESS PLAN MONITORING** 31 - 50

To consider the report.

**12 URGENT ITEMS**

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

**13 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.

**There is no exempt business scheduled for this meeting.**



## JOINT PUBLIC HEALTH BOARD

### MINUTES OF MEETING HELD ON THURSDAY 16 FEBRUARY 2023

**Present:** Cllrs Peter Wharf (Chairman) and Jane Kelly (Vice-Chairman)

**Apologies:** Cllrs Graham Carr-Jones and Karen Rampton

**Also present:** Cllr Jane Somper

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

Sam Crowe (Director of Public Health), Steve Gorson (Accountant), Chris Harrod (Senior Democratic Services Officer), Jane Horne (Consultant in Public Health), Phil Hornsby (Officer), Sarah Longdon (Head of Service Planning), Lucy Mears (Communications Manager - Public Health) and John Miles (Democratic Services Officer Apprentice)

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

Sophia Callaghan

158. **Apologies**

Apologies for absence were received from Cllr Graham Carr-Jones and Cllr Karen Rampton

159. **Minutes**

The minutes of the meeting held on 9 November 2022 were confirmed and signed as a correct record.

160. **Declarations of Interest**

No declarations of interests were made at the meeting.

161. **Public Participation**

No statements or questions had been received from the public.

162. **Forward Plan**

The Forward Plan was noted.

163. **Finance Update**

The senior accountant introduced the report which set out the public health budget for the 23/24 financial year.

Officers responded to Board Members' comments and requests for clarification, details included:

- The entire budget was ringfenced and so where there was an occasion that required specific funding to be sourced from within it, for example, additional staff costs, this could be done.
- Healthy reserves had been maintained and work was being undertaken to ensure that there were fewer unallocated reserves and that reserves be used for specific projects instead.
- It was likely that in future years, the flexibilities that Public Health have had available may be reduced.

## **DECISION**

- (i) The 2022/23 shared service forecast outturn of £537k underspend, and the break-even position for the grant kept by each council in 22/23 be noted.
- (ii) The current assumptions that give a 23/24 opening revenue budget for Public Health Dorset of £25.615M be noted.
- (iii) That the recommended approach to any increase in the public health grants, Option 2, which would ensure that any such increases be directed to the shared service to cover inflationary costs relating to service delivery, be agreed.
- (iv) That the recommendation to delegate authority to the Director of Public Health in consultation with the Portfolio Holder for Dorset Council and Portfolio Holder for BCP Council to deliver the agreed approach above be agreed.
- (v) The plans for the use of ring-fenced public health reserves over the next three years, in line with principles agreed at the November Board be noted.

### **164. NHS Health Checks Update**

Sophia Callaghan introduced the report, which set out the work being undertaken on the Health Checks programme.

Officers responded to Board Members' comments and requests for clarification, details included:

- A flexible approach was being used, that allowed NHS Dorset to work with Primary Care Networks (PCN's) in different ways, that were appropriate to the area.
- The service was due to 'go live' in April and it was suggested that the board reviewed the process after it had been operating for approximately six months, when data would be available surrounding delivery.
- There were some PCN's that hadn't yet replied to the consultation because they were awaiting further information on the agreed weighted payment.
- A key objective of the programme was to deliver health checks of value, which meant that areas of highest deprivation and risk would be focussed on as a priority, where such health checks would benefit most.
- Each GP surgery was being asked to provide Public Health with a delivery plan to demonstrate how they were going to manage this programme within

their respective areas. The majority of pharmacies in the area has also signed up to the programme.

- LiveWell were already well established in Dorset and were highly capable in reaching those who needed support.
- A mixture of both models would allow for delivery targets to be met.
- Contract monitoring would need to be in place, this would be managed by the contract manager and would be reported back to the board.
- A pack was being developed to disseminate to community groups and stakeholders. There was an importance to engage directly with communities, as opposed to just communicating out.
- This was a public mandated health programme, it was important that the board monitored the uptake and reacted accordingly if required.
- Whilst there wasn't an easy way to get data from private providers, unless such providers were directly approached, it may be possible to approach voluntary organisations or charities.
- There was strong governance within the public health team, which included a health checks task group and management was carefully monitoring. In addition to this there were several other bodies that regularly reviewed the programme.

## **DECISION**

That the following recommendations be agreed:

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

### **165. Treating Tobacco Dependency**

Jane Horne introduced the report, which set out the work being undertaken on the Treating Tobacco Dependency programme and sought to clarify the arrangements to ensure transparency and deliver compliance with Dorset Council governance in respect of procurement processes and Public Contract Regulations.

Officers responded to Board Members' comments and requests for clarification, details included:

- The addictive substance was Nicotine, which is present regardless of whether a traditional cigarette or a vape stick was being utilised, although when vaping, fewer chemicals were being ingested by users, so it was accepted that it was healthier than smoking.

- Health professionals worked hard to encourage patients to reduce their dependency on their nicotine intake.
- The cost of smoking to the partnership councils and to the NHS was approximately £30M
- It was anticipated that the projected cost savings based on the Ottawa Model would amount to approximately £4M.
- The modelling that had been undertaken was planned to take a large sum of money out of costs to the NHS and go towards prevention, but it would be longer before Councils saw the benefits of these savings.
- The data was focussed on those smoking and those who needed support, there were other sources of data that need to be reviewed longer term.
- It should be noted that some people quit smoking the first time around, whereas others took multiple cycles of intervention and the data provided from UHD showed lower levels of smoking an originally anticipated.

### **Noted**

#### **166. Business Plan Monitoring**

Sarah Longdon introduced the report by way of a powerpoint presentation, which set out the Business Plan and gave a programme update.

Officers responded to Board Members' comments and requests for clarification, details included:

- Officers could ensure that a deep dive on some programmes each meeting were facilitated.
- A deep dive would take place in relation to health protection – it was anticipated that this would be in October.
- A national Suicide Prevention Strategy was due to be published in the summer and would provide the opportunity for the Board to review localised work on suicide prevention, the real-time surveillance system and what the Strategy contains.
- A deep dive relating to children's services was already on the forward Plan for the June Meeting.

The Chairman thanked Officers for the presentation and commended the format of data presentation, commenting that its simplistic layout made it far easier to interpret, identify trends and therefore aid discussion.

### **Noted**

#### **167. Director's Update**

Sam Crowe, Director of Public Health, provided the Board with his regular update by way of powerpoint presentation, a copy of which has been appended to these minutes, which focussed on 3 key themes:

- Health Protection
- Health Improvement

- Organisation Updates

Further to the initial update, Lucy Mears, Communications and Commissioning Manager, provided an update on the rebranding of Public Health Dorset and set out a brief contextual history and the aim to refresh the logo to reflect the changes in landscape of the Local Government following LGR and the creation of both Dorset and BCP Councils. This was a low-cost update.

Officers responded to Board Members' comments and requests for clarification, details included:

- Officers could review the wording of the strapline in order to avoid confusion for members of the public.
- The logos of each council would also be included with the Public Health logo where possible, although, it may not always be possible.

The communication officer displayed some slides to demonstrate advertising campaign that Public Health was currently running in relation to mental health support for young people between the ages of 14 and 21. So far, the feedback had been positive as it was being rolled out across key partners, including healthcare providers, schools, colleges and universities, and platforms such as Facebook, Twitter, Instagram and TikTok.

**Noted**

168. **Urgent items**

There were no urgent items.

169. **Exempt Business**

There was no exempt business.

**Duration of meeting:** 10.01 - 11.50 am

**Chairman**

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**Joint Public Health Board Forward Plan  
For the period 1 JUNE 2023 to 29 FEBRUARY 2024  
(publication date – 15 MAY 2023)**

**Explanatory Note:**

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

**Definition of Key Decisions**

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

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

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

**Private/Exempt Items for Decision**

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

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

Subject / Decision	Decision Maker	Decision Due Date	Background documents	Member / Officer Contact
<b>June 2023</b>				
<b>Director of Public Health Update</b> <b>Key Decision - Yes</b> <b>Public Access - Open</b>	Joint Public Health Board	12 Jun 2023		<b>Lead member -</b> Portfolio Holder for People - Adult Social Care, Health and Housing  <b>Lead officer -</b> Sam Crowe, Director of Public Health <i>sam.crowe@dorsetcouncil.gov.uk</i>
<b>Finance Report</b> <b>Key Decision - No</b> <b>Public Access - Open</b>	Joint Public Health Board	12 Jun 2023	Board report	<b>Lead member -</b> Deputy Leader and Portfolio Holder for Finance, Commercial and Capital Strategy, Councillor Jane Kelly, BCP Councillor  <b>Lead officer -</b> Jane Horne, Consultant in Public Health <i>jane.horne@dorsetcouncil.gov.uk</i> , Sian White, Service Manager, Finance <i>sian.l.white@dorsetcouncil.gov.uk</i>
<b>Business Plan Update 23/24 and Monitoring</b> <b>Key Decision - Yes</b> <b>Public Access - Open</b>	Joint Public Health Board	12 Jun 2023	Board report	<b>Lead member -</b> Deputy Leader and Portfolio Holder for Finance, Commercial and Capital Strategy, Councillor Jane Kelly, BCP Councillor  <b>Lead officer -</b> Sam Crowe, Director of Public Health <i>sam.crowe@dorsetcouncil.gov.uk</i> , Sarah Longdon, Head of Service Planning <i>sarah.longdon@dorsetcouncil.gov.uk</i>
<b>Healthcare Public Health Memorandum of Understanding</b> <b>Key Decision - Yes</b> <b>Public Access - Open</b>	Joint Public Health Board	12 Jun 2023	Board report	<b>Lead member -</b> Deputy Leader and Portfolio Holder for Finance, Commercial and Capital Strategy, Councillor Jane Kelly, BCP Councillor  <b>Lead officer -</b> Sam Crowe, Director of Public Health <i>sam.crowe@dorsetcouncil.gov.uk</i> , Jane Horne, Consultant in Public Health <i>jane.horne@dorsetcouncil.gov.uk</i> , Paul Iggulden, Public Health Consultant <i>paul.iggulden@dorsetcouncil.gov.uk</i>
<b>Development of Children's Public Health Services</b>	Joint Public Health Board	12 Jun 2023	Board report	<b>Lead member -</b> Deputy Leader and Portfolio Holder for Finance, Commercial and Capital Strategy, Councillor Jane Kelly, BCP

Subject / Decision	Decision Maker	Decision Due Date	Background documents	Member / Officer Contact
<b>Key Decision - Yes</b> <b>Public Access - Open</b>				Councillor  <b>Lead officer - Jane Horne, Consultant in Public Health</b> <i>jane.horne@dorsetcouncil.gov.uk, Joanne Wilson, Head of Programmes, Public Health j.wilson@dorsetcc.gov.uk</i>
<b>October 2023</b>				
<b>Finance Report</b>  <b>Key Decision - Yes</b> <b>Public Access - Open</b>	Joint Public Health Board	12 Oct 2023	Board report	<b>Lead member - Deputy Leader and Portfolio Holder for Finance, Commercial and Capital Strategy, Councillor Jane Kelly, BCP Councillor</b>  <b>Lead officer - Jane Horne, Consultant in Public Health</b> <i>jane.horne@dorsetcouncil.gov.uk, Sian White, Service Manager, Finance sian.l.white@dorsetcouncil.gov.uk</i>
<b>Business Plan Monitoring</b>  <b>Key Decision - Yes</b> <b>Public Access - Open</b>	Joint Public Health Board	12 Oct 2023	Board report	<b>Lead member - Deputy Leader and Portfolio Holder for Finance, Commercial and Capital Strategy, Councillor Jane Kelly, BCP Councillor</b>  <b>Lead officer - Sam Crowe, Director of Public Health</b> <i>sam.crowe@dorsetcouncil.gov.uk, Sarah Longdon, Head of Service Planning sarah.longdon@dorsetcouncil.gov.uk</i>
<b>NHS Health Checks Update</b>  <b>Key Decision - Yes</b> <b>Public Access - Open</b>	Joint Public Health Board	12 Jun 2023		<b>Lead member - Portfolio Holder for People - Adult Social Care, Health and Housing</b>  <b>Lead officer - Sophia Callaghan</b> <i>sophia.callaghan@dorsetcouncil.gov.uk, Sam Crowe, Director of Public Health sam.crowe@dorsetcouncil.gov.uk</i>
<b>Health Protection Assurance</b>  <b>Key Decision - Yes</b> <b>Public Access - Open</b>	Joint Public Health Board	12 Jun 2023		<b>Lead member - Portfolio Holder for People - Adult Social Care, Health and Housing</b>  <b>Lead officer - Sam Crowe, Director of Public Health</b>

Subject / Decision	Decision Maker	Decision Due Date	Background documents	Member / Officer Contact
				sam.crowe@dorsetcouncil.gov.uk, Rachel Partridge, Assistant Director of Public Health rachel.partridge@dorsetcouncil.gov.uk
<b>February 2024</b>				
<b>Finance Report</b> <b>Key Decision - Yes</b> <b>Public Access - Open</b>	Joint Public Health Board	22 Feb 2024	Board report	<b>Lead member</b> - Deputy Leader and Portfolio Holder for Finance, Commercial and Capital Strategy, Councillor Jane Kelly, BCP Councillor  <b>Lead officer</b> - Jane Horne, Consultant in Public Health jane.horne@dorsetcouncil.gov.uk, Sian White, Service Manager, Finance sian.l.white@dorsetcouncil.gov.uk
<b>Business Plan Monitoring</b> <b>Key Decision - Yes</b> <b>Public Access - Open</b>	Joint Public Health Board	22 Feb 2024	Board report	<b>Lead member</b> - Deputy Leader and Portfolio Holder for Finance, Commercial and Capital Strategy, Councillor Jane Kelly, BCP Councillor  <b>Lead officer</b> - Sam Crowe, Director of Public Health sam.crowe@dorsetcouncil.gov.uk, Sarah Longdon, Head of Service Planning sarah.longdon@dorsetcouncil.gov.uk

# Joint Public Health Board

## 25 July 2023

### Finance Update

## For Decision

**Portfolio Holder:** Cllr Jane Somper, Adult Social Care, Health and Housing,  
Dorset Council

Cllr David Brown, Health and Wellbeing,  
Bournemouth Christchurch and Poole (BCP) council

**Local Councillor(s):** All

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

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

**Report Status:** Public

### Brief Summary:

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

The opening revenue budget for Public Health Dorset in 22/23 was £25.615M. The year end position is a £375k underspend. In 22/23 BCP kept £8.338M of their grant, and DC kept £1.277M. BCP underspent the drug and alcohol allocation by £394k, this amount is retained in earmarked reserves for future spend in this area. Dorset council spent their retained grant to budget.

The Department of Health and Social Care published the 23/24 public health allocations on 14 March. There was a 3.2% uplift. The proposal is for 60% of each council's uplift to go to the shared service, with 40% kept by the council. If approved, this will mean that the opening budget for the shared service in 23/24 will be £26.298M. The Board is asked to consider how this uplift is applied.

The shared service public health reserve stands at £1.767M as of 1 April 2023. Non-recurrent work is agreed over the next three years that is in line with agreed commitments and principles. Where possible underspend will be used first.

**Recommendation:**

The Joint Public Health Board is asked to:

- 1) note the 2022/23 shared service out turn of £375k underspend, the £394k underspend on the BCP retained grant, and the break-even position for the DC retained grant in 22/23.
- 2) agree the proposed 60:40 split of the 23/24 uplift, with 60% going to the shared service.
- 3) agree the proposed application of the 23/24 uplift within the shared service and note the position for the grant kept by each council in 23/24
- 4) note plans for the use of ring-fenced public health reserves over the next three years, in line with principles agreed at the November 2022 Board.

**Reason for Recommendation:**

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

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

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

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

1.1 The 22/23 shared service budget was £25.615M.

1.2 The year end position is an underspend of £375k. Detail is set out in Appendix 1, Table 1. This underspend is less than reported at Board in February. Factors that contribute to the change are set out below:

- Further one-off schemes supported under Early Intervention and Resilience/Inequalities.
- Some planned one-off schemes did not go ahead under Health Protection.
- Costs reconciled where Contain Outbreak Management Funding and other grants or income cover. This impacts on Clinical Treatment Services, Public Health Intelligence and Public Health Team.
- Within Health Improvement, NHS Health Check activity increased beyond forecast. Prescribing recharge costs were also higher than forecast. Activity to help people stop smoking in the community fell. So we tested alternative ways to support them.

1.3 The expenditure on one-off schemes (initially planned to come from Public Health reserves) totalled £424k in 2022/23. This supported twelve schemes across the Mental Health, Healthy Places, Health Inequalities, Healthy Lifestyles, Children & Young People and Sexual Health programme areas.

## **2 Out turn on grant kept by the councils in 22/23**

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

2.2 BCP Council kept £8.338M of their 22/23 grant. The drug and alcohol services underspent by £394k. This was due to some recruitment lag within the providers and other services i.e. needle exchange and supervised consumption still not at the level of pre Covid. BCP Council is retaining the underspend as an earmarked reserve for drug and alcohol for future use. The revised use of the BCP retained grant is as follows:

- Drugs and alcohol services for adults and children (£5.090M) of which £394k is retained in earmarked reserves
- Children's centres and early help (£2.994M)
- A central overheads element (£254k)

2.3 Dorset council kept £1.277M of their 22/23 grant. The community safety work underspent by up to £76k compared to initial budget assumptions. This is because of delays in recruitment to posts. The revised use is therefore final out turn was therefore:

- Community safety (£208k). This supports additional work around domestic abuse and violent crime, linked to new legislation.
- Community development work (£333k).
- Children's early intervention (£191k).
- Prevention and support for adults with complex needs (£513k). 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)

## **3 2023/24 shared service budget**

3.1 At the February 2023 the Board noted an opening revenue budget of £25.615M. This assumed no uplift to the public health grant.

- 3.2 The Public Health allocations, published on 14 March 2023, included an uplift of 3.2%. Discussions with officers in both councils followed, including Section 151 officers. We recommend that each council gives 60% of the uplift to the shared service and keeps the remaining 40%. This would give an updated revenue budget of £26.298M. Proposed partner contributions are set out in Appendix 2, Table 2.
- 3.3 This will enable BCP council to apply a 3.2% uplift across the public health services managed by the council. It will also ensure a consistent approach across both councils.
- 3.4 The guidance accompanying the published allocations stated:  
*“The Public Health Grant will need to cover all pay pressures for 2023/24, including the impact of NHS pay settlements. Funding previously allocated to reflect the additional costs to local authorities of the 2018 NHS pay settlement is now fully baselined as part of the Grant. Arrangements were put in place by NHS England to help manage the in-year impact of additional NHS pay costs in 2022/23, on a non-recurrent basis. The expectation is that ongoing funding for this pressure will be managed through local authority commissioning.”*
- 3.5 The 2023/24 NHS pay settlement includes an unprecedented 5.2% pay rise for staff in 2023-24. NHS England will now cover some of the extra costs on top of the NHS planning assumptions of a 2% uplift. This is again on a non-recurrent basis.
- 3.6 DHSC also clarified that the national guidance does not overrule local contractual mechanisms. Our main contracts allow for a review of the charges but this is not automatic. Any review should take account of:
- evidence of any cost pressures
  - current contract performance
  - whether there are other ways to minimise the impact of any cost pressures or reduce costs
  - any changing requirements
  - any potential risks.
- 3.7 A separate paper sets out cost pressures within the Children and Young People’s Public Health Service. It proposes an increase in the contract value. This will use £300k of the uplift allocated to the shared service, with the rest from reprofiling of other budgets.
- 3.8 For our other large contracts we will not use any of the uplift. We are using other ways to manage pressures. For example, moving funding from activity or results-based elements into core contract values.

- 3.9 Activity changed for most of our Community Health Improvement services during COVID. Activity has fluctuated and not always recovered as expected. This could be due to capacity in providers, with ongoing pressures. It could also reflect that our payments have not increased. Most of these contracts end March 2023 and preparation for re-procurement is ongoing. Cost pressures are unlikely to impact in 23/24 but could affect 24/25.
- 3.10 The exception has been tier 2 weight management services, such as Slimming World and WW. There is high uptake of these services. We will use £45k of the uplift to cover additional activity and work to co-ordinate with other weight management offers.
- 3.11 During the COVID pandemic we took on more capacity, funded through the Contain Outbreak Management Fund. This involved a mix of fixed term roles, agency staff and secondments. We are reviewing capacity requirements post-COVID, taking account of changing roles and responsibilities. The first phase identified some roles that should now be substantive, with a recurrent impact of £140k on PH team and £79k on Health Improvement.
- 3.12 The remaining uplift, plus some movement from resilience and inequalities will be used to support the review and implement the findings and will sit within the PH Teams budget. The scope of the second phase is still developing but is likely to include how we:
- balance different areas of work and capacity across the team
  - access additional digital and intelligence capacity
  - work with partners on policy and strategy development
- 3.13 Based on the above changes, an updated budget is set out in appendix 1, table 2. There will also be some movement between headline budget areas. £140k will move from Health Improvement to Clinical Treatment Services. This is a Sexual Health budget that fits better there.

#### **4 2023/24 grant kept by the councils**

- 4.1 BCP Council will keep £8.612M of their 23/24 grant. The additional £274k will be used for inflationary pressures. The £9k Botox and fillers element of the grant will be used for related activity.
- 4.2 Dorset council will keep £1.468M of their 23/24 grant. Use of the £6k Botox and fillers element of the grant will be used for related activity and the remainder of the additional £191k funding is under discussion.

#### **5 Shared service public health reserves**

- 5.1 The ring-fenced public health reserve now includes the 22/23 underspend and stands at £1.767M. Detail, including the return of uncommitted reserves is in Appendix 1, Table 3. The same conditions that apply to the public health grant apply to the reserve.
- 5.2 The Board already agreed indicative commitments against much of the reserve:
- £443k for Prevention at Scale (PAS) projects
  - £340k for community health improvement services
  - £609k for place-based work
- 5.3 Non-recurrent work agreed over the next three years is in line with the commitments above. This also fits with principles agreed at the Board in November 2022. These recognise the challenging financial landscape, and will support both councils:
- 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.

## **6 Financial Implications**

- 6.1 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.

## **7 Wellbeing and health implications**

- 7.1 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.

## **8 Environmental implications**

- 8.1 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.

## **9 Other Implications**

9.1 None identified in this paper.

## **10 Risk Assessment**

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

Current Risk: MEDIUM

Residual Risk: LOW

## **11 Equalities Impact Assessment**

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

## **12 Appendices**

Appendix 1 Finance Tables May 2023

Appendix 2 Financial contributions to shared service 2022/23 and 2023/24

## **13 Background Papers**

Previous finance reports to the Board

[Shared Service Partnership agreement November 2020](#)

[Public health grants to local authorities: 2023 to 2024 - GOV.UK](#)

[www.gov.uk](http://www.gov.uk) published 14 March 2023

## Appendix 1 Finance Tables May 2023

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

	Budget 2022-2023	Forecast out turn 2022-2023	Over/underspend 2022/23
<b>Public Health Function</b>			
Clinical Treatment Services	£8,929,500	£8,540,380	£389,120
Early Intervention 0-19	£11,512,500(1)	£11,561,276	-£48,766
Health Improvement	£2,637,043	£2,127,332	£509,711
Health Protection	£60,500	£226,762	-£166,262
Public Health Intelligence	£150,000	£136,744	£13,256
Resilience and Inequalities	£80,000	£224,663	-£144,663
Public Health Team	£2,341,921	£2,519,388	-£177,467
<b>Total</b>	<b>£25,711,464(1)</b>	<b>£25,336,545</b>	<b>£374,919</b>

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

**Table 2. Updated budget 2023/24**

	Budget 2023-2024	Forecast out turn	Over/underspend
<b>Public Health Function</b>			
Clinical Treatment Services	£9,074,500	£9,074,500	£0
Early Intervention 0-19	£11,715,500	£11,715,500	£0
Health Improvement	£2,621,043	£2,621,043	£0
Health Protection	£60,500	£60,500	£0
Public Health Intelligence	£148,000	£148,000	£0
Resilience and Inequalities	£127,000	£127,000	£0
Public Health Team	£2,551,700	£2,551,700	£0
<b>Total</b>	<b>£26,298,243</b>	<b>£26,298,243</b>	<b>£0</b>

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

<b>Opening balance at 1st April 2022</b>	<b>£2,646,900</b>
Underspend at 31st March 2021	-£97,000
BCP amount from reserve	-£610,243
DC amount from reserve	-£547,657
Underspend at 31st March 2023	£374,919
<b>Total amount in reserve at 31st March 2023</b>	<b>£1,766,900</b>
Public Health Dorset commitment to STP/PAS costs	£443,000
Kickstart CHIS contracts post COVID-19	£340,000
Place based work	£609,000
<b>Committed amount in reserve</b>	<b>£1,392,000</b>
<b>Uncommitted amount in reserve at 1st April 2023</b>	<b>£374,900</b>

## Appendix 2 Financial contributions to shared service 2022/23 and 2023/24

**Table 1. Agreed Partner contributions 22/23**

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

**Table 2. Proposed partner contributions 23/24**

<b>2023 - 2024</b>	<b>BCP</b>	<b>Dorset</b>	<b>Total</b>
	<b>£</b>	<b>£</b>	<b>£</b>
<b>2023 - 2024 Grant Allocation</b>	21,288,254	15,090,023	36,378,277
<b>Less retained amounts</b>	-8,612,254	-1,467,780	-10,080,034
<b>Joint Service Budget Partner Contributions</b>	12,676,000	13,622,243	26,298,243
<b>Budget 2023 - 2024</b>			<b>£26,298,243</b>

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## Joint Public Health Board

**25 July 2023**

## Update on Children and Young People's Public Health Service

### For Decision

**Portfolio Holder:** Cllr Jane Somper, Adult Social Care, Health and Housing,  
Dorset Council

Cllr David Brown, Health and Wellbeing,  
Bournemouth Christchurch and Poole (BCP) council

**Local Councillor(s):** All

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

**Report Author:** Joanne Wilson  
**Title:** Head of Programmes  
**Tel:** 01305 225894  
**Email:** joanne.wilson@dorsetcouncil.gov.uk

**Report Status:** Public

### Brief Summary:

The Children and Young People's Public Health Service (CYPPHS) is commissioned by Public Health Dorset and provided by Dorset HealthCare. The service delivers the core requirements of the Healthy Child Programme and local priorities for improving Children, Young People, and Families' outcomes.

The CYPPHS delivers all five mandated contacts within the Healthy Child Programme for children aged 0-5 years, largely performing above both South-West Region and England averages. The service also contributes significantly to the assessment and identification of needs and delivering evidence-informed *prevention and 'early help'* interventions with children, young people, and families.

Safeguarding is a core part of the Healthy Child Programme and runs through all levels of service offer and needs. The complexity of families, post-pandemic, has

increased demand on the CYPHPS and the Joint Public Health Board in May 2022 agreed investment of £97k for 12 months for two specialist safeguarding posts.

In April 2023, the service escalated cost pressures to Public Health Dorset, specifically following the unprecedented 5% pay award for staff on Agenda for Change terms and conditions. A contribution of 3% towards these cost pressures will be met through additional non-recurrent funding for pay impacts on local authority-commissioned services through additional non-recurrent allocations to the host ICB, NHS Dorset.

The service is contracted on a three-year contract with provision to extend twice for two years each (3+2+2) and an annual budget of £11 million. It is a contractual requirement to provide 12 months' notice, by the 30<sup>th</sup> of September 2023, of an intention to extend the contract for the final two year period.

Recognising both the good performance of the service, but increasing demands and cost pressures, Dorset HealthCare is committed to working with Public Health Dorset to review the expected outcomes, staffing skill mix and required financial investment for the proposed contract extension period from 1<sup>st</sup> October 2024.

**Recommendations:**

1. Delegate authority to the Director of Public Health, to issue a Contract Variation to Dorset HealthCare to increase the Children and Young People's Public Health Service contract value by £397,000.00 per annum from 1<sup>st</sup> April 2023 to 30<sup>th</sup> March 2024, using part of the Public Health Grant uplift.
2. Delegate authority to the Director of Public Health to authorise the required 12 months legal notice to extend the Children and Young People's Public Health contract, for delivery between 1<sup>st</sup> October 2024 and 30<sup>th</sup> September 2026, in line with Dorset Council contract regulations.
3. Mandate a comprehensive commissioning intentions report for presentation to the Joint Public Health Board, which includes a fully costed and clear workforce plan, to deliver core mandated activity and outcomes based activity, in line with the Service Specification, for the Children and Young People's Public Health Service, for the period 1<sup>st</sup> October 2024 - 30<sup>th</sup> September 2026.

## **Reason for Recommendations:**

### Recommendation 1.

In April 2023, the service escalated cost pressures to Public Health Dorset, specifically following the unprecedented 5% pay award for staff on Agenda for Change terms and conditions. A contribution of 3% towards these cost pressures will be met through additional non-recurrent funding for pay impacts on local authority-commissioned services through additional non-recurrent allocations to the host ICB, NHS Dorset.

The additional investment in two specialist Safeguarding posts has assisted the service to manage increasing demands, specifically requests for Strategy Meetings, with dedicated and skilled practitioners. It is proposed these posts are sustained as the preferred service model, without any required backfill to deliver the current activity. However, a review of activity will make recommendations for prioritising and managing future demands within this capacity.

The shortfall in financial investment, as evidenced by Dorset HealthCare, through their response to a Contract Query Notice in September 2022 and subsequent submissions, including the two Safeguarding positions, is £397,000.00 per annum.

### Recommendation 2.

The service is contracted on a three-year contract with provision to extend twice for two years each (3+2+2) and an annual budget of £11 million. It is a contractual requirement to provide 12 months' notice, by the 30<sup>th</sup> of September 2023, of an intention to extend the contract for the final two year period.

### Recommendation 3.

Quarterly Contract Review Meetings (CRM) monitor the performance of the CYPHS against Key Performance Indicators (including mandated elements of the healthy Child Programme) and Outcomes Based Payments. Whilst the Service performs broadly better, compared to South-West and England averages, there are variations at place level.

The Benson Model is a tool which uses service metrics to inform transformation, improvement and optimisation and was used by the service following the *Call to Action* in 2010 and transfer of responsibilities for commissioning this service to Public Health from NHSE in 2015. The *establishment* and *vacancy rates* often reported reflect outdated modelling data and also overlook significant work by service leaders with teams to align the workforce to the new Service Specification.

This includes introducing a team skill mix, new staff grade nurses and training through Bournemouth University, successful recruitment to the Specialist Community Public Health Nurse programme and utilising the flexibility of Bank contracts, which retain experienced staff and provide agile working to cover planned absence.

With the cost pressures arising from the employed workforce, priorities and variation in some outcomes at place, it is recommended that a review of service metrics to inform the required workforce and investment, is presented to the Joint Public Health Board, to inform any adjustments for the final contract extension.

## **1 Financial Implications**

- 1.1 Recommendation 1. requires an investment of £397,000.00 from the 2023/24 Public Health Grant uplift, for the period 1st April 2023 to 30th March 2024 and a further investment of £198,500 for the remaining initial contract extension period from the 1st April 2024 – 30th September 2024.
- 1.2 Recommendation 2. commits Public Health Dorset to an anticipated investment of a minimum of £22 Million, over two-years, in line with the 2019 Open Tender, by extending the current contract with Dorset HealthCare.
- 1.3 Recommendation 3. commits Dorset HealthCare and Public Health Dorset to review investment and outcomes, and present a fully costed workforce plan for the contract extension period from the 1st October 2024 – 30th September 2026. The Joint Public Health Board should anticipate the review and subsequent contract extension may require additional financial investment to maintain current performance and/or seek decisions to modify and prioritise mandated contact targets and outcomes based performance.

## **2 Wellbeing and health implications**

- 2.1 The Children and Young People's Public Health Service is commissioned to deliver, as a minimum, the mandated elements of the Healthy Child Programme. Data on mandated contacts collated by the Office of Health Improvement and Disparities (OHID) indicates this service broadly exceeds England and South-West average performance, across Dorset and Bournemouth, Christchurch, and Poole. Local contract review data demonstrates positive progress and evidence of good outcomes against the four key priorities in the Service Specification.
- 2.2 The Joint Public Health Board, should note that the good performance and outcomes for children, young people, and families, delivered by this service

is constituted on the financial investment and sustainability of a skilled workforce.

- 2.3 Additional investment in this service, including from partners within the Integrated Care Partnership, has the potential to positively identify need earlier and improve health and wellbeing outcomes for local children, young people, and their families.
- 2.4 By way of an example, Health Visitors include the Early Language Identification Measure (ELIM) assessment within mandated contacts. Between October and December 2022, 1,308 assessments were completed, and 236 children were identified with receptive language delay. However, the ELIM assessment does require additional appointment time and reduces the number of mandated visits deliverable per day by the team.

### **3 Environmental implications**

- 3.1 None identified in this paper.

### **4 Other Implications**

- 4.1 None identified in this paper.

### **5 Risk Assessment**

- 5.1 Having considered the risks associated with the recommendations, the level of risk has been identified as:

Current Risk: MEDIUM  
Residual Risk: MEDIUM

### **6 Equalities Impact Assessment**

- 6.1 Equalities Impact Assessment is not applicable.

### **7 Appendices**

- 7.1 None.

### **8 Background Papers**

- 8.1 Performance of the CYPPHS and South-West and England comparisons for mandated contacts can be found at: [Children and young people - contract data | Tableau Public](#)

8.2 Finance Update to the Joint Public Health Board on the 30th May 2022

## Joint Public Health Board

25 July 2023

## Healthcare Public Health Memorandum of Understanding

### For Decision

**Portfolio Holder:** Cllr Jane Somper, Adult Social Care, Health and Housing,  
Dorset Council

Cllr David Brown, Health and Wellbeing,  
Bournemouth Christchurch and Poole (BCP) council

**Local Councillor(s):** All

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

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

**Report Status:** Public

### Brief Summary:

Public Health advice to the NHS is one of the mandated public health functions set out in legislation. There is no detailed definition of what the NHS 'core offer' should be.

The shared service and Dorset Clinical Commissioning Group (CCG) agreed a Memorandum of Understanding (MoU) in 2013/14. This described what support the shared service could provide. The intention was to agree an annual workplan linked to the MoU. This was never formally refreshed after 2014/15.

The Dorset Integrated Care Board (NHS Dorset) succeeded the CCG in July 2022. It is now time to develop a new MoU that sets out how the shared service will work with the ICB and NHS partners. A presentation to the Board will highlight work to date.

**Recommendation:**

The Joint Public Health Board to note work developing an MoU with NHS Dorset.

**Reason for Recommendation:**

An MoU with NHS Dorset will mean agreed understanding of:

- expectations
- arrangements, and
- resources

for how the shared service delivers public health advice to the NHS.

**1 Scope of the MoU**

- 1.1 National guidance has suggested frameworks for public health to work with the NHS. See links in section 8. These vary.
- 1.2 Public Health Dorset has developed a business plan. Our initial discussions use this as the framework, focusing on healthcare public health.

**2 Financial Implications**

- 2.1 Public health advice should assist the ICB in their duties. This includes enhancing productivity and value for money. These benefits may apply to both the ICB and the wider Integrated Care System.
- 2.2 As a mandated function we use staff and other resources from within the shared service to deliver this. Much of this work sits within the healthcare public health of our business plan. Excluding LiveWell Dorset staff, at times up to a fifth of staff time is spent on this area.
- 2.3 The MoU will provide a shared understanding of resources. It will support discussion about shifting capacity or extra resourcing.

**3 Wellbeing and health implications**

- 3.1 Public health advice to the NHS should help protect and improve the health of local people. The advice should assist the ICB in their duties, which include to:
  - Improve outcomes in population health and healthcare and
  - Tackle inequalities in outcome and access

## **4 Environmental implications**

- 4.1 Public health advice should assist the ICB in their duties. This includes helping the NHS deliver broader social and economic development within the local area.
- 4.2 Public Health Dorset is working with partners to develop a maturity matrix on the role of the NHS as Anchor Institutions. This includes consideration of sustainability and environmental impacts.

## **5 Other Implications**

- 5.1 No other implications are 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: LOW  
Residual Risk: LOW

## **7 Equalities Impact Assessment**

- 7.1 Public health advice to the NHS should assist the ICB in their duties. This includes tackling inequalities in outcome and access.
- 7.2 Any change as a result of public health advice will be subject to an equality impact assessment. Equality Impact Assessment does not apply to the arrangements for public health advice.

## **8 Appendices**

Nil

## **9 Background Papers**

- [The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013 \(legislation.gov.uk\)](#)
- [Guidance on healthcare public health advice to CCGs - gov.uk, 2012](#)
- [Quality in public health: a shared responsibility - gov.uk, 2019](#)
- [Delivering a quality public health function in integrated care boards – NHS England, 2022](#)





# Public Health Dorset - Business Plan

Programme Progress Update June 2023

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

» Name ▾	Assigned to ▾	Status ▾	Progress ▾ (Q4)	Trend ▾ (Quarterly)
System Strategy Development	 Sam Crowe <a href="#">Slide 5</a>	<div style="background-color: #d4edda; border-radius: 10px; padding: 5px; display: inline-block;">On track</div>		
▾ Drugs and Alcohol	 Nicky Cleave <a href="#">Slide 6</a>	<div style="background-color: #f8d7da; border-radius: 10px; padding: 5px; display: inline-block;">Behind</div>		
Adults in Treatment (Dorset Council)	 Nicky Cleave	<div style="background-color: #d4edda; border-radius: 10px; padding: 5px; display: inline-block;">On track</div>	1.97K/1.92K	
▾ Healthy Child Programme	 Joanne Wilson <a href="#">Slide 7</a>	<div style="background-color: #d4edda; border-radius: 10px; padding: 5px; display: inline-block;">On track</div>		
% of mothers who received a first face to face antenatal contact with a Health Visitor	 Joanne Wilson	<div style="background-color: #d4edda; border-radius: 10px; padding: 5px; display: inline-block;">On track</div>	73.00 %	
% of all births that received a face to face New Birth Visit within 14 days by a health visitor	 Joanne Wilson	<div style="background-color: #d4edda; border-radius: 10px; padding: 5px; display: inline-block;">On track</div>	84.00 %	
% of children who received a 6-8 week review by the time they were 8 weeks	 Joanne Wilson	<div style="background-color: #d4edda; border-radius: 10px; padding: 5px; display: inline-block;">On track</div>	94.00 %	
% of children who received a 12 month review by the age of 12 months	 Joanne Wilson	<div style="background-color: #d4edda; border-radius: 10px; padding: 5px; display: inline-block;">On track</div>	92.00 %	
% of children who received a 2-2.5 year review	 Joanne Wilson	<div style="background-color: #d4edda; border-radius: 10px; padding: 5px; display: inline-block;">On track</div>	91.00 %	
% of children at or above expected level of development in all 5 domains of the Ages and Stages Questionnaire, at 2.5 years	 Joanne Wilson	<div style="background-color: #d4edda; border-radius: 10px; padding: 5px; display: inline-block;">On track</div>	85.00 %	
Percentage of infants being breastfed at 6-8 weeks	 Joanne Wilson	<div style="background-color: #d4edda; border-radius: 10px; padding: 5px; display: inline-block;">On track</div>	52.00 %	

» Name ▾

Assigned to ▾

Status ▾

Progress ▾ (Q4)

Trend ▾  
(Quarterly)

▾ Mental Health

 Vicki Fearne [Slide 8](#)

On track

Suicide Prevention Training sessions delivered year to date

 Vicki Fearne

On track

19



Suicide Real Time Surveillance

 Vicki Fearne

On track

Health Inequalities

 Paul Iggulden [Slide 9](#)

On track

▾ Improving Data to Evidence Action

 Jane Horne [Slide 10](#)

Behind

Number of collaborative analysis projects in progress

 Jane Horne

On track

3



Health protection assurance

 Rachel Partridge [Slide 11](#)

On track

▾ Healthy Lifestyle Support



 Sophia Callaghan [Slide 12](#)

On track

Cumulative number of enrolments in Smoking Cessation this year

 Sophia Callaghan

On track

1.11K



New Registrations with LiveWell Dorset (Cumulative in Financial Year 22/23)

 Sophia Callaghan

On track

6.73K



Health Checks - Invitations in quarter

 Sophia Callaghan

On track

7.26K



Health Checks - Delivered in quarter

 Sophia Callaghan

On track

1.99K



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» Name ▾

Assigned to ▾

Status ▾

Progress ▾ (Q4)

Trend ▾  
(Quarterly)

▾ Built environment and local plans

 Rachel Partridge [Slide 13](#)

On track

Planning applications responded to in quarter

 Rachel Partridge

On track

6



▾ Sexual Health

 Sophia Callaghan [Slide 14](#)

On track

Cumulative number of contacts in this contract year

 Sophia Callaghan

On track

34.9K/40.8K



Health protection response

 Rachel Partridge [Slide 15](#)

On track

Joint Strategic Needs Assessment

   Natasha Morris [Slide 16](#)

On track

JSNA-Webpage Views

  Natasha Morris

On track

403



Evidence-based innovation and policy development

 Rachel Partridge [Slide 17](#)

On track

 Data for December 2022 not available from Google Analytics due to data issue. Data for Q4 not yet available.

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# Programme Progress - System Strategy Development

Lead: Sam Crowe, Director of Public Health

## Key objectives

- Lead the development of the integrated care system strategy

## Programme progress

- Strategy formally adopted by ICP late January 2023
- Communications plan agreed to support launch
- Implementation plan in development
- Culture change model in development, working with Prof Al Tapp, University of West of England
- Working with new ICP chair on development session agenda, and ownership of strategy by ICP members
- Ongoing system engagement on the strategy being carried out - presentations to key employee groups, and ICP delivered this quarter including:
  - Dorset Council Extended Leadership Team
  - BCP Council Directors Strategy Group - in preparation for strategy week
  - Participating and developing NHS Joint Forward Plan

## Current risks and challenges

- Resources to continue system engagement and develop
- Time and space for leaders to engage properly

## Key objectives

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

## Programme progress

- The Combating Drugs Partnership have continued to meet nationally set timeframes and the delivery plans have been completed for Treatment and Recovery, Enforcement and Prevention.
- All subgroups of the Combating Drugs Partnership Board now established and delivery plans agreed.
- Local data shows national targets have been met for total adults in treatment for 22/23 across the area.

## Current risks and challenges

- There has been some capacity challenges, but this has now been resolved and progressing against programme timelines for procurement of inpatient detox and residential rehab.

# Programme progress - Healthy Child Programme Lead: Jo Wilson, Head of Programmes

## Key objectives

- Give every child the best start in life - The foundations for virtually every aspect of human development including physical, intellectual, and emotional, are established in pregnancy and early childhood. For families facing multiple challenges, the importance of appropriate support at this crucial time can have lifelong impact.

## Programme progress

- In the last quarter there were improvements in performance for all Healthy Child Mandated Contacts pan-Dorset. Our digital tools are reaching more parents and young people, with 6,263 messages received and responded to by ParentLine, with the most common reasons for parents contacting the service including; emotional health and wellbeing, behaviour, continence, and eating/nutrition issues and 883 messages from young people managed through CHAT health, including advice on emotional wellbeing, anxiety, depression or low mood, worry and suicide.
- Health Visitors are taking part in a NIHR research project called First Dental Steps, providing oral hygiene products and health promotion through the mandated contacts at 6-8 weeks, 12 months and 2.5 years.
- Bournemouth University delivered a highly evaluated module for staff nurses in the Children and Young People's Public Health Service on 'understanding childhood experiences and their lifelong impact'. The module not only improved learning but has successfully increased applications for the Specialist Community Public Health Nurse course in September. An abstract to the Institute of Health Visiting will be submitted, as evidence of a positive way to value, retain and progress the Public Health Staff Nurse role and to reduce health inequities for Children and Young People.
- The Dorset Pause practice went live in January following the successful recruitment to the full practice staff and is proactively contacting eligible women from the identified cohort for support.
- A new series of Stormbreaks co-produced with young carers working with MyTime was launched, which will provide other young carers with videos and activities to boost their mental health.
- A behaviour change workshop was piloted with schools, thinking about how to address on school site Vaping and associated challenges. Further sessions are planned following positive feedback.
- Young people from schools in Dorset have been part of a co-production project to help design a digital offer for year 6, which complements the National Childhood Measurement Programme and provides positive healthy lifestyle prompts.

# Programme progress - Mental Health

Lead: Vicki Fearne, Public Health Consultant

## Key objectives

- Scope community public mental health component through JSNA
- System wide roll out of suicide prevention training
- To provide system public health leadership to support the Integrated Care System wellbeing offer and lead the Pan-Dorset Workforce Wellbeing Network
- Re-establish real time surveillance for suspected suicides and attempts with Dorset Police

## Programme progress

- JSNA scoping session was held with the Dorset Mental Health Alliance. The first workshop is planned for June 2023.
- Suicide Prevention first aid Training sessions delivered across Dorset Partners, new ASIST programme developed and to be rolled out this year, young people offer for schools in place and trainer network set up for trainers across the Dorset system
- Access to Dorset Police data to inform Real Time Surveillance has been progressed

# Programme progress - Health Inequalities

**Programme lead: Paul Iggulden, Public Health Consultant**

## Key objectives

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

## Programme progress

- We've been working with ICS partners to complete self assessments of the impact they are having as Anchor Institutions and how this can reduce health inequalities
- Completed phase one of the 'we Did Not Ask' (DNA ) project to understand and address barriers in access to healthcare that drive people in Dorset to miss appointments.
- Delivered the first health inequalities symposium (February) bring together approximately 140 people from across the Dorset system to raise awareness and share activity focussed on reducing health inequalities in Dorset

# Programme update - Improving Data to Evidence Action

Lead: Jane Horne, Public Health Consultant

## Key objectives

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

Priorities:

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

## Programme progress

1. Data sharing - workshops with both LiveWell Dorset and Dorset Intelligence and Insights Service (DiiS) have been completed. A survey of GP/clinician survey closed and analysis completed. Data privacy impact assessment (DPIA) in draft form. Key questions that will need to be addressed if we move to implementation phase have been identified.

Engagement taken longer than originally anticipated. Original plan was decision based on DPIA to be taken in March - now likely to be June

2. Collaboration on data to support strategic insights - requirements identified and mapping existing data within DiiS in progress.

Momentum initially slow due to combination of competing priorities, sickness and capacity.

3. Locality profiles - Build of demonstration locality profile based on agreed data specification nearly complete.

# Programme progress - Health Protection Assurance

Lead: Rachel Partridge, Deputy Director of Public Health

## Key objectives

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

## Programme progress

- Providing public health leadership and advice to the Dorset system with a present focus on:
  - Supporting ICS colleagues to put robust health protection plans in place
  - Fulfilling the local authorities' responsibility to support an outbreak response
- The Health Protection Annual Report for 2022 has been produced
- The Dorset Health Protection Network are meeting, next steps are to focus on the national Air Quality Strategy now published
- Work underway with partners clarifying the roles and routes for oversight and assurance with Dorset ICS
- Working with NHSE and Dorset ICB on the oversight and delivery of vaccination programmes, particularly reducing inequalities in uptake

# Programme progress - Healthy Lifestyle Support, Health Checks

Lead: Sophia Callaghan, Public Health Consultant

## Key objectives

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

To maximise the scale, reach and impact of healthy lifestyles services

## Programme progress

- The universal Health Checks service in primary care and pharmacy has relaunched
- LiveWell Dorset and Active Dorset are working in partnership to agree the model and resourcing for services in the developing Outpatient Assessment Centres
- The health check programme lead has been working across teams to brief on the Health Check programme launch and LWD community delivery plans
- Localities have been working with Primary Care Networks (PCNs) to engage and improve uptake of health checks
- A framework has been drawn up to highlight PCN delivery and LiveWell Dorset delivery to support the Health Checks planning phase
- LiveWell Dorset design model has started design, and recruitment phase for a June start
- External and internal communications plan have been rolled out to ensure consistent messaging and clarity of tasks and approaches across workstreams/teams
- A review of community health improvement services is underway in preparation for recommissioning

# Programme progress – Built Environment and Local Plans

Programme lead: Rachel Partridge, Deputy Director of Public Health

## Key objectives

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

## Programme progress

- We have reviewed and completed health impact assessment of a number of major planning application in BCP and Dorset. We have provided a response to the local planning authorities on the impact of the proposed development on health and wellbeing and measures to improve their impact on health outcomes.
- Analysis and mapping to inform planning policy to promote healthy food environment has been completed.

# Programme progress - Sexual Health

Lead: Sophia Callaghan, Public Health Consultant

## Key objectives

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

## Programme progress

- Effective contract management systems and improved capacity are in place to run the programme
- A deep dive quality assurance process has been established to assess key areas or programmes in more depth and highlight service improvements for demand and capacity, behaviour change, outreach work, progress on the PrEP programme
- The Zero HIV programme ambition is started for Dorset with objectives set and task group now in place to move the programme forward
- Education approaches in schools is being reviewed post COVID to refresh and redesign what we need for schools as this is now a mandatory programme

# Programme progress - Health Protection Response

Lead: Rachel Partridge, Deputy Director of Public Health

## Key objectives

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

## Programme progress

- The Health Protection response is now monitored by a core team, with additional resource identified to be called on as and when needed. We continue to work with partners to provide relevant, appropriate and timely responses.
- Working with PHD comms team proactive communications have been cascaded out to partners and the public about; school age immunisations, tick awareness, the Blandford Fly.
- There have been exceptional issues that have been addressed as they have been notified eg.) typhoid, Q fever, lead poisoning, Poole Bay oil spill.

# Programme progress - Joint Strategic Needs Assessment

Lead: Natasha Morris, Team Leader Intelligence

## Key objectives

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

## Programme progress

- The JSNA website content has been reviewed and redesigned in-line with wider PHD website design, ready to implement.
- The first 'blog style' JSNA narrative was published looking at Census health data. A forward plan for posts is being developed.
- The focus for the community mental health panel has been agreed, and workshops are being planned.
- Engagement sessions around the JSNA have begun in preparation for updating the annual narratives in the summer.

# Programme progress – Evidence-based innovation and policy development

Programme lead: Rachel Partridge, Deputy Director of Public Health

## Key objectives

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

## Programme progress

- Air Quality Toolkit for schools in BCP launched.
- Two projects being started with the Active Travel teams at BCP & Dorset Council, including match funding for a successful DFT bid, to support use of new infrastructure using behaviour change approaches to address barriers to active travel.
- Green Heart Parks and associated work on improving access to greenspace presented at the BCP Health and Wellbeing Board. Very positive engagement and follow up with key stakeholders.
- Participating in Green Heart Parks steering group to support activity to provide public health input on how project implementation can enhance health and wellbeing.

# Public Health Functions Update

## Communications

Lucy Mears, Communications Manager

- Implemented Public Health Dorset brand refresh to align with our role in both local authorities with an update of brand colours and the addition of a strapline. This has been rolled out on all of our internal and public facing platforms. The design was updated in-house so this has been done at zero cost.
- Supported the relaunch of the NHS Health Checks service, by raising awareness about what a Health Check is and why it's important. The next stage will be to support the new LiveWell Dorset offer and targeted work in areas with greatest need, working with community partners.
- Delivered a multi-channel campaign called 'RUOK?' to raise awareness of where children and young people can go to get support for their mental health, and what to do if they are worried about a friend. We engaged community and system partners to share a graphic for young people and their families to save so information is always to hand. An advertising campaign is running on YouTube, Snapchat and Instagram until mid April and is targeting young people living in Dorset.

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## Intelligence

Natasha Morris, Intelligence Team Leader

- The team has completed PowerBI training and are using this to create new work and beginning to transfer projects from Tableau. The business plan progress dashboard has been developed, as well as internal performance dashboards for LiveWell Dorset and the Drugs and Alcohol programme.

# Public Health Functions Update

## Localities

Chris Ricketts, Head of Programmes

Supporting public health through work with primary care:

- Supporting PCNs with Population Health Management and their use of DiiS – e.g. increasing people registering as carers and subsequent support offer.
- Supporting links between LWD and PCNs, in some cases seeking venues for face-to-face work.
- Facilitating TV screens in some GP Practice waiting rooms. Following up with the roll out of communication campaigns e.g. bowel cancer screening and information linked to increases in the cost of living.
- Support for Primary Care Networks in their use of Health Inequalities monies.
- Commissioned Altogether Better to review work on the Collaborative Practice project post-pandemic

Supporting public health through work with Local Authorities:

- Leadership and involvement in food security networks.
- Facilitating affordable food options 'pop up larders' in rural communities
- Facilitating single point of access to Citizen's Advice for people accessing food projects in Dorset
- Exploration of LA engagement with Community Conversations project – initial focus on ageing well in BCP.
- Supporting both LAs with partnership work in response to cost of living crisis.
- Support for active travel plan consultations as part of the Transforming Cities Fund initiative.
- Supporting local schools that engaged in the workshop on better managing vaping amongst pupils.

Our focus on community support for the wellbeing of vulnerable groups and in response to the rises in cost of living:

- Working with community partners to support the welfare and health needs of asylum seekers placed in hotels in BCP.

Supporting Public Health Dorset programmes:

- Support for the re-procurement of the NHS Health Checks programme, by engaging with community providers across localities.
- Work with public health nursing service on options for extending access to the Healthy Start vitamins programme.

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