

Public Health Dorset Business Plan 2019/20

Contents

1.Introduction.....	2
2.Strategy.....	2
3.How we will make a difference.....	2
4.Resources required.....	4
Appendix 1: Strategy	6
Appendix 2: Public Health Dorset Delivery Plan	7

1. Introduction

Public Health Dorset is a shared service that provides public health leadership, services, and advice to Dorset Council (DC) and Bournemouth, Christchurch and Poole (BCP) Council. This helps the Councils fulfil their statutory duty to improve the health and wellbeing of their residents, and to reduce differences in health outcomes within each of their respective areas.

2. Strategy

Our aim is to improve and protect the health and wellbeing for residents by working with Councils, Dorset Clinical Commissioning Group and other partners. Our long-term strategic focus is shaped and guided by:

- The development of an integrated care system (ICS) for Dorset, Bournemouth and Poole;
- The evolution of the two new Unitary Authorities for Dorset under Local Government Reform (LGR)

Our medium term (3-5 year) strategy is called Prevention at Scale, which forms a major programme of work within the Sustainability and Transformation Plan and Long-Term Plan for Dorset (see Appendix 1).

3. How we will make a difference

Public Health Dorset has identified 3 areas of focus for 2019/20 delivery where we feel we can have an impact and add value to the system in improving or protecting the health and wellbeing for our residents. These are detailed below under our 3 themes and a delivery plan of what will be worked on and achieved in these themes can be found in Appendix 2;

3.1 We will deliver our Prevention at Scale portfolio and embed locality working.

System need: Our Prevention at Scale portfolio is aimed at changing our system to deliver better health and wellbeing outcomes in a way that meets the different needs of our local people. This means the work streams (listed below) connect with our other portfolios, on Integrated Community and Primary Care Services and One Acute Network, as well as across the whole system.

- Starting Well focuses on effective prevention in early years and educational settings that will have a long-term impact.
- The Living Well work stream has scaled up support for healthy lifestyles through LiveWell Dorset for the public and with staff, reducing the risk of chronic disease later in life.
- The Ageing Well work stream is building prevention into how local services work more systematically, helping those experiencing ill-health to take control of their own health and related behaviours, often through connecting back with our LiveWell Dorset service.
- Healthy Places maximises the potential of our local environment and communities to improve and support good health and wellbeing outcomes for our residents.

There are new contracts that have been awarded for key public health services like health checks and smoking cessation. Localities will need to work with providers of these services to help scale them up.

Those working in localities will need to work across the system to embed prevention in local delivery mechanisms, such as local transformation plans that meet the needs of local populations and have demonstrable impact for local communities.

Measurement of progress: Evaluation and benefits of the projects directly managed by public health and evidence of influence of public health actions within partner led projects. Prevention at scale projects and public health services included within Local Transformation Plans and scaled up within localities. Each locality has key deliverables that will be reviewed regularly throughout the year and there will be evaluation and communication of case studies within localities.

3.2 We will provide and commission effective, equitable and efficient public health services

System need: To continue the successful commissioning and implementation of effective, efficient and equitable public health services in local government, including a focus on sexual health, children and young people's public health service, and community health improvement services

There is also a need to develop and embed our LiveWell Dorset service across the system to support our public and staff to lead healthy lifestyles.

Resources are becoming scarcer through the reductions to the Public Health Grant. There is a need to increasingly align public health service delivery and integrate it into the health and care system, in line with the plans for ICS.

Measurement of progress: Monitoring of compliance, spend and outcomes, quality assurance and service development outcomes, savings returned to the system, population take up of services to ensure equity.

3.3 We will be an effective, efficient and reliable public-sector partner that delivers more than expected to enable services and support.

System need: We work within a complex system of organisations and delivering into this sector requires us to be ever more flexible and innovative – aka 'client centred'.

We need to continue our development journey as an internal team and how our essential internal supporting functions evolve and improve focussing on planning, people and processes, such as communications, business intelligence, organisational development, strategy planning, business support and commissioning and contracts.

There needs to be a big focus on communications and engagement, project management discipline and the intelligence work including with the ICS intelligent working programme as the population health management work gets underway.

Measurement of progress: Stakeholders are aware of PAS and public health's work. Evidence of intelligence work tailored to the system requirements. Improvements in staff survey results. Engage in professional project management and evaluate delivery of key projects.

4. Resources required

The main resources are staff and revenue from the Public Health Grant. The Grant is ring fenced to ensure spend on public health services (including the mandated public health programmes as set out in the Health and Social Care Act) and is pooled between the two Unitary Council's under a shared legal agreement.

4.1 Revenue budget

The total revenue budget and forecast spend for 2019/20 (staff and operations, not including Local Authority retained elements of Pooled Treatment Budget) is shown in detail in the table below, along with budget and forecast spend for 18/19.

Total budget 19/20: £27,710,100

Change in budget from previous year: -£810,001

Budget description	Budget 18/19	Forecast 18/19	Opening budget 19/20	Preliminary forecast 19/20
Public Health Dorset budget (total)	28,520,101	28,410,101	27,710,100	27,665,956
Clinical Treatment Services	11,531,000	11,642,416	11,376,000	11,498,593
Health Improvement	2,342,200	2,078,682	2,475,000	2,422,800
Early Intervention (0-19)	11,104,000	11,114,620	11,104,000	11,057,165
Health Protection	85,000	22,785	57,000	31,500
Public Health Intelligence	207,800	138,569	104,800	115,000
Resilience and Inequalities	838,801	1,166,485	190,300	190,300
Public Health Team	2,411,300	2,246,543	2,340,000	2,350,598
Difference (under)/over	n/a	110,000	n/a	44,144

Table 1. Public Health Dorset budget and forecast spend for 18/19 and budget and forecast spend for 19/20

4.2 Staff profile

As of 1 April 2019, Public Health Dorset had 36 whole time equivalent staff members working within it. Our total staff budget for 2019/20 is £2,340,000 (8.5 per cent of total revenue).

Post level	Number	Whole Time equivalent
Consultant or above	6	5.35
Heads of programmes	4	3.8
Senior Health Programme Advisors	4	3.6
Senior analysts	3	3.0
Health programme advisors	12	9.67

Analysts	4	3.25
Communications	2	1.86
Business support	6	5.21
Total	41	35.74

Table 2. Public Health Dorset staff breakdown including whole time equivalents.

On 1 April 2018, staff transferred across under TUPE arrangements to the public health team as part of the transfer of the LiveWell Dorset service in-house. This staff group is managed as a separate service by Public Health Dorset, based on an agreed service plan. The staff budget is included in Health Improvement service budget line. As of 1 April 2019, the LiveWell Dorset service had 18 whole time equivalent staff members working within the team, as shown in the below table.

Post Level	Number	Whole Time equivalent
Service Manager	1	1
Project/Business Support	1	1
Communications	1	1
Team Leads	3	3
Advisors	7	5.36
Coaches	3	2.8
Engagement	4	4
Total	20	18.16

Table 3. LiveWell Dorset staff breakdown including whole time equivalents

4.3 Accredited training organisation

Public Health Dorset is also an accredited training location for Higher Specialty Training in Public Health, and several consultants are GMC-accredited Educational Supervisors.

We currently have 2 Public Health Specialty Registrars in training at various stages of development and 1 to join in Summer 2019. We have one Business Support Apprentice due to complete her qualification in 2019/20.

Appendix 1: Strategy

ICS and New Unitary Councils

- Long term: Developing a public health approach at scale in the Dorset system

Prevention at Scale

- Medium term: STP and Long Term Plan objectives

Business plan deliverables

- One-year: project, commissioning and support plans

Appendix 2: Public Health Dorset Delivery Plan

1. Prevention at Scale and Localities				
<ul style="list-style-type: none"> Change our system to deliver better health and wellbeing outcomes in a way that meets the different needs of all our local people. Connect with our Integrated Community and Primary Care Services and One Acute Network, with colleagues covering the breadth of local authority services, and across the whole system to deliver across our four workstreams; <ul style="list-style-type: none"> Starting Well Living Well Ageing Well Healthy Places 				
Activity (What)	Deliverables (How)	Timescales (When)	Resources (Who)	Impact (Why)
1.1 Starting Well				
<ul style="list-style-type: none"> Scale up the provision of universal support across the system to change unhealthy behaviours and ensure good development for all children, young people and their families Understand and tackle local variation in outcomes for children and young people Create a bigger role for children, young people, families and their <i>communities</i> (where they live, go to school, work, socialise) to improve health and wellbeing 				
1.1.1. PRIORITY: Embed behaviour change and lifestyle support in maternity care pathways to include LWD digital	<p>PRIORITY: To ensure an appropriate and equitable smoking cessation offer for women who smoke during pregnancy and postnatally.</p> <p>To engage partners in a workshop, develop a clear Prevention at Scale programme within the Better Births which identified priorities and actions for key behaviour change and lifestyle support.</p>	<p>March 2020</p> <p>September 2019</p>	<p>JW JL</p> <p>JW JL</p>	<p>Reduction in smoking – measure by SATOD</p> <p>Outcomes and measurements agreed.</p>

	To build capacity and skills in the workforce to embed behaviour change and lifestyle support including reducing alcohol and BMI	September 2019 - March 202	JW JL	Improved health and wellbeing outcomes for parents and infant(s).
	To undertake an evaluation of Motivational Interviewing training to understand patient and professional outcomes and impact.	September 2019	NM JL VA JW	Understand and present impact of motivational interviewing training to influence wider workforce development plans.
1.1.2. PRIORITY: Develop an effective, single 0-5 years offer / Early Help offer	To develop and implement a local “Balanced System” for Speech, Language and Communication for children. To develop integrated commissioning model for SALT with service redesign and improvement.	March 2020	JW Multi-agency partners	Earlier identification and consistent intervention(s) for children with speech and language delay. Improvements in School Readiness.
	PRIORITY: To work with provider and stakeholders to implement an integrated 0 – 19 offer to include the Children and Young People’s Public Health Service.	September 2019 - March 2020	JW AL JL VA	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.
1.1.3. PRIORITY: Monitor and evaluate whole school approaches to health and wellbeing	PRIORITY: To monitor schools delivering and evaluating WSA projects for physical activity and emotional health To undertake an evaluation for WSA project.	March 2020 March 2020	JW VA	Children and young people are more physically active. Improve children and young people’s emotional and mental health.
	To build capacity of evaluation skills in Education workforce.	March 2020		Make recommendations on Participatory Budgeting for future H&WB programmes.
	To increase in the number of schools across Dorset, Bournemouth and Poole taking part in The Daily Mile	March 2020	SK	Schools have improved skills to evaluate H&WB projects and impacts.

				Children and young people are more physically active.
1.1.4. Build community capacity through training to support children and young people THRIVE	<p>To evaluate the impact of MHFA pan-Dorset</p> <p>To scope current access for Young People to Counselling services:</p> <ul style="list-style-type: none"> a) School Survey b) Vol Sector Scoping c) Finance scoping <p>To promote mental health and early services through the localities.</p>	<p>June 2019</p> <p>March 2020</p> <p>Ongoing</p>	<p>VA</p> <p>JW GR</p> <p>Locality HPA's</p>	<p>Improved confidence in Early Help / schools staff</p> <p>Young people have timely and appropriate access to Counselling.</p> <p>Reduce inappropriate referrals to CAMHS.</p>
1.1.5. Improve childhood immunisations uptake	To gain a better understanding of variation and make recommendations in General Practice.	June 2019	SK	Reduce variation in childhood immunisations with a focus on MMR 2dose.
<p>1.2 Living Well</p> <ul style="list-style-type: none"> • Increase engagement, motivation and opportunity for people to improve their lifestyle and reduce risk of ill health in later life through effectively promoting, scaling and embedding: <ul style="list-style-type: none"> ○ LiveWell across system touch points ○ Workforce confidence and ownership to engage in wellbeing at all staff levels within the system 				
1.2.1. PRIORITY: Develop and integrate a consistent prevention offer and systematic signposting to LiveWell Dorset from secondary care organisations	<p>Work with acute and community healthcare providers to embed the LWD offer and develop effective referral pathways and mechanisms across:</p> <ul style="list-style-type: none"> • Outpatients • Appointments • Prescriptions • Diabetes education • PGH ENT pilot • Alcohol pathways 	2019 - 2021	SB, ER, LT, LB, MF, JH	Increase in people accessing LiveWell Dorset from secondary care

<p>1.2.2. PRIORITY: Develop and implement co-ordinated health and wellbeing plans within health and care system</p>	<p>To develop and embed wellbeing action plans across the system.</p> <p>To increase numbers of training tutors and develop a training network across the system.</p> <p>To work with leads to develop a systematic approach for team wellbeing skills development across the system.</p> <p>To ensure plans meet the national stocktake for workforce health and wellbeing.</p> <p>To influence change to address the wider factors that affect wellbeing with organisations over the next year.</p>	<p>March 2020</p>	<p>SCal LEC JT</p>	<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>
<p>1.2.3. PRIORITY: Work with the ICS to implement coordinated staff health and wellbeing provision in organisational development plans</p>	<p>To work with organisational development leads to embed LiveWell Dorset health and wellbeing training to key workforces.</p>	<p>March 2020</p>	<p>SB, ER, LT, MG, MF, SCal Workforce team Locality Links</p>	<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>
<p>1.2.4. Continue to encourage and develop</p>	<p>Increase GP engagement with LiveWell Dorset by:</p>	<p>March 2020</p>	<p>SB, ER, LT, MF, SF</p>	<p>Increase in people accessing LiveWell Dorset from primary care.</p>

<p>a culture of prevention in primary care</p>	<ul style="list-style-type: none"> • Develop and deliver practice-level service-uptake feedback • Identify low referring practices and target engagement activity • Develop and evaluate an integrated referral pilot in Poole Bay 		<p>Locality Links</p>	
<p>1.2.5. Develop a stronger and more integrated LiveWell Dorset locality prevention offer</p>	<p>Develop partnerships with other relevant locality provision such as the new social prescribing services, practice champions, locality link workers, and CCG locality transformation managers.</p> <p>Ensure services are working collaboratively and are simple to navigate for referrers and end-users.</p> <p>Integrate provision in existing GP localities, transformation plans, emerging primary care networks and new integrated community health systems.</p>	<p>March 2020</p>	<p>SB, ER, LT, SMc</p> <p>Locality Links</p>	<p>Demonstrable network of community health and wellbeing providers working in partnership.</p> <p>Increase in referrals between LiveWell Dorset and other health and wellbeing providers.</p> <p>Increased informal LiveWell Dorset locality 'workforce'.</p>
<p>1.2.6. Development of digital behaviour change support and integration across the system</p>	<p>Work with digital provider to develop, test and improve the LiveWell Dorset digital platform. Key activities include:</p> <ul style="list-style-type: none"> • Development of MyLiveWell user experience and functionality to scale up digital self-care. • Ensuring enhanced digital functionality, visibility and integration with other platforms is increasing system-wide engagement with LiveWell Dorset. 	<p>March 2020</p>	<p>SB, ER, MF, LB, JH</p> <p>Workforce team</p> <p>Locality Links</p>	<p>Increase in people accessing LiveWell Dorset.</p> <p>Increase in people using digital self-support.</p> <p>Increase in the engagement with the digital platform across the ICS.</p>
<p>1.2.7. Work with the private sector to develop and roll-out sustainable health and</p>	<p>LiveWell Dorset to work with 3-4 large employers to scope and pilot acceptable and effective health and wellbeing offers.</p>	<p>April – Sept 2019 (Development)</p>	<p>SB, ER, LT, JC, MF</p>	<p>Increase in people accessing LiveWell Dorset.</p>

wellbeing provision to large employers	Services and products to be developed and rolled out to other large employers on a cost-neutral basis.	Oct 2019 – 2021 (Delivery)		
1.2.8. Embed consistent prevention and behaviour change support in the new NHS Health Check provision	Work with the new Health Check providers to ensure people are routinely made aware of behaviour change support services available and are encouraged to access LiveWell Dorset where risk factors are identified.	March 2020	SB, ER, SMc , LB, SCal	Increase in people accessing LiveWell Dorset following a Health Check.
1.2.9. Support the development, roll-out and evaluation of the Dorset Optimal Lung Cancer Pathway pilot	To develop a new LiveWell Dorset coaching pathway which supports the new lung cancer pathway pilot for all current smokers attending hospital respiratory clinics. To evaluate the pilot and discuss the outcomes at the Optimal Lung Pathway Steering Group.	April – December 2019	SB, ER, LB , MG, JH	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.
1.3 Ageing Well				
<ul style="list-style-type: none"> • Understand system transformation and service improvement landscape to identify opportunities and interdependencies with: <ul style="list-style-type: none"> ○ LiveWell Dorset offer ○ PHD Workforce offer ○ Active Ageing offer ○ Locality support offer ○ Developing PHD offer to PHM ○ Developing offer to LA transformation • Identify system levers and processes that can increase pace of change (e.g. CQUIN, OP letters) 				
1.3.1. PRIORITY: Embed lifestyle support in pathway scoping and prioritising potential opportunities as part of transforming outpatients	To include lifestyle support information in outpatient letters/notifications. Agree assessment protocol for prehabilitation as part of 'getting it right first time' programme.	December 2019	JH Lydia Turnbull	Increase numbers accessing LiveWell Dorset. Reduce the number of unnecessary outpatient appointments.

1.3.2. PRIORITY: Implement the plan to promote Active Ageing	To work with key partners, Active Dorset and CCG to establish and embed Physical activity in care pathways. Support Picnic in the Park and health and wellbeing events (4 in total) to promote the Active Ageing programme.	March 2020	RP Charlie Coward	Increase in 55-65-year olds registering with LiveWell on a Physical Activity pathway (Active Ageing Programme).
1.3.3. Support the implementation of the Dorset ICS Falls Plan	To promote LiveWell Dorset in community-based assets with consistent information available on staying steady.	March 2020	JH Locality Links	Increase access to activity and nutrition information reducing the risk of falling.
1.3.4. Connect the National Diabetes Prevention Programme more effectively with LiveWell Dorset	To incorporate LiveWell Dorset and physical activity into the programme sessions.	March 2020	Charlie Coward JH SB	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.
1.4 Healthy Places				
<ul style="list-style-type: none"> Promote evidence-based work to ensure the built and natural environment supports the health and wellbeing of residents in Dorset, particularly those communities with poorest health outcomes. 				
1.4.1. PRIORITY: Build capacity to address inequalities in access to greenspace	To follow up work on key groups and communities identified. To support development of local demonstration projects in the two new unitary authorities. Engage stakeholders in 'Dorset Green Health' greenspace accessibility mapping to identify and deliver access enhancements in communities in Bournemouth Christchurch and Poole and Dorset Council, particularly focussing on places with poor access to green space.	March 2020	RL	Enhance access to greenspace for communities less able to enjoy greenspace. Number and impact of projects delivered.
1.4.2. PRIORITY: Improve poor quality housing (Healthy Homes Dorset)	To advertise and recruit clients. To provide advice and install measures. To share good practice and positive impact of Healthy Homes.	March 2020	RP JB	Number of clients (which includes those accessing "soft" measures: advice, referrals to other services, income maximisation, etc).

	Identify a way to mainstream the commissioning and delivery of this programme as part of the ICS.			Number of heating/insulation measures installed.
1.4.3. Implementation of a Pan Dorset air quality network	To gather and analyse the data gathered. To work with appropriate technical experts to develop a model for Dorset re impact on health outcomes. To review options on how best to deliver this.	March 2020	RP CSk	Influence policy and actions to be taken by Local Authorities.
1.4.4. Support and promote active travel with Local Authority teams	To develop infrastructure plans across locations in Dorset To undertake community engagement to promote walking and cycling. To link with reconfiguration of health service provision and the Integrated Transport Plan. To support and promote active travel with Local Authority teams eg SE City Transformation bid, Cycling & Walking infrastructure bid and link with reconfiguration of health service provision and the Integrated Transport Plan	March 2020	RP	Improve walking and cycling infrastructure. Increase in the number of individuals walking and cycling.
1.4.5. Embed planning for health and wellbeing across spatial planning system	To pilot with Locality links completing responses to plans.	Pilot finishes June 2019	RL Locality links	Influence formation and application of planning policy. Number of responses to consultations. Ensure public health and wellbeing is incorporated in plans. Number of public health responses incorporated into development proposals.
1.4.6. Support responsible authorities in the licensing process	To review licensing applications. To review the statement of licensing policy.	March 2020 September 2019	RP RS	Ensure that licensing policy and applications consider the health and wellbeing of the local communities.

1.4.7. Implementation of 'Beat the Street'	To support the continuation of the sustain phase.	April – June 2019	CH	Reduce physical inactivity in adults and children.
	To use social media channels to engage players with local news and events to encourage physical activity and healthier lifestyle.		BP	
	To evaluate pilots in Weymouth and Portland, Poole and Purbeck.		KS	
				Raise awareness of access to greenspace.

1.5 Localities

- Engage stakeholders in the development of Prevention At Scale initiatives across localities/PCNs
- Support Public Health Dorset led projects and services becoming embedded in localities/PCNs
- Communicate success and learning across stakeholders and the wider system.

Activity (What)	Deliverables (How)	Timescales (When)	Resources (Who)	Impact (Why)
1.5.1. Support commissioned services and PAS projects	<u>Healthy Homes</u> To engage local stakeholders and primary care to increase the number of referrals.	March 2020	All locality link workers Relevant project leads	Ensure PAS projects are hitting the ground and reaching scale.
	<u>Community Health Improvement Services (CHIS)</u> To ensure practices are aware of contract opportunities and how best to work collaboratively	March 2020		
	<u>Collaborative Practice</u> To support participating practices and their champions in implementation of the local approach	March 2020		
	<u>Access to natural environments</u> To take opportunities to access natural environment as part of locality plans	March 2020		
	<u>Whole School Approach and the Daily Mile</u> To scope locality link worker involvement	TBC		

	<p><u>Active Ageing</u> To scope locality link worker involvement</p> <p><u>National Diabetes Prevention Programme</u> To scope locality link worker involvement</p>	TBC		
		TBC		
1.5.2. Connect with the Screening and Immunisation team to address variation in uptake	<p>To review SCRIMMs data by practice/locality and identify priority areas</p> <p>To facilitate improved performance rates where identified through working with GP practices and PHE team</p>	March 2020	All locality link workers	To address priority areas highlighted on locality profile e.g. variation in MMR vaccination rates.
1.5.3. Increase awareness of LiveWell services across the locality and supporting the referral pathways	<p>To provider regular feedback in general practice around referral data.</p> <p>To engage with key stakeholders e.g. community, health, and corporate to actively promoting brief interventions and healthy conversations through frontline practitioners.</p> <p>To facilitate a more diverse range of LWD physical activity service offer.</p>	March 2020	All locality link workers	<p>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.</p> <p>Increase the number of referrals into the LWD service.</p> <p>Increase in physical activity service offers.</p>
1.5.4. Ensure health and well-being of populations is actively considered through the planning process	<p>To review and comment on the health impact of all planning applications of 100+ units.</p> <p>To influence the development of planning policy where appropriate as it relates to local areas.</p>	March 2020	All locality link workers	Improve access to healthy and health promoting environments
1.5.5. Work with the locality's Population Health Management team to develop better prevention activities around:	<p>To offer Public Health Dorset input into project: Supporting discussions resulting from data analysis and interpretation.</p> <p>To advise of what works and evidence base.</p>	Undefined – Initial project will run for 20 weeks but it will be an ongoing change in ways Primary Care use	<p>JB - Bournemouth East</p> <p>LEC - North Dorset</p> <p>FJ - Weymouth and Portland</p>	<p>Improve health outcomes for the priority areas identified</p> <p>Establish links with key PAS projects, such as LWD.</p>

<ul style="list-style-type: none"> • Diabetes in Bournemouth East • COPD in Weymouth • Frailty in North Dorset 		community assets and use data.		
--	--	--------------------------------	--	--

2. Commissioning and Services <ul style="list-style-type: none"> • Provide and commission effective, equitable and efficient public health services 				
Activity (What)	Deliverables (How)	Timescales (When)	Resources (Who)	Impact (Why)
2.1 Commissioning Intentions <ul style="list-style-type: none"> • Continue the successful commissioning and implementation of effective, efficient and equitable public health services in local government. 				
2.1.1. PRIORITY: Mobilisation of the CYP Public Health Service	To ensure exit plan is developed and being implemented for the incumbent provider. To support implementation of the new providers mobilisation plan.	April - September 2019	JW AL	Ensure the successful transfer and set up of the new service. Ensure planning and the start of the delivery of transformation within the service.
2.1.2. PRIORITY: Sexual Health procurement	To develop a procurement process and research sexual health modelling in other areas. To carry out a consultation. To undertake the procurement and award. To mobilise the service.	Jan-Mar 2019 Jun -Sept 2019 Sept-Dec 2019 Jan-Mar 2020	SCal JW JL DMc	Ensure an effective, efficient and integrated service is implemented.
2.1.3. PRIORITY: Re-design Residential Detox and Residential Rehabilitation Service	To review the process jointly with BCP and community treatment providers to determine a sustainable solution to manage spend.	By October 2019	WH DMc	Ensure a sustainable solution to reduce cost and manage spend.

2.1.4. Review/Re-procurement of the supplier of needle exchange equipment	To review options for compliant supply.	April - June 2019	WH DMc	Ensure a compliant, effective and cost-efficient option is implemented.
2.1.5. Refresh Halo System	To review the Halo system and produce an options appraisal. Undertake a procurement process (if required). To implement the system.	Spring/Summer 2019 Autumn 2019 April 2020	WH RS HH	Ensure an effective data management solution.
2.2 Contract Management				
<ul style="list-style-type: none"> • Ensure all public health contracts are effectively managed and performance managed against scorecard KPIs and contract specification outcomes. 				
2.2.1. PRIORITY: Health Checks Service (4)	To continue to mobilise the AQP for a new contract. To monitor delivery for health checks. To monitor KPI's and Outcomes of the service. Data scorecard development.	April 2019 - March 2020	SCal BO'R JL DH	Identify individuals at high risk of developing heart or circulation problems in the next 10 years. Increase in referrals to LWD.
2.2.2. PRIORITY: Smoke stop service (4)	To continue to mobilise the AQP for a new contract. To monitor delivery for the smokestop service. To monitor KPI's and Outcomes of the service. To develop a data scorecard.	April 2019 - March 2020	SB BO'R JL DH	Increased numbers accessing the service and successfully quitting smoking.
2.2.3. Emergency Hormonal Contraception (EHC) and Long Acting Reversible Contraception (LARC) Services (4)	To continue to mobilise the AQP for a new contract and monitor delivery for EHC/LARC. To explore how the provider will integrate work with Primary Care. To develop a data scorecard.	April 2019 - March 2020	SCal BO'R JL DH	Reduce U18 conception and chlamydia rates. Improve access and awareness of EHC services. Numbers receiving EHC. Improve access to LARC services. Numbers receiving LARC.
2.2.4. Needle Exchange Service (4)	To continue to mobilise the AQP for a new contract. To monitor delivery for the needle exchange service. To monitor KPI's and Outcomes of the service. To develop a data scorecard.	April 2019 - March 2020	WH BO'R JL DH	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.
2.2.5. Supervised consumption service (4)	To continue to mobilise the AQP for a new contract. To monitor delivery for the supervised consumption service. To monitor KPI's and Outcomes of the service. To develop a data scorecard.	April 2019 - March 2020	WH BO'R JL DH	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.
2.2.6. CYP Public Health Service (3)	Depends on successful provider If incumbent If not incumbent	April 2019 - March 2020 Sept 2019 - March 2020	JW AL	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.

				<p>Improved child and parental mental health.</p> <p>Increased children physical activity levels.</p> <p>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.</p>
<p>2.2.7. Dorset Integrated Substance Misuse Services, Prescribing and Psychosocial support (3)</p>	<p>To contract manage and monitor the KPI's and outcomes for the service.</p> <p>To agree prescribing pathways between community and acute trusts (for substance misuse opioids)</p> <p>To review data, contract manage, service improvement</p> <p>To review of (a) opiate treatment in Dorset; (b) alcohol treatment in Poole.</p>	<p>April 2019 - March 2020</p>	<p>WH RS</p> <p>WH</p> <p>WH RS HH</p> <p>RS</p>	<p>Improve engagement rates in Bournemouth (more reach – more people in treatment services) and maintain performance (successful completion rates) in Dorset and Poole.</p>
<p>2.2.8. Integrated Sexual Health Service (3)</p>	<p>To contract manage and monitor the KPI's and outcomes of the service.</p> <p>To analyse data and prepare for contract meetings.</p> <p>To attend contract meetings.</p> <p>To conduct a contract review.</p>	<p>April 2019 - Jan 2020</p>	<p>SCal JL</p>	<p>An effective integrated service working collaboratively across the system.</p> <p>Increase in partner notification.</p> <p>Increase in confidence around sexual health.</p> <p>Increase Chlamydia positive results.</p> <p>Reduce attendance of frequent flyers.</p> <p>Increase new attendances.</p>

2.2.9. Residential Detox and Residential Rehabilitation Service (4)	To contract manage the service.	April 2019 - Sept 2019	WH BO'R	Number of service users supported.
2.2.10. Weight Management service (4)	To contract manage and monitor KPI's of the service.	May 2019 - March 2020	SB LB	Numbers accessing the service and successfully losing 5% of their weight.
2.2.11. Health Checks Invitations	To review effectiveness of the invitation approach.	Sept 2019	SMc	Improve invitation dissemination and response.
2.2.12. Collaborative Practice (4)	To encourage and support peer learning across localities. To ensure delivery of a further leadership programme with a 2nd cohort of GP practices reaching up to 24 individuals across 6-10 GP practices.	April 2019 - December 2019	NC SMc	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.
2.2.13. Encourage workforce wellbeing in contracts we manage	To influence in service specification. To develop template for service specifications Include as contract variations or as additions to 2020/2021.	Sept 2019	SCal LE-C/JT	To ensure providers are promoting staff well-being and staff are of good emotional and physical health.
2.3 LiveWell Dorset Service				
<ul style="list-style-type: none"> • Support individuals to make positive changes to their behaviour to enable them to stay well for longer. • Deliver effective behaviour change support at scale and meet the needs of those people and communities who will benefit most. • Support organisations across the ICS to access training and the LiveWell offer and embed a growing culture of prevention. • Develop digital innovation to support the ICS, key organisation and encourage individual self-management and behaviour change. 				
2.3.1. PRIORITY: Increase the scale of	Projects articulated in PAS Living Well (therefore not repeated in detail here) focused on:	2019-2021	SB, LWD, LB, SF, JH, SCal	Increase the number of people accessing behaviour change support to >10k per annum

<p>behaviour change support</p>	<ul style="list-style-type: none"> Increasing registrations from secondary care Increasing registrations from primary care Integrate the LWD locality offer Increase registrations from Health Checks Increase digital self-support Increase health and wellbeing training to public sector Develop and roll-out health and wellbeing training to private sector <p>To use of animation and video to explain and promote LiveWell Dorset as a behaviour change service.</p> <p>To develop and promote animations and brief intervention training modelling videos to explain and promote LWD as a behaviour change service.</p>	<p>July 2019</p>	<p>Locality Links Workforce team MF</p>	<p>Raise the awareness of the LWD service and help people understand what the service does.</p> <p>Improve awareness of the use of brief intervention within the LWD pathways and upskill professionals/ partners to be able to undertake a brief intervention.</p>
<p>2.3.2. PRIORITY: Ensure behaviour change support is reaching the right people in the right communities</p>	<p>Every service plan project and workstream will explicitly consider reasonable adjustments required to meet the needs of deprived communities and under-represented groups.</p> <p>To continue to develop insight in service utilisation drawing on LWD service data, wider research and evidence, and academic partnership with Erasmus.</p> <p>To develop a tailored approach within localities, materials and campaigns to engage key groups. e.g. Digital marketing targeting men.</p>	<p>2019 – 2020</p>	<p>SB, LWD, LB, SF, MF</p>	<p>Increase the number of people accessing LiveWell Dorset from deprived communities and maintain >25%</p> <p>Increase the number of men accessing LiveWell Dorset to >25%</p>
<p>2.3.3. PRIORITY: Increase the impact of behaviour change support to improve</p>	<p>Projects focused on:</p> <ul style="list-style-type: none"> Full service evaluation 	<p>2019 – 2020</p>	<p>SB, LWD, LB, SF</p>	<p>Increase in the number of people sustaining positive behaviour change across each pathway: >75% at 3, 6, 12 months</p>

outcomes for individuals	<ul style="list-style-type: none"> • Embed quality assurance and service improvement plans • Increase behaviour change offers throughout the service • Increase uptake of coaching, including developing digital coaching, and ensuring consistent delivery of COM-B • Improve the follow-up data capture • Embed new health improvement services (weight, smoking) • Scope and develop wellbeing service offer 			
--------------------------	---	--	--	--

3. Enabling Services and Support				
<ul style="list-style-type: none"> • Be an effective, efficient and reliable public-sector partner that delivers more than expected to enable services and support 				
Activity (What)s	Deliverables (How)	Timescales (When)	Resources (Who)	Impact (Why)
3.1 Communications				
<ul style="list-style-type: none"> • Continue to transform our approach to communications (both internal and external), developing new narrative skills and adopting new behaviours that increase our effectiveness as a team. • Lift the visibility of Prevention at Scale, telling really good stories about projects and challenges to gain greater engagement with people across the Integrated Care System. • Position Public Health Dorset as a central and valuable entity within the two new Councils. • Continue to develop public facing messaging and effective use of the LiveWell Dorset brand, to support local people wanting to make positive behaviour change to improve their health and wellbeing. 				
3.1.1. PRIORITY: Raise the awareness of Public Health within	To develop and communicate materials for introducing LGR.	June 2019	KH KS	Ensure members and stakeholders are introduced to and aware of the work of Public Health Dorset.

the newly reformed Councils				
3.1.2. PRIORITY: To communicate our work and successes – particularly to political providers	<p>To map stakeholders and communications plan.</p> <p>To take different projects/services and produce a range of materials.</p> <p>To ensure projects build in communications and evaluation at the start.</p> <p>To use case studies and tell stories from contract management information</p> <ul style="list-style-type: none"> - 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. <p>To communicate the Business Plan evaluation.</p>	<p>June 2019</p> <p>Ongoing</p> <p>December 2019</p> <p>Sept/Oct 2019</p> <p>Feb/March 2020</p>	<p>KH KS</p> <p>KH AL</p>	Partners are aware of our work and successes. PHD profile is being raised.
3.1.3. Explore the 'Our Dorset'/PAS brand as being shared by partners	<p>To discuss the idea with the ICS communications lead.</p> <p>To develop an 'Our Dorset-Prevention'/PAS brand.</p> <p>To engage and sign up partners in the use of the brand.</p> <p>To develop guidelines/approval process for the use of the brand.</p>	September 2019	KH	Encourage ownership and use of the 'prevention' role and brand by partners to promote prevention as everybody's business.
3.1.4. Amplify PHE campaigns locally and run priority campaigns across the department	<p>To identify and schedule PHE campaigns and produce articles to promote the campaigns internally and to external stakeholders/services.</p> <p>Identify and agree with SMT the five priority campaigns</p> <ol style="list-style-type: none"> 1. Physical activity/active ageing - 55-65 2. Health Checks 3. Young People's Mental Health 4. Internal Workforce 5. TBC <p>To develop a yearly schedule.</p>	<p>Ongoing</p> <p>Aug/Sept19</p> <p>Oct/Nov 19</p> <p>May/Jun 19</p> <p>Jan/Feb 20</p> <p>April 2019</p>	<p>KH KS</p> <p>Relevant team members for the campaigns</p>	Raise awareness in Dorset of services and/or key messages around Public Health topics that will improve or protect the populations health.

	<p>To scope the campaigns with relevant team members identifying audiences, key messages.</p> <p>To update the Wall and team meetings to ensure PH team members are aware of the campaigns and promote them.</p> <p>To evaluate success of the campaigns.</p> <p>To identify the campaigns relevant to LWD service pathways and develop a schedule :</p> <ul style="list-style-type: none"> - Stoptober (Sept- Oct) - Dry January - Take Twelve (Mar-May) - Get Set (Dec-Jan) - National awareness weeks relevant to service pathways <p>To link with relevant team members to ensure they are aware and scope the approach</p> <p>To develop materials and identify channels</p> <p>Implement and evaluate the campaigns</p>	<p>March 2020</p>	<p>MF</p>	<p>Raise awareness in Dorset of the LWD service and/or key messages around the LWD service pathways to improve the populations health</p>
<p>3.1.5. Continue to develop multimedia channels</p>	<p>To develop and implement a social media strategy for PHD including;</p> <p>To build a network on Facebook.</p> <p>To explore the use of 'YouTube' as a channel.</p> <p>To keep our presence on twitter through ongoing tweets.</p> <p>To provide the team with training and guidance to ensure team wide use of video and social media to tell our story.</p>	<p>May 2019</p> <p>Ongoing</p> <p>May 2019</p>	<p>KH KS</p>	<p>Improved profile and presence of Public Health Work with stakeholders and the public.</p>
<p>3.1.6. Ensure Public Health Dorset correspondences use less jargon and more meaningful statements for 1) internal team 2)</p>	<p>To promote the Plain English e-learning module.</p> <p>To contract and influence the team to make a commitment.</p>	<p>September 2019</p>	<p>KH JT</p>	<p>More accessible and receptive correspondences being received by our stakeholders.</p>

external partners and 3) Joe public				
3.1.7. Improve internal communications between team members	To develop an internal communications plan. To build on the content and use of the Wall. To encourage and support the Business Support team to update the wall to share PAS workstream and other project information across the team.	April 2019 Ongoing Ongoing	KH AL KH Business Support Team	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.
3.1.8. Improve co-ordination of communications across the ICS	To work with the communications lead network to share knowledge, expertise and joint working across the system.	Ongoing	KH	Improve relationships and ensure comms messages are effectively shared across the system.
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	To map stakeholders and communications plan. To take different pathways/service and produce a range of materials. To use case studies and tell stories. To communicate service evaluations. To develop locality focussed LWD outcomes and stories focussed on behaviour change to share with Primary and Secondary care. To update LWD stories/successes on The Wall Partnership with Engagement, Locality and Workforce teams. To explore options to use LWD as a brand across the work of the PHD team. e.g. LiveWell Health Checks	BAU	MF Engagement Team.	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.
3.2 Organisational Development				
<ul style="list-style-type: none"> • Strengthen PHD's commitment to ensuring the team are aware of, promote and work to the strategy and team values. • Build a workforce with the leadership, skills and capability to work in partnership with other stakeholders to implement the PHD business plan. 				

<ul style="list-style-type: none"> • Create a culture where staff feel listened to, valued, informed and supported in their work, welfare and wellbeing; particularly through times of change. 				
3.2.1. PRIORITY: Support cultural change	<p>To develop an annual planning cycle for OD and tailor actions around changes or developments for the forthcoming year.</p> <p>To support change through activities, engagement and communications across the year, particularly around any structure changes.</p> <p>To organise small client centred group work to support people through change</p> <p>To 'rennovate' the office environment.</p>	<p>March 2020</p> <p>March 2020 (Structure Summer onwards)</p> <p>March 2020</p>	<p>AL</p> <p>OD group</p>	<p>PHD are leading by example for staff wellbeing and staff feel wellbeing has improved.</p> <p>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.</p>
3.2.2. Recruit and retain high quality staff and maximise staff engagement	<p>To plan and implement annual team meeting schedule.</p> <p>To plan and deliver team away day and Christmas team meeting.</p> <p>To implement findings/ improvements raised within the team engagement activities.</p> <p>To administer an annual staff survey and implement improvements as a result.</p> <p>To develop an internal communications plan to improve and facilitate team sharing of information, good practice, knowledge of each other's role and work and question and answer function.</p> <p>To work with LWD to ensure can and are accessing DCC network to be linked with wider team internal communications.</p>	<p>Mar 2020</p> <p>Sept – Dec 2019</p> <p>Mar 2020</p> <p>May 2019 – Sept 2019</p> <p>Mar 2020</p> <p>April 2019- September 2019</p>	<p>VN</p> <p>AL</p> <p>KH</p> <p>OD group</p> <p>JLee</p>	<p>Staff actively engaged in team meetings and away days.</p> <p>Positive staff feedback regarding engagement events.</p> <p>Improvements made based on staff feedback.</p> <p>Year on year improvements in staff survey results.</p> <p>Improved internal communications, where staff feel they are informed and have access to relevant information to them.</p> <p>LWD accessing and engaged with wider team internal communications.</p>
3.2.3. Support staff health and well-being	<p>To encourage healthy lifestyle behaviour as PHD promote through developing and monitoring an internal staff health and well-being offer.</p>	<p>Offer by April 2019</p> <p>Review Oct 2019</p>	<p>LEC</p> <p>AL</p>	<p>Improve staff health and wellbeing. Staff feel supported through work to look after their health and well-being. PHD are practising what we preach!</p>

	<p>To implement an internal 'meeting free' half hour from 12:30-1pm.</p> <p>To explore having meeting breaks as per staff survey.</p> <p>To explore the appetite for some 'safe spaces' to reflect through peer support, client centred action learning sets on either projects or workload or people management.</p>	<p>April 2019</p> <p>April 2019</p> <p>September 2019</p>	<p>AL</p> <p>AL</p> <p>AL/JW</p>	
3.2.4. Build leadership and capability	<p>To launch, implement and monitor the L&D handbook and guidance.</p> <p>To develop an internal CPD offer based around embedding CC, Shifting the narrative, Systems Thinking, and Project Management.</p> <p>To develop an approval process ensuring first line delegated responsibility for approving requests.</p> <p>To deliver internal communications training/skills development, particularly for locality staff</p> <p>To conduct a PDR CPD training needs assessment across the team.</p> <p>To establish an annual training budget and ensure consistency and equality across the team.</p> <p>To explore LWD training practice and whether there is a need to bring in line with PHD process?</p> <p>To contribute to the national PH education system through supporting PH registrars and practitioner education and appraisals.</p>	<p>Ongoing</p> <p>June 2019</p> <p>April 2019</p> <p>March 2020</p> <p>June 2019</p> <p>Apr 2019 - Mar 2020</p> <p>September 2019</p> <p>March 2020</p>	<p>JT (included in workforce role)</p> <p>VF (ad hoc)</p> <p>AL (ad hoc)</p> <p>OD group</p> <p>KH</p> <p>RP</p>	<p>CPD offer delivered and valued and helpful for staff.</p> <p>New CPD needs identified through PDR needs assessment.</p> <p>Improvements in the use of CCC in the team.</p> <p>Handbook and guidance being followed and working effectively and efficiently to meet team needs.</p> <p>Monitoring process of training budget developed and implemented.</p>
3.2.5. Align individual performance with business and development planning	<p>To develop and monitor the business, delivery and resourcing plan.</p> <p>To ensure staff are brought along on the new business planning journey and monitoring and evaluation of achievements.</p> <p>To ensure resourcing and delivery plan is communicated to line managers and staff to include in staff PDR's.</p> <p>To review PDR process – build on feedback element.</p>	<p>Dec 2019 – Mar 2020</p> <p>April 2019 and March 2020</p> <p>June 2019</p>	<p>AL</p> <p>OD group</p>	<p>Staff feel involved and are aware of PHD business strategy/vision.</p> <p>Staff have an annual work plan to include objectives within the PDR process.</p> <p>Meaningful feedback is included in the PDR process and staff value this to take forward.</p>

				Staff have access to business plan monitoring and outcomes. PH skills are being effectively used
3.3 Business Support				
<ul style="list-style-type: none"> To develop, implement and improve business processes that are aligned to delivering Public Health Dorset's business plan and strategic objectives 				
3.3.1. To support PAS workstreams	To identify clear support roles and responsibilities within workstreams. To ensure business support team are aware of the roles. To ensure BS team have knowledge and skill to carry out the role. To encourage BS team to be proactive and involved in projects. To continually provide direction and support for the BS team.	June 2019 March 2020	VN BO'R	Improved support to workstreams and clarity of roles for business support. Better use of resource and skill mix and efficiencies within the team.
3.3.2. To explore business support role in localities	To attend localities learning set to explore role. Identify any localities requirements. Develop/embed support process for localities. Clarifying roles within budget allocation for localities	June 2019	VN BP	Scope and fill any support needs in the locality role to free up link worker time to focus on their ever-increasing workload
3.3.3. BAU - Team/staff requests	Annual Leave Travel Claims Booking travel Meeting co-ordination PH Org Chart Contract List for staff Team training	March 2020	Jlav GR	Day to day operations of the team/staff implemented effectively and timely.
3.3.4. BAU - Commissioning and Procurement	ACCORD Co-ordinate contract meetings Contract Variations SLA and MOU processes Procurement process support	March 2020	BO within contract management role	ACCORD updated. No/minimal uncompliant spend. Contract meetings scheduled and carried out.

	Procurement process support (e.g. Supplying the South West) Processing D&A detox and rehab contract			
3.3.5. BAU - Communication	Complaints FOI Website, Facebook, Twitter PH Enquiries/Mailbox Internal Comms PHD Induction Pack updates	March 2020	VN AT	Complaints, enquiries, compliments and FOI's managed in timely way. Proactive used of PH social media.
3.3.6. BAU - HR and Recruitment	T&C Issue DCC/NHS DCC/NHS info HR issues Payroll – incremental approval PDR process DES point of contact Policies Training Co-ordination of new posts	March 2020	BO'R GL	Staff recruited within policy. Staff working with policy and procedure. Staff paid on time.
3.3.7. BAU - Facilities/ Building/Office	Office moves/changes Office Maintenance IT support/link for team Stationary monitoring Post	March 2020	GR JLav	Office resourced, and standards maintained. Post processed on time
3.3.8. BAU - Corporate Planning and Standards	Corporate calendar Schedule reporting and papers for meetings Templates and Processes Storage IG Standards	March 2020	VN	Consistent branding used. Meetings and reports planned and on time.
3.3.9. BAU - Finance	Invoice processing Raising invoices Point of contact for AP team Budget reports CHIS quarterly payments	March 2020	VN AT BO'R	Payments paid on time and within budget.

	Internal DCC post Stationary ordering			
3.4 Public Health Intelligence				
<ul style="list-style-type: none"> • Improve shared understanding of population health • Provide reliable data and robust evidence • Develop a compelling narrative 				
3.4.1. PRIORITY: Joint Strategic Needs Assessment (JSNA)	System-wide Steering Group	Mar 2019 - onwards	VF	System-wide shared understanding of population health and wellbeing needs.
	System insights	Mar 2019 - onwards	CS	
	Qualitative insights	Feb 2019 - onwards	NM	Public Health Contribution to the Dorset Integrated Care System.
	JSNA Website	Feb 2019 - onwards	CS	
	JSNA Blog	Feb 2019 - onwards	CS	
Targeted Intelligence	Jun 2019 - onwards	LR		
3.4.2. Population Health Modelling	Modelling Framework	Jun 2019 -- Phase I	D Plummer	Public Health Contribution to the Dorset Integrated Care System.
	Diabetes Model	Sep 2019 - Phase II	D Plummer	
	Frailty - Social Care Model	Dec 2019 - Phase II	LR	
	Learning Laboratory	Feb 2020 - Phase III	CS	
3.4.3. Facilitated Problem Solving to help clients understand and articulate what	Facilitated systems insights workshops	Ongoing -- Business as Usual	NM	Problem solving offer to our clients.

change they are trying to effect				
3.4.4. Programme Evaluation	Client Consulting Stepping into Nature Evaluation	Mar 2019 - onwards Mar 2020	SMc VA	Public Health Contribution to the Dorset Integrated Care System.
3.4.5. Health Systems	HALO System LiveWell Dorset Intelligence Data warehouse	Ongoing - BAU Ongoing - BAU Ongoing - BAU	HH SF DH	Support services.
3.4.6. Healthy Places Research	Green space accessibility Air quality exposure modelling	? Under-review	RL RL	Support for Healthy Places Programme.
3.4.7. Cardiff Model	To run a workshop with partners to see how want to use the data. To link to the harm reduction work of drugs and alcohol and Ageing well workstreams. To focus on engaging acutes to mainstream data in the hospitals. To make links and incorporate with the intelligent working programme. Transfer to data warehouse.	April 2019 Ongoing	RS HH	Improve data quality and use data to inform practice.