

# Joint Public Health Board Health Improvement Services – Performance Update 30 May 2022

## For Decision

**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

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**Report Status:** Public

### Recommendation:

The Joint Public Health Board is asked to note the performance on health improvement services and children and young people's services, and:

1. Support developing options for the future development of LiveWell Dorset that supports a joined-up approach with Integrated Care system partners;
2. Agree the current approach to restarting the Health Checks programme following the discussion at February Board, noting timescales for re-launching in Spring 2023;
3. Support plans within CYP services to develop a more diverse and flexible workforce that can help address recognised capacity gaps. This includes recommending to the Integrated Care System that they include recruitment and retention of health visitors within system workforce plans.

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

**1. Executive Summary**

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

**2. Financial Implications**

Services considered within this paper are commissioned from the recurrent Public Health Dorset shared service budget. Most of the Health Improvement Services are commissioned through either indicative figures or cost and volume type contractual arrangements.

None of these contracts currently includes any element of incentive or outcome related payment. The contract for the new CYPPHS has a performance-related element linked with outcomes (from October 2019 onwards). Monitoring of performance ensures that we achieve maximum value from these contracts.

**3. Well-being and Health Implications**

The health improvement services covered within this report all have a role in supporting people to stay well, with a good quality of life. Specific implications are set out in the relevant sections.

**4. Climate implications**      N/A

**5. Other Implications**      N/A

**6. Risk Assessment**

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

Current Risk:      LOW  
Residual Risk:      LOW

**7. Equalities Impact Assessment**

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

**8. Appendices**

Appendix 1: LiveWell Dorset, Weight Management and Smoking Cessation performance report

Appendix 2: Community Health Improvement Services performance report

Appendix 3: Children and Young People's Public Health Nursing Services  
(0 – 19 years) data reporting

Appendix 4: Celebrating success and user experience feedback

## 9. Background Papers

Previous Health Improvement performance reports to JPHB, most recent  
[November 2021](#)  
[Health Checks Update to Board, February 2022](#)  
[LiveWell Dorset Service Plan 2021-22](#)

## Health Improvement Services

### 10. LiveWell Dorset (LWD)

- 10.1 LWD is a pan-Dorset health improvement service that supports individuals to make sustainable behaviour changes, which will improve life expectancy and reduce the years spent in ill health. LWD uses behavioural science to deliver advice, coaching and digital support to individuals and organisations.
- 10.2 Activity in 2021/22 increased by 43% compared with the previous year that was greatly impacted by Covid-19. Although the service is becoming much busier again, activity remains 17% lower compared with the last full year prior to pandemic. This is likely to be caused by continued disruptions across the health sector who refer heavily into the service. Support for weight loss and increasing physical activity are the two pathways most frequently delivered, reflecting prevalence of obesity and inactivity, compared with fewer smokers or harmful drinkers.
- 10.3 LWD continues to maintain good engagement in areas of greatest need with 28% of service users coming from the 20% most deprived quintile. Engagement is 36% for BCP, reflecting greater numbers of individuals living in areas of deprivation across BCP compared with DC.
- 10.4 Reach (table 4, appendix 1) measures how effective the service is at engaging individuals with identified risks. LWD is a holistic service, which aims to support people across multiple risk behaviours; Engagement is highest for weight (86%) and smoking (84%), and lowest for alcohol (16%), which has decreased in the last year. Positive impacts and outcomes at

three months remain largely unchanged, ranging from 40% for weight loss and up to 72% for alcohol reduction.

10.5 Every few years LWD re-evaluates the current service needs and identifies the development priorities for the coming years. The service is currently reviewing the 2021/22 plan, [available here](#).

10.6 The LWD service has recently attracted external funding for additional fixed term employees to support core delivery including:

- Outpatient Assessment Centres; Beales (BCP) and South Walks House (DC)
- Rapid access support for individuals with serious mental illness
- Digital health activation
- Dorset Hypertension project, using tech and behavioural support to help individuals lower their risk of high blood pressure

10.7 A key future development is the expansion of health and wellbeing hubs across the pan-Dorset area, building on models of care in the outpatient centres in Beales and South Walks House. LWD is part of a consortium bid to the Dorset Local Enterprise Partnership, which aims to increase LWD capacity and support. The public health business plan sets out a piece of work to scope these developments and present options for the future direction of the service.

## 11. Community Health Improvement (CHIS) Services

11.1 This report provides an overview of the current performance of Community Health Improvement Services (CHIS) provided by GP practices and pharmacies, as well as LWD who support smoking cessation delivery. |

11.2 The CHIS contract process works with providers to understand delivery barriers, keeps up to date public-facing lists for service users, identifies gaps in provision and maximises service accessibility. Monitoring is in place for Long-Acting Reversible Contraception (LARC) and smoking cessation services as issues with capacity and delivery can put pressure on other services e.g. sexual health.

**Commented [SC1]:** what are we saying here about CHIS services - in a simple sentence, are we providing more, less challenges etc?

**Commented [SC2R1]:** this bit is the intro, you can cut out if you like if members know CHIS now - later it has a paragraph on each one, some picking up, drugs and alcohol stuff lower

## NHS Health Checks (NHSHC)

- 11.3 In April 2022 the NHSHC programme re-started across Dorset and BCP council areas, in line with restart expectations from The Office for Health Inequalities and Disparities. To achieve this, the existing service specification extended for 1 year with 28 providers signed up (out of 103 in total) to deliver. Some small changes have been made to simplify the restart, whilst longer term plans are developed. Health Checks will be offered to eligible residents opportunistically instead of through written invitations and providers will no longer be allocated targets.
- 11.4 Development of the programme is taking place through a re-scoping exercise, which is considering the findings of a national review. Insights from people and providers of the check will be used to develop options for future delivery to be considered by the Board. From this, a new service delivery model will be designed ready for delivery in April 2023.

Commented [SC3]: of how many in total?

Commented [SC4R3]: do you mention pharmacy and GP total numbers? about 100 for each id say, difficult one as health checks has been paused... bear with ill check

Commented [SC5R3]: 77 GP providers 26 pharmacy and EDAS we have on the AQP 'with a health checks contract' in place

## Contraceptive services

- 11.5 Public Health Dorset commission 117 pharmacy providers to deliver an Emergency Hormonal Contraceptive (EHC) service. The overall levels of activity for EHC between April 2021 and March 2022 are higher, which is expected following the easing of COVID-19 restrictions. Bournemouth Central and Poole Bay continue to be the highest performing areas for EHC activity,
- 11.6 Public Health Dorset also commission a Long-Acting Reversible Contraceptive (LARC) Service. There are currently 44 active providers of LARC, with a further 5 recently reporting waiting lists, reduced capacity for delivery or provision of a limited service. Three other commissioned practices have confirmed they are unable to deliver the service at this time.
- 11.7 LARC activity in Q4 shows a decrease in all procedures compared to last year. We continue to prioritise our focus on improving access to LARC through working with system partners and regional networks. We support GP practices without provision of LARC services by reiterating the open-access nature of this service, encouraging referrals to other practices, addressing delivery issues and planning future training needs.
- 11.8 In Q3 and Q4 of 2021/22 Bournemouth North and Poole Bay once again completed the highest number of LARC procedures compared with other localities, which has been the trend in previous years. This is likely to be

due to the higher populations of reproductive aged women living in these areas. Those localities with lower levels of activity across each year (namely Mid-Dorset) have fewer providers signed up to deliver the service and lower need.

### **Smoking Cessation**

- 11.9 There are 45 pharmacy and 15 GP practice providers actively delivering this service and we are working with and monitoring an additional 48 (mainly pharmacy) providers to commence delivery. The smoking cessation service delivery model includes virtual support and face to face appointments to provide flexibility and increase accessibility.
- 11.10 Weymouth and Portland Primary Care Network (PCN) continue to see the greatest number of enrolments, followed by Poole Bay and Bournemouth North. The 2021/22 full year data shows a small increase in enrolments each month compared with the same period in the previous year.

### **Needle Exchange and supervised consumption**

- 11.11 There has been a continued fall in needle exchange use since April 2020. Despite trying new initiatives during the pandemic, such as online needle exchange and vending machines in accessible locations, needle exchange interactions continue to fall. To understand this reduction our treatment provider will conduct a consultation exercise with service users during 2022 and a plan will be put in place to promote needle exchange. This is a priority for 2022/23.
- 11.12 Supervised consumption of opiate substitution therapy (OST) such as methadone and buprenorphine has significantly reduced since COVID-19 restrictions were imposed and a proportion of service users moved to less frequent collections. Commissioners and the treatment provider continue to monitor activity and service user outcomes, but do not anticipate that supervised consumption activity will return to that seen prior to the pandemic. The role of pharmacies in offering supervised consumption remains vital however in ensuring safe provision of OST.

## **12. Children and Young People's Public Health Nursing Services (0 – 19 years)**

**Commented [SC6]:** @Nicky Cleave what is the significance of this - are people moving back to street opiates instead, or disengaging with treatment?

- 12.1 Getting a good start in life and throughout childhood, building resilience and getting maximum benefit from education are important markers for good health and wellbeing throughout life. Health visitors and school nurses have a crucial leadership, co-ordination and delivery role within the Healthy Child Programme. They work with key partners to deliver comprehensive services for children, young people and families. The following is a narrative summary of the performance trends detailed in appendix 3:

#### **Key Performance October 2021 – March 2022**

- 12.2 Key performance measures reflect the challenges the service is facing during and following the pandemic, including rising levels of demand, and complexity against declining workforce capacity.
- 12.3 During the period October 2021 – March 2022, teams pan-Dorset prioritised face to face contact with Antenatal and New Birth Visits. 99% of New Birth Visits were delivered by qualified Health Visitors and although some visits were delayed to within 16 days, 98% received a contact within 30 days.
- 8.3 Families with greater need or vulnerability (*Universal Plus* and *Universal Partnership Plus*) were prioritised for face to face delivery of all mandated contacts and early help support, whilst families assessed as *Universal need* received support differently including through digital and/or children's nurses and nursery nurses in the teams.
- 8.4 KPIs and priorities are closely monitored via Dorset HealthCare Trust's Directorate Management Group and through Public Health Dorset's quarterly contract management procedures. KPI's for Antenatal and New Birth visits are currently being monitored monthly and a supportive action was agreed to work together on demand and capacity challenges.

#### **Rising Demand**

- 8.9 The Children and Young People's Public Health Service has seen significant increases in the proportion of families with children under 5 years who need *Universal Partnership Plus* and Statutory support and interventions. This places considerable demand on the service to attend additional Initial Child Protection Conferences (ICPC's), Review Child Protection Conferences (RCPC's) and since the transfer of responsibility to frontline teams for Open Amber cases in July 2020 considerable increases in and rising requests to attend Strategy discussions, particularly in BCP.

8.10 The Joint Public Health Board in February 2022 agreed additional short-term investment to support Safeguarding capacity. It is anticipated this will be achieved through recruitment of additional Band 5 nurses with specific safeguarding skills and by upskilling the current Band 5's workforce in partnership with Bournemouth University. This mitigation will require a minimum of 6 months to see impact on KPI's and available capacity.

### **Staff Capacity**

8.11 The COVID-19 self-isolation regulations impacted on staff absence rates, with pressure during Autumn and early Spring periods. In Quarter 3, there was an average absence for Health Visitors isolating due to Covid of 3.5% with a 5% average sickness rate.

8.12 The Service has experienced increasing whole time equivalent vacancies, currently 15.0 WTE in Health Visiting. Feedback from staff leaving the service notes the rising demand and complexity of families and pressures from holding risk for very vulnerable families where there are emerging gaps in Early Help and Social Care.

8.14 Recruitment challenges are prevalent across the South West region and Dorset Health Care has a Safer Staffing Group, overseeing a dedicated plan around reducing Health Visitor vacancies. The Trust have also introduced several measures to improve recruitment and retention, including an enhanced relocation expenses package for staff.

8.15 Public Health are working closely with the service to consider opportunities for organising work aligned to need and/or communities which would improve both quality and role satisfaction (and retention) by increasing local flexibility (home visits and clinics appointments). Recruiting to a more diverse skill mix would fill existing vacancies with practitioners who can work differently with a focus on priorities and improving outcomes.

8.16 The Board is asked for their assistance to:

- include Public Health Nursing recruitment within the Integrated Care System workforce strategy and
- support Public Health Dorset and Dorset HealthCare to flexibly use contracted resources to implement plans which develop the required skill mix within the service to deliver outcomes.

## Digital Access

- 8.5 In September a confidential text message-based service for parents of children aged 0-5 years, called Parentline was launched. Between January 2022 and March 2022, 5,222 messages were received by the service. Common reasons for contact by parents / carers are: constipation / stool enquiries, child physical health, sleep. Over 70% of enquiries are from parents with children under 1 year old, demonstrating ParentLine as a positive addition to providing information and advice to parents. 97% of respondents who contacted ParentLine said they found the conversation helpful.

*"I found this service very helpful, it's a great to get help and advice needed without waiting for appointments and taking up appointments when other people may need them, especially when my questions could be resolved over message quickly".*

- 8.6 Chat Health is a confidential text message-based service for older school aged children to seek information and advice on their health and wellbeing. Between January 2022 and March 2022, 1,012 messages were received by the service which is a significant increase over the previous quarter. Key reasons for contact included Emotional health and well-being / worry, anxiety / panic attacks, also young people testing out the service. Digital access through CHAT Health is an established part of the 5-19 delivery and referral model.

## Celebrating Success

- 8.15 The Annual Conversation recognised the positive progress and service improvements despite the challenges from the pandemic and workforce challenges including; digital delivery; delivering responsive services including the arrival of Afghan families under the resettlement programme; developing clinical leadership opportunities aligned to key priorities; scaling CO monitoring at mandated contacts; implementing ASQ 3 for the school age review and further scaling of parental mental health.
- 8.16 In quarter 4, Public Health acknowledged the positive feedback from families and young people who use the Children and Young People's Public Health Service. Highlights are:

*90% of respondents reported that the service they received was either very good or good, through a two-way text survey of service users.*

*'The Health Visitor listened to my experience and offered non-judgemental advice, reassured my concerns, and laid out where support is availability if/when we need it.'*

*'I feel well looked after and like my Health Visitor has plenty of time for us, has given lots of great advice and reassurance.'*

97% of respondents who had their appointment through *Attend Anywhere* rated their experience of their video appointment as either very good or good.

81% would choose video appointments in the future. Feedback noted some challenges with technology, some families felt the interaction with their child was missed through virtual appointments whilst others were pleased with the convenience but also noted the care and attention given through an appointment using the digital platform.

*'I felt she was listening to and interested in everything I was saying. She was very knowledgeable and helped me with my concerns, recommending relevant websites and information. The call connected really well and there were no IT issues at all'*

*'For a child's development I would prefer her to be seen in person in case I am not picking up on something to report'.*

### **Future Commissioning Plans**

- 8.17 The contract was awarded on a 3+2+2-year basis and there is a contract *Break Clause* prior to the contract extension from 1<sup>st</sup> October 2022 – 30<sup>th</sup> September 2024. This is an important opportunity to reflect on progress, impact, and future priorities. Engagement with stakeholders was initiated through the Annual Conversations in November and January with the following priorities proposed: addressing inequalities and wider determinants of health especially recovery from the impact of the Covid-19 pandemic; early identification and core capacity to deliver a robust Healthy Child offer (0-19); developing a sustainable workforce and system public health offer and a focus on key transitions including better utilising the National Childhood Measurement Programme at year 6.
- 8.18 Public Health is working closely with Dorset HealthCare to review and develop the requisite *Contract Variation*, for years 4 and 5 and this process will include workshops to focus on quality and improvement opportunities including Payment by Results priorities and outcomes, Key Performance

Indicators and quality assurance reporting, workforce demand and capacity and an important engagement with frontline staff.

**For the joint public health board to note:**

- 8.19 The service continues to provide a high level of coverage for the Universal Mandated checks from Antenatal to age 5 years with priority given to Antenatal and New Birth Visits. There continues to be significant participation in Early Help through a skill-mixed team to deliver evidence-based interventions and support for more vulnerable families. The service has achieved positive progress and impact against the four key priorities of the service; smoking cessation; school readiness; physical activity and emotional and mental health.
- 8.20 The service is experiencing significant challenges from rising demand and workforce retention in delivering a full Healthy Child Programme. Demands from additional safeguarding expectations and presentations places pressure on teams and there is an opportunity cost against prevention and early intervention, which reduce risk and minimise families escalating into statutory services. Commitment from partners is sought to ensure universal proportionate approaches can be implemented and risks for vulnerable families can be jointly held.

Sam Crowe  
Director of Public Health