



Joint Public Health Board Business plan update 18 November 2021

For Recommendation to Council

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health, Dorset Council

Cllr M Iyengar, Tourism and Active Health, Bournemouth,

Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Author: Sam Crowe, Sarah Longdon

Title: Director of Public Health, Head of Service Planning

Tel: 01305 224400

Email: sam.crowe@dorsetcouncil.gov.uk;

sarah.longdon@dorsetcouncil.gov.uk

Report Status: Public

Recommendation: The board is asked to support the decision to pause development of a business plan for 21-22 due to delays because of ongoing COVID-19 response work, and the wider changes to the public health system and Integrated Care System.

Reason for Recommendation: To ensure sufficient time for the development of a meaningful business plan, Public Health Dorset is pausing work on the 21-22 plan, aiming instead for a final plan to be published for 22-23. This will provide more clarity on ongoing responsibilities around COVID-19 and local outbreak management plans, and ensure we understand new responsibilities under the national changes to the public health system, and local Integrated Care System.

1. Executive Summary

The Joint Public Health Board approved a high-level business plan in May 2021. This set out four programmes of work:

- a) COVID-19 outbreak management and response;
- b) Wider System working (prevention and inequalities with Integrated Care System);
- c) Public health programmes;

d) Our organisation.

At the time a commitment was made to produce a regular monitoring report on programmes with the next level of detail. Since that time, COVID-19 has continued to mean the public health team has struggled to get back to business as usual. In addition, wider public health system reform, and the development of Integrated Care Systems for April 2022 has meant a lack of clarity about priorities and ongoing responsibilities.

We are seeking agreement of the Joint Public Health Board to pause the 21-22 business plan, and instead work on a full business plan for financial year 22-23. This will allow sufficient time to complete recruitment to vacant posts, identify and agree new priorities in line with national and local system reform, and align capacity on agreed work programmes to ensure a balance between ongoing COVID-19 and business as usual public health work.

This should not affect delivery of public health COVID-19 response work, or public health programmes delivered by services commissioned from the public health Grant. However, it does mean that our wider system working will be delayed while the future requirements become clearer.

In addition, the team is continuing its work on transforming our organisation, through implementing the redesign and new contracts, the Dorset workplace, and completing work on our internal business planning processes.

2. Financial Implications

No direct financial implications arise from this report.

3. Climate implications

N/A

4. Other Implications

N/A

5. Risk Assessment

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

Current Risk: LOW Residual Risk: LOW

6. Equalities Impact Assessment

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

7. Appendices

None.

8. Background Papers

None. However board members are encouraged to view this report alongside the Director's update for November, which will contain the wider context around national public health system reform, and Integrated Care Systems.

Background

This short report provides an update on the development of the 21-22 business plan, and the process we are going through to develop the 22-23 business plan for Public Health Dorset.

1 2021-2022 Business plan

- 1.1 The JPHB received a high level business plan for 2021-22 at the May meeting which set out the main programmes of work:
 - a) COVID-19 outbreak management and response;
 - b) Wider System working (prevention and inequalities with Integrated Care System);
 - c) Public health programmes
 - d) Our organisation
- 1.2 The report also contained the wider context of changes to the national public health system, as well as planned changes to the local health and care system through the development of Integrated Care Systems from April 2022. At the time, sufficient detail was lacking to be clear on how this would affect priorities for the team. Since then, there has also been a clear requirement to continue local work on COVID-19 outbreak management and response which has also meant finalising the business plan for 21-22 was difficult.
- 1.3 There was a commitment made to come back to the board with a detailed business plan and monitoring report for the financial year 2021-22. However, because of the ongoing demands of COVID-19 and the lack of clarity over future responsibilities, the recommendation is to pause development of this year's business plan, and instead use development time to focus on getting next year's plan ready.

2 Development of the 2022-2023 business plan

- 2.1 Development of next year's business plan is underway, and the senior team are actively considering current priorities, and the likely priorities arising from the national system reform, including the development of the local integrated care system.
- 2.2 Among the issues being considered are the detail of several funding streams identified by Spending Review 21 that overlap with areas of public health (early years support, weight management, continued NHS funding for Long Term Plan commitments on smoking and alcohol). In addition, the local governance and assurance route for these programmes needs to be clear, e.g. whether they formally are identified as programmes within the ICS.
- 2.3 Further detail is required about the future of the Prevention at Scale programme locally, and how this will be delivered in the new ICS from April 2022. There will be a continued focus on population health management, and a shift to new commissioning models in the ICS. Ensuring the right public health capacity to support these programmes will be a key consideration of the business plan process.

3 Risks and challenges

- 3.1 There is an ongoing risk that we are actively managing around recruitment and retention of members of the public health team. The ongoing uncertainty surrounding public health change, and the ongoing COVID-19 response work is undoubtedly contributing to this. Several people have left the team this year, leaving capacity issues and challenges in recruiting to some key roles. The requirement to continue to provide outbreak management support through our day response team is leading to mental tiredness, and a lack of fulfilment with some people feeling as if they have been drawn away from their core public health work. This is being addressed through recruitment of additional fixed term roles, and redeployment to ensure the COVID-19 work is fairly distributed.
- 3.2 Through the public health team re-design some of these challenges have been resolved by thinking differently about the new structure, and creating new team leader roles to ensure consistency in our support services.

3.3 Having a clearly resourced business plan for 22-23 will also help mitigate the ongoing risk, as the team will be able to see more clearly the priorities and non-COVID public health programmes as the wider system work becomes clearer. There is a very real sense that people are feeling as if they would like to return to core public health work that they value. Giving sufficient time to work on the 22-23 plan, with engagement of the whole team should help with re-energising people and galvanising commitment and purpose.

4 Conclusion and recommendations

4.1 This short paper provides an update on the development of business planning for Public Health Dorset. Board members are asked to support the decision to pause development of a business plan for 21-22 due to delays because of ongoing COVID-19 response work, and the wider changes to the public health system and Integrated Care System. The board is asked to note the progress with developing a clearer, resourced plan for 2022-23, taking into account new Spending Review commitments, public health system reform, and the launch of the local Integrated Care System. A draft of the business plan will be shared with board Members before the next financial year to agree the high level priorities.

Sam Crowe
Director of Public Health