

Joint Public Health Board Business Plan Monitoring 22-23

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health, Dorset Council
Cllr J Kelly, Communities, Health and Leisure,
Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

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Report Status: Public

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

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

Reason for Recommendations: The public health team published its business plan in May 2022, setting out clear priority programmes. Developing an effective monitoring report for the board is an important step in assuring delivery. It enables Board members to be sighted on progress and challenges in delivering our core programmes of work. Board members are asked for feedback on the report and identify areas for improvement. The monitoring report should also be used to identify key decisions for the Joint Public Health Board, and its forward plan.

1. Executive Summary

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

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

2. Financial Implications

No direct financial implications arise from this report.

3. Climate implications

N/A

4. Other Implications

N/A

5. Risk Assessment

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

Current Risk: LOW

Residual Risk: LOW

6. Equalities Impact Assessment

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

7. Appendices

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

8. Background Papers

None.

1 Background

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

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

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

2 Current position

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

3 Risks and challenges

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

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

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

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

Sam Crowe
Director of Public Health