

Public Health

2019/20 Business Plan Monitoring Report

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Year: April 2019 - March 2020

JPHB meeting date: November 2019



RAG Status

Red - Serious challenge, remedial action required, out of tolerance
Amber - Some challenges, mitigating action in place, within tolerance
Green - On target
Blue - Complete
Black - Cancelled
White - Not started

Trend Status

↓ Decrease in performance
→ No change in performance
↑ Increase in performance

Reference	Key activity/action	Performance Measure and Target	Senior Responsible Officer	Previous RAG Status	Current RAG Status and Trend	Progress Update	Annual Activity/Action Outcome
1. Prevention at Scale Projects							
1.1. Starting Well							
1.1.1	Develop an effective, single 0-5 years offer / Early Help offer	Earlier identification and consistent intervention(s) for children with speech and language delay. Improvements in School Readiness. Successful implementation of the new service specification. Maintain high quality and timely delivery of mandated checks for CYP. Improvement in key PH outcomes for CYP and their families.	Jo Wilson (Multi agency partners)	→	↑	CYP PHS Service awarded to Dorset HealthCare contract start date 1st October. Mobilisation plan on track to phase in developments specifically: Digital, Workforce, Intelligence, Operating Models and Communications Plans.	
1.1.2	Embed behaviour change and lifestyle support through LWD digital in maternity care pathways	Reduction in smoking – measure by SATOD Outcomes and measurements agreed. Improved health and wellbeing outcomes for parents and infant(s). Understand and present impact of motivational interviewing training to influence wider workforce development plans.	Jo Wilson	→	↑	Smoking in Pregnancy Lead midwife in post to lead on local Quality Improvement projects including; Baby Clear training, developing Midwifery Support Worker roles, Risk Perception techniques, CO monitoring and NRT for partners	
1.1.3	Monitor and evaluate whole school approaches to health and wellbeing	Children and young people are more physically active. Improve children and young people's emotional and mental health. Make recommendations on Participatory Budgeting for future H&WB programmes. Schools have improved skills to evaluate H&WB projects and impacts. Children and young people are more physically active.	Jo Wilson	↑	→	Schools implementing WSA projects as per funding agreements. Early success/case studies available. Plans to build scale. Evaluation of the project process being undertaken to understand methodology. Capacity building workshops on evaluation methodology with schools.	
1.1.4	Build community capacity through training to support children and young people THRIVE	Improved confidence in Early Help / schools staff Young people have timely and appropriate access to Counselling. Reduce inappropriate referrals to CAMHS.	Vicky Abbott	↑	→	Over 350 staff have been trained in MHFA Youth. PHD working to secure a sustainable training offer working with a local education provider. Public Health Dorset are leading a task and finish group on counselling services for children and young people. Questionnaire for schools drafted and to be circulated in Nov to understand need and provision.	
1.1.5	Improve childhood immunisations uptake	Reduce variation in childhood immunisations with a focus on MMR 2dose.	Michelle Smith & PHE Screening and Imms team.	→	→	Oct 2019: Updated SRO. Shore Medical Primary Care Network selected MMR as CCLIP area of focus. Working closely with them and PHE to understand issues that create variation and share good practice to improve rates.	

1.2 Living Well							
1.2.1	Develop and integrate a consistent prevention offer and systematic signposting to LiveWell Dorset from secondary care organisations	Increase in people accessing LiveWell Dorset from secondary care	Stuart Burley/sophia callaghan	→	↑	Individuals from secondary care activating LWD pathways has increased by 154% year to date, compared with 2018/19	
1.2.2	Develop and implement co-ordinated health and wellbeing plans within health and care system	<p>To have a single approach across Dorset with organisations signed up to wellbeing plans as a system.</p> <p>To ensure staff from each organisation each part of the system is trained as MECC and MHFA tutors.</p> <p>To establish a sustainable local skills development programme.</p> <p>To ensure each organisation has access to a single wellbeing skills development offer on their intranet for staff including LWD</p> <p>To increase numbers of referrals into skills training and lifestyle coaching services.</p> <p>To increase awareness and access to behaviour change support for lifestyle change.</p> <p>Work with health and care organisations to start to evaluate impact of programmes.</p>	Sophia Callaghan	→	↑	<p>system organisations all signed up with plans in place, some have completed plans and are refreshing for year 2, 24 MECC tutors and 11 MHFA tutors (12 more in January 2020), a few in each system organisation so tutors are at scale, tutors are starting to deliver and MHFA lite running december to enable shorter courses to run, skills network developing and needs further shaping, intranet offer available on each organisation but needs updating by LWD comms, awareness and access numbers increasing to skills training approx 50 engagement events across organisations and about 800 staff trained, primary care offer for staff taking shape and being piloted by south coast, evaluation framework in place further work to engage organisations planned this year in terms of cultural change audits as one example</p>	
1.2.3	Work with the ICS to implement coordinated staff health and wellbeing provision in organisational development plans	<p>Increase in LiveWell Dorset health and wellbeing training sessions delivered to key health and care workforces.</p> <p>Increase in people accessing health and wellbeing support.</p> <p>Increase in people accessing LiveWell Dorset.</p>	Sophia Callaghan/ Stuart Burley	→	→	<p>57 health and wellbeing training sessions delivered to date, in line with target. The majority of courses were '5 ways to wellbeing' and 'managing stress and building resilience' to health and social care organisations.</p> <p>Working with ICS our Dorset workforce hub to embed prevention in organisational plans as part of retention strategies, gathering insight work to inform planning, working with AHP committee to skill up all AHP in MECC and behaviour change skills, baseline questionnaire being collated to assess current skills/knowledge /awareness. Engaging HRDs to continue to embed prevention within ICS task groups</p>	
1.2.4	Continue to encourage and develop a culture of prevention in primary care	Increase in people accessing LiveWell Dorset from primary care.	Stuart Burley	→	↑	Compared with the previous full financial year 2017/18, we have recorded a 32% increase in primary care referrals. 2019/20 is likely to increase again.	

1.2.5	Develop a stronger and more integrated LiveWell Dorset locality prevention offer	Demonstrable network of community health and wellbeing providers working in partnership. Increase in referrals between LiveWell Dorset and other health and wellbeing providers. Increased informal LiveWell Dorset locality 'workforce'.	Stuart Burley	→	→	Work ongoing to support the developing PCN offers. Exploring partnership working potential with Help & Care and Social Prescribing services	
1.2.6	Development of digital behaviour change support and integration across the system	Increase in people accessing LiveWell Dorset. Increase in people using digital self-support. Increase in the engagement with the digital platform across the ICS.	Stuart Burley	→	↑	LWD digital platform has increased user traffic, averaging approx 8,000-12,000 visit per month. Digital engagement now accounts for more than 80% of first contacts with the service	
1.2.7	Work with the private sector to develop and roll-out sustainable health and wellbeing provision to large employers	Increase in people accessing LiveWell Dorset.	Stuart Burley	→	↑	Viable commercial LWD service offers scoped, developed and now delivered to more than 10 individual businesses in the last 2 months.	
1.2.8	Embed consistent prevention and behaviour change support in the new NHS Health Check provision	Increase in people accessing LiveWell Dorset following a Health Check.	Stuart Burley/ Susan McAdie	→	→	Numbers accessing LWD following a Health check remain similar to last year but show a slight increase with 155 people reporting referral via an NHS health check. A new Health Check contract is in place and uptake remains fairly low during mobilisation.	
1.2.9	Support the development, roll-out and evaluation of the Dorset Optimal Lung Cancer Pathway pilot	Increase in number of people identified in respiratory clinics and taking up stop-smoking support from LiveWell Dorset. Build evidence of an evaluation of a new pathway.	Stuart Burley/ Lauren Bishop	→	→	Pilot initiated but low numbers of smokers identified has led to limited uptake. Pilot extended to gather insight.	
1.3. Ageing Well							
1.3.1	Implement the plan to promote Active Ageing	Increase in 55-65-year olds registering with LiveWell on a Physical Activity pathway (Active Ageing Programme).	Rachel Partridge	↑	↑	Good progress has been made in recruitment of staff, allocating areas of responsibility for project work across the Active Ageing (AA) staff team. As capacity in the team has increased contacts and development of locality based work have been progressing well, with wellbeing events and other initiatives in the planning stage for 3 locality areas. The AA project officer based at LiveWell Dorset (LWD) has identified some key areas for system change at LWD in the physical activity pathway, and an improvement plan has been created.	
1.3.2	Embed lifestyle support in pathway scoping and prioritising potential opportunities as part of transforming outpatients	Increase numbers accessing LiveWell Dorset. Reduce the number of unnecessary outpatient appointments.	Jane Horne			Oct 2019: OP transformation programme submitted 2 bids for transformation funding - potential through intelligent automation to connect LiveWell and lifestyle support. Ongoing planning and scoping	
1.3.3	Support the implementation of the Dorset ICS Falls Plan	Increase access to activity and nutrition information reducing the risk of falling.	Jane Horne			Oct 2019: CCG Programme lead working across the system to understand system issues and ensure proposed solutions are aligned as part of JSNA process.	

1.3.4	Connect the National Diabetes Prevention Programme more effectively with LiveWell Dorset	Numbers connecting with LWD as a result of the programme. Anecdotal/story e.g. what has happened in a locality or how connected into LWD.	Jane Horne	↑	→	Oct 2019: NHSE referral cap increased as local programme going well. Four PCNs focusing on this topic. Still issues with attracting and retaining younger people in the programme (av. age >65). area. Good links established with LiveWell Dorset and Active Dorset, and this has been highlighted in prospectus as key for any new provider. Procurement in progress - currently evaluating 5 bids. Contract award due December.	
1.4. Healthy Places							
1.4.1	Build capacity to address inequalities in access to greenspace	Enhance access to greenspace for communities less able to enjoy greenspace. Number and impact of projects delivered.	Rachel Partridge	→	→	Pan Dorset accessible greenspace database and walkable network created in partnership with University of Exeter to identify inequalities in physical access to greenspace. Greenspace accessibility enhancement projects underway with Local Authority Partners. Project reports and outputs due January 2019. Follow up work on key groups and Communities identified to continue into 2019/20.	
1.4.2	Improve poor quality housing (Healthy Homes Dorset)	Number of clients (which includes those accessing other services): advice, referrals to other services, income maximisation, etc). Number of heating/insulation measures installed.	Rachel Partridge/ Jon Bird	→	→	To date, the Healthy Homes programme has delivered the following: Phase 2 (current phase): From January 2017 to September 2019, the service has received 3167 enquiries from 1741 individual clients, of whom 1322 reported a health condition exacerbated by living in a cold home, the majority of which were cardiovascular and respiratory conditions. 333 homes have been improved, and 159 households received a home visit. The current contract is due to finish in March 2020. Discussions are in progress to discuss how to best embed Healthy Homes Dorset for the future.	
1.4.3	Implementation of a Pan Dorset air quality network	Influence policy and actions to be taken by Local Authorities.	Rachel Partridge	→	→	The network has been established. The next element of this piece of work is to engage and review the expectations of this network in discussion with Environmental Health Officers from the two Local Authorities.	

1.4.4	Support and promote active travel with Local Authority teams	Improve walking and cycling infrastructure. Increase in the number of individuals walking and cycling.	Rachel Partridge	→	↑	New joint funded officer in post from August 2019 to work on the Cycling and walking infrastructure plans. Particularly focussing on the East Dorset area to connect with the Transforming Cities funding application. Taken part in a BCP workshop on how to develop the thinking around travel in BCP.	
1.4.5	Embed planning for health and wellbeing across spatial planning system	Strengthen connections between health and planning systems and identify priorities for future collaboration. Local planning policy influenced (and its implementation) to promote population health and wellbeing.	Rachel Partridge	→	→	Working with Locality Link Workers on planning applications. Working with the planning teams in BCP and DC on the development of the two new Local Plans.	
1.4.6	Support responsible authorities in the licensing process	Ensure that licensing policy and applications consider the health and wellbeing of the local communities.	Rachel Partridge/ Rob Spencer		→	Ongoing work with colleagues from Licensing teams re development of the SOLP and any potential input from PHD into the two new Local Plans. FW attended PMT to explore current thinking around the role of Public Health and licensing October 2019.	
1.4.7	Implementation of 'Beat the Street' project in W&P and Poole and Purbeck.	Reduce physical inactivity in adults and children.	Rachel Partridge/Bianca Porter		→	The draft 12 month end of project evaluation report has been received from Intelligent Health in October 2019. Need to identify key lessons learnt and any potential next steps. Need to disseminate the final results with partners via the two Health and Wellbeing Boards.	
1.5. Locality Working							
1.5.1	Support commissioned services and PAS projects (Healthy Homes, CHIS, Collaborative practice, Access to natural environments, Active Ageing, Whole school approach and daily mile)	Ensure PAS projects are hitting the ground and reaching scale.	Chris Ricketts/Locality Link Workers	→	→	Support/promotion of PAS projects across localities. Involvement in planning for sustainability of key projects (Collaborative Practices, Health Homes) beyond funded period.	
1.5.2	Connect with the Screening and Immunisation team to address variation in uptake	To address priority areas highlighted on locality profile e.g. variation in MMR vaccination rates.	Chris Ricketts/Locality Link Workers/ Michelle Smith	→	→	Cross reference 1.1.5 above	
1.5.3	Increase awareness of LiveWell services across the locality and supporting the referral pathways	Increase awareness and quality of referrals to LiveWell to address priority areas highlighted by the Locality Profiles e.g. Emergency Hospital Admissions for Heart Disease. Increase the number of referrals into the LWD service. Increase in physical activity service offers.	Chris Ricketts/Locality Link Workers	→	→	Ongoing promotion of the LWD service across PCNs and in localities more generally. Particular focus on 'contact my patient' signposting mechanism.	
1.5.4	Ensure health and well-being of populations is actively considered through the planning process	Improve access to healthy and health promoting environments	Chris Ricketts/Locality Link Workers	→	↑	We have developed a systematic approach to providing public health advice on all planning applications of more than 100 dwellings. Further work to do on emerging local plans.	
1.5.5	Work with the locality's Population Health Management team to develop better prevention activities around: •Diabetes in Bournemouth East •EOPD in Weymouth •Frailty in North Dorset	Improve health outcomes for the priority areas identified Establish links with key PAS projects, such as LWD.	Chris Ricketts/ Jack Blankley/ Laura Evertt-Coles/ Fiona Johnson	→	→	Wave 1 PHM projects complete. Wave 2 commenced Sep 2019 with 4 PCNs. PHD Locality Link Workers supporting workshops and discussion with PCN Boards re priorities	

2. Commissioning and Services									
2.1. Commissioning Intentions									
2.1.1	Mobilisation of the CYP Public Health Service	Ensure the successful transfer and set up of the new service. Ensure planning and the start of the delivery of transformation within the service.	Jo Wilson	→	↑	CYP PHS Service awarded to Dorset HealthCare contract start date 1st October. Mobilisation plan on track to phase in developments specifically: Digital, Workforce, Intelligence, Operating Models and Communications Plans.			
2.1.2	Sexual Health procurement	Ensure an effective, efficient and integrated service is implemented.	Sophia Callaghan	→	→	July JPHB agreed procurement milestones, moved back to 25th November start as NHSE have come in as an integrated specification, collaborative agreement signed and agreed, new contract length 4+2 agreed, tender documentation final drafts done and with NHSE for HIV section completion, PHD task group to be selected at SMT and give final proof read, subject to final approval we are on track to go out to tender following Purdah			
2.1.3	Re-design Residential Detox and Residential Rehabilitation Service	Ensure a sustainable solution to reduce cost and manage spend.	Will Haydock	→	↓	The initial deadline for this has passed without all necessary documentation/processes being completed. While the BCP framework can be used for residential rehabilitation, a separate process needs to be developed and signed off for residential detoxification.			
2.1.4	Review/Re-procurement of the supplier of needle exchange equipment	Ensure a compliant, effective and cost-efficient option is implemented	Will Haydock		→	This is being taken forward by BCP Drug and Alcohol Commissioning Team on behalf of the two authorities.			
2.1.5	Refresh Halo System	Ensure an effective data management solution.	Will Haydock		↑	Agreement has been secured to extend the current arrangement but conduct a full procurement over a full 12 month period.			
2.2. Contract Management									
2.2.1	Health Checks Service	Identify individuals at high risk of developing heart or circulation problems in the next 10 years. Increase in referrals to LWD.	Sophia Callaghan	→	↑	new AQP framework in place, higher level management has supported GP (75) and pharmacy (8) to sign up for health checks, some issues with training and equipment access has slowed mobilisation, one pharmacy yet to sign T&Cs, a comms campaign took place in September to support uptake, 659 more checks than last year, at Q2 so moving in the right direction.			

2.2.2	Dorset Integrated Substance Misuse Services, Prescribing and Psychosocial support	Improving engagement rates in Bournemouth (more reach – more people in treatment services) and maintaining performance (successful completion rates) in Dorset and Poole	Will Haydock	↑	↓	Although the review of opiate treatment has been completed and engagement rates have improved substantially in Bournemouth, this is placing unsustainable pressures on the provider in BCP. Urgent action is required to ensure that provision is safe and sustainable. Discussions are ongoing with AWP (the provider) and PHE to develop a plan to address this.				
2.2.3	Smoke stop service	Increased numbers accessing the service and successfully quitting smoking.	Stuart Burley	→	↑	Similar numbers of individuals are accessing new smoking cessation services in 2019/20 but quit rates have increased substantially to 59%				
2.2.4	Emergency Hormonal Contraception (EHC) and Long Acting Reversible Contraception (LARC) Services	Reduce U18 conception and chlamydia rates. Improve access and awareness of EHC services. Numbers receiving EHC. Improve access to LARC services. Numbers receiving LARC.	Sophia Callaghan	→	→	EHC - 120 out of 148 pharmacy signed up = 77% and an increase from last year (114), and 4 GP practices with additional EHC services , no “official” provision in Blandford. full year 2018.19 6022 people supplied with EHC and more activity in areas of higher need LARC provision 18/19 3588 procedures with 1858 LARC procedures in Q1, 59 practices signed up – if we are saying there are 90 practices pan-Dorset then 66% sign up				
2.2.5	Needle Exchange Service	Reduce the need for people who inject drugs to share non-sterile equipment. Number of packs issued. Encourage people who inject drugs to return used equipment for safe disposal. Number of returns received.	Will Haydock		→	Needle exchange performance and spend is on track and within budget.				
2.2.6	Supervised consumption service	Reduce the risk to local communities of: Overuse or under use of medicines. Diversion of prescribed medicines onto the illicit drugs market. Accidental exposure to the dispensed medication. Prevent abuse or inadvertent overdosing. Provide an accessible service. Provide Service Users with regular contact with healthcare professionals and to help them access further advice or assistance. Number of medicines administered.	Will Haydock		→	Due to increasing numbers of people accessing opioid substitution treatment in Bournemouth (a positive and planned development) there is pressure on the budget for supervised consumption. This can be managed for 2019-20 and there are mitigating actions being developed for 2020-21: reviewing supervision requirements and an expected reduction in the number of new entries to treatment as previously unmet demand is resolved.				
2.2.7	CYP Public Health Service	Ensure the provider is deliver the KPI's and outcomes set out in the contract: At least 95% uptake of all mandated and preschool health assessment. NCMP - 100% schools engaged, records updated, and parents contacted. Number of parental referrals to LiveWell. Maintain or reduce mothers who smoke at time of delivery. Increase in smoke free homes. Improved child and parental mental health. Increased children physical activity levels. At least 80% of children who are identified as not having a good level of development at 3-31/2 are ready for school at 4-5 years.	Jo Wilson	→	↑	CYP PHS Service awarded to Dorset HealthCare contract start date 1st October. Mobilisation plan on track to phase in developments specifically: Digital, Workforce, Intelligence, Operating Models and Communications Plans.				

2.2.8	Integrated Sexual Health Service	An effective integrated service working collaboratively across the system. Increase in partner notification. Increase in confidence around sexual health. Increase Chlamydia positive results. Reduce attendance of frequent flyers. Increase new attendances.	Sophia Callaghan	→	↑	Significant progress in joint work and relationship building across providers over the last year with system wide agreements at executive level and change is developing at pace. A single phone line and more interactive website is in place, with better support, information and easy access to services, on line testing is being improved and a pilot took place for 6 months to gauge activity, and training programmes are running to ensure a quality skill mix for staff. The outreach model is much stronger and more flexible in approach. A hub and spoke model with improved triage has streamlined services to manage capacity of both staff and clinics more effectively and ensures that the needs of patients are met first time, and are efficient with people seeing the right professional first time. single clinical lead in place and dual training increasing, community premises agreed for January move, staff now covering more Dorset wide				
2.2.9	Residential Detox and Residential Rehabilitation Service	Number of service users supported.	Will Haydock		↑	Current use of these services is broadly in line with expectations and budgets, in contrast with 2018-19 when residential detoxification was overspent in Bournemouth.				
2.2.10	Weight Management service	Numbers accessing the service and successfully losing 5% of their weight	Stuart Burley	→	↑	Overall increase in numbers accessing service. Success rates at end of intervention have increased from 65% to 70%.				
2.2.11	Health Checks Invitations	Improve invitation dissemination and response.	Susan McAldie	→		Analysis of Q1, 2 and 3 data to understand how individuals accessing NHS Health Check 'heard about' from submitted data from Providers to occur end of December 2019 with a comms strategy to be developed for next financial year January 2020				
2.2.12	Collaborative Practice	For 2nd Cohort: Number of practices engaged across B, P and D and participated in leadership programme. Number of practice champions. For 1st Cohort: Above and number of activities set up, number of people engaged, number of results/ outcomes from activities.	Nicky Cleave/ Susan McAldie	→		27 GP practices have completed their Leadership Programme and all but 2 practices have recruited their Practice Health Champions. Contract ceases December 2019 with 2 Communities of Practice supported Jan-Mar 2020. Evaluation report expected March 2020. Practice Health Champions have acknowledged that they wish to connect pan Dorset to share learning, to promote each others groups and to support each other-this will be in the form of a closed Facebook page, local CP networking and pan Dorset CP gathering, Chairs of PHC may meet quarterly to discuss fundraising and common issues.				

2.2.13	Encourage workforce wellbeing in contracts we manage	To ensure providers are promoting staff well-being and staff are of good emotional and physical health.	Sophia Callaghan	↓	→	Specific wellbeing expectations developed in new sexual health service specification. New terms of reference being developed for all contracts to encourage more focus in all of our providers.				
2.3. Services - LiveWell Dorset										
2.3.1	Increase the scale of behaviour change support	Increase the number of people accessing behaviour change support to >10k per annum Raise the awareness of the LWD service and help people understand what the service does. Improve awareness of the use of brief intervention within the LWD pathways and upskill professionals/ partners to be able to undertake a brief intervention.	Stuart Burley	↑	↑	Year to date (April – September) there has been 3,554 individuals access LiveWell Dorset support. This is a 43% increase on the same period the previous year and is almost on track to meet the ambitious target of 10,000 for the full financial year.				
2.3.2	Ensure behaviour change support is reaching the right people in the right communities	Increase the number of people accessing LiveWell Dorset from deprived communities and maintain >25% Increase the number of men accessing LiveWell Dorset to >25%	Stuart Burley	→	↑	There is an increase in engagement of people living in the areas of highest need with 26% of service users living in the 20% most deprived communities, above the target of 25%. However, the proportion of men (a less well represented group) is below the 25% target at 22%.				
2.3.3	Increase the impact of behaviour change support to improve outcomes for individuals	Increase in the number of people sustaining positive behaviour change across each pathway: >75% at 3, 6, 12 months	Stuart Burley	↑	↑	Year to date (April – September) there has been 615, 494, 64 individuals reported at 3, 6, and 12 months respectively who have sustained positive behaviour change. This is an overall increase of 35% on the same period the previous year.				
3. Enabling Services										
3.1. Communications										
3.1.1	Raise the awareness of Public Health within the newly reformed Councils	Ensure members and stakeholders are introduced to and aware of the work of Public Health Dorset.	Kirsty Hillier	→	↑	We took part in member induction sessions and produced material that was shared at events and electronically with all councillors. We have a another induction session in planning stages. We recruited another communications officer who is based 2/3 at BCP Council and existing comms officer is based between Princes House and County Hall.				
3.1.2	To map stakeholders and communications plan. To take different projects/services and produce a range of materials. To ensure projects build in communications and evaluation at the start. To use case studies and tell stories from contract management information - ensure contract managers identify appropriate case studies - develop a template for contracts to give to providers - link with C&C group to influence and embed the process - challenge/explore whether communications case studies are included in specifications. To communicate the Business Plan evaluation.	Partners are aware of our work and successes. PHD profile is being raised	Kirsty Hillier	→	→	Communications forward plan has been developed and implemented. We have mapped stakeholders across the system but this is an iterative process and constantly changing.				

3.1.3	Explore the 'Our Dorset'/PAS brand as being shared by partners	Encourage ownership and use of the 'prevention' role and brand by partners to promote prevention as everybody's business.	Kirsty Hillier	→	→	Prevention at scale has a strong prominence in the next version of the Our Dorset plan. The Our Dorset website is being redeveloped to align with the new plan and to cover more prevention activity.	
3.1.4	Amplify PHE campaigns locally and run priority campaigns across the department	Raise awareness in Dorset of services and/or key messages around Public Health topics that will improve or protect the populations health.	Kirsty Hillier	↑	↑	Several successful campaigns have been run including Every Mind Matters, Cervical Screening, Tick Awareness, Stoptober, Change for Life 10 minute shake-ups	
3.1.5	Continue to develop multimedia channels	Improved profile and presence of Public Health Work with stakeholders and the public.	Kirsty Hillier	→	↑	Our social media following has risen to over 3500 followers on Twitter and over 1100 on Facebook. We are making more use of video and have created several very successful case studies including one used at the recent food poverty conference and another highlighting the benefits and process of having an NHS health check	
3.1.6	Ensure Public Health Dorset correspondences use less jargon and more meaningful statements for 1) internal team 2) external partners and 3) Joe public	More accessible and receptive correspondences being received by our stakeholders.	Kirsty Hillier	→	→	Some progress has been made which can be seen in the material being issued to people about NHS health checks. We need to take the same approach with our other services and contracts.	
3.1.7	Improve internal communications between team members	Team members feel informed and they have sufficient information to do their job properly! Improved communication between PH projects and locality workers and wider team members. Enabling greater cascade of project information and engagement in the communities and with stakeholders	Kirsty Hillier	→	↑	Recent staff survey results show that internal communications has been improved with a revamp of our internal intranet The Wall and training for the team in appropriate use of emails. We are now developing an internal communications strategy for the service and looking to integrate more with LiveWell Dorset.	
3.1.8	Improve co-ordination of communications across the ICS	Improve relationships and ensure comms messages are effectively shared across the system.	Kirsty Hillier	↑	↑	Communications manager for Public Health Dorset has been seconded to the ICS as a head of communications. This is driving collaboration forwards and making sure comms teams across the system are working together. Next steps is to create a system wide communications forward plan that we can all sign up to and implement as a group.	
3.1.9	Network with the internal team and external stakeholders (incl. LA and acute trusts) to spread the awareness and success of the LiveWell Dorset service	Internal and external partners are aware of LiveWell Dorset's work and successes. LiveWell Dorset profile is being raised and increased confidence and engagement with the service. Raise the profile of LiveWell as a brand as well as a service. To enable other relevant PHD work to feature under LiveWell and enable greater awareness and profile.	Matt Fisher				
3.2 Organisational Development							
3.2.1	Support cultural change	PHD are leading by example for staff wellbeing and staff feel wellbeing has improved. Business plan annual cycle implemented and working efficiently. Shared on the Wall for all to see. Staff are informed and supported through structure changes. Office areas are being used by teams and providing a conducive environment to the work being carried out.	Barbara O'Reilly	→	↑	Significant progress has been made to support change through activities, engagement and communications across the team, this will be continuous. KH developed 'one pager' business plan following PMT meetings to ensure no areas of the business plan are missed from people's workplan.	

3.2.2	Recruit and retain high quality staff and maximise staff engagement	Staff actively engaged in team meetings and away days. Positive staff feedback regarding engagement events. Improvements made based on staff feedback. Year on year improvements in staff survey results. Improved internal communications, where staff feel they are informed and have access to relevant information to them. LWD accessing and engaged with wider team internal communications	Barbara O'Reilly	→	→	Improvements are being made which is demonstrated through the Staff Survey results, however, this continues to be work in progress. Internal comms plan is in development with links to PHD and DC themes.	
3.2.3	Support staff health and well-being	Improve staff health and wellbeing. Staff feel supported through work to look after their health and well-being. PHD are practising what we preach!	Barbara O'Reilly	→	↑	Real progress has been made with an increasing range of activities and support on offer. Information is being shared on 'The Wall' to support all staff.	
3.2.4	Build leadership and capability	CPD offer delivered and valued and helpful for staff. New CPD needs identified through PDR needs assessment. Improvements in the use of CCC in the team. Handbook and guidance being followed and working effectively and efficiently to meet team needs. Monitoring process of training budget developed and implemented.	Amy Lloyd/Jo Tibbles	→		The person leading on this work has recently left for another role and we are actively recruiting a replacement.	
3.2.5	Align individual performance with business and development planning	Staff feel involved and are aware of PHD business strategy/vision. Staff have an annual work plan to include objectives within the PDR process. Meaningful feedback is included in the PDR process and staff value this to take forward. Staff have access to business plan monitoring and outcomes. PH skills are being effectively used	Barbara O'Reilly	→	→	This is work in progress, through PDR's and Mid Year Reviews using the Business Plan to be involved and aware of the PHD business strategy and vision. Staff have access to business plan monitoring and outcomes.	
3.3 Business Support							
3.3.1	To support PAS workstreams and carry out Business as Usual activities	Improved support to workstreams and clarity of roles for business support. Better use of resource and skill mix and efficiencies within the team. Business processes effectively implemented.	Barbara O'Reilly	→	↑	Significance progress in clarity of Business support role and process and timeline in place for reports and reporting to Sytle. Increased support for localities.	
3.4 Public Health Intelligence							
3.4.1	Joint Strategic Needs Assessment (JSNA)	System-wide shared understanding of population health and wellbeing needs. Public Health Contribution to the Dorset Integrated Care System.	Chris Skelly/Vicki Fearne	→	→		
3.4.2	Population Health Modelling	Public Health Contribution to the Dorset Integrated Care System.	Chris Skelly	→	→		
3.4.3	Facilitated Problem Solving to help clients understand and articulate what change they are trying to effect	Problem solving offer to our clients.	Natasha Morris	→	→	Workshop process developed and implemented as part of JSNA process.	
3.4.4	Programme Evaluation	Public Health Contribution to the Dorset Integrated Care System.	Susan McAdie				
3.4.5	Health Systems	Support services.	Hayley Haynes/ Daryl Houghton/ Steph Farr	→	↑	CHIS performance monitoring dashboards up and running. Intelligence input into new sexual health scorecards. Substance misuse contract dashboards continue. Dashboards also informing JPHB meetings.	

3.4.6	Healthy Places Research	Support for Healthy Places Programme.	Rupert Lloyd	→	→	Pan Dorset greenspace accessibility analysis tableau published. Year two monitoring report for Stepping into Nature Programme published and support provided for continuation funding bid.	
3.4.7	Cardiff Model	Improve data quality and use data to inform practice.	Rob Spencer/Hayley Haynes	→	→	Meeting planned with ED partners in December to discuss data quality and submissions going forward.	