

Service Plan 2018/19

Public Health

1. Service Scope

What does the Service Unit do?

This service unit ensures that the public health function as transferred to Local Authorities under the 2012 Health and Social Care Act delivers the best possible outcomes for residents in Bournemouth. Although the public health service in Dorset is a hosted function serving three Upper Tier unitary authorities, the Bournemouth locality service ensures that there is a focus on the public health issues most relevant to Bournemouth Borough Council and its residents.

The Council has a legal duty under the HSC Act 2012 to improve the health and wellbeing of residents, and to reduce differences in health outcome between communities. The Act sets out five mandatory programmes including:

- NHS Health Checks
- Comprehensive Sexual health services
- National Child Measurement Programme
- Public health advice to the NHS
- Assurance that appropriate steps are being taken to protect the health of local residents.

Progress against key public health outcomes is monitored nationally and regionally via the Public Health Outcomes Framework (www.phoutcomes.info).

The Bournemouth public health service plan is guided by the Public Health Dorset Business Plan [internal business transformation], approved by the Dorset Joint Public Health Board, and also the developing plans for Prevention at Scale [approved by the Health and Wellbeing Boards]. The Joint Public Health Board is also responsible for agreeing any changes to public health services, and for monitoring performance and finances.

The Bournemouth locality plan does not have a separate recurrent budget – funding for all public health programmes in Bournemouth comes via Dorset County Council under the agreement to pool the ring fenced public health grant of all three local authorities.

A major change in this year's Bournemouth service plan recognises the growing importance of the Prevention at Scale programme and work streams. These are informed by the Bournemouth and Poole Health and Wellbeing Board's Joint Health and Wellbeing Strategy and the wider work of the Dorset Sustainability and Transformation Plan. Because most of the major transformation in public health services is complete or nearing completion, the focus of this plan will be on setting milestones and expectations for how the major initiatives under way in Prevention at Scale plans will impact on the locality – particularly communities most in need such as Boscombe and West Howe.

How are we organised?

The public health team works across 3 Upper Tier Councils and has recently been restructured to focus on delivery of prevention at scale as part of the STP.

The main work stream leads are shown in this plan below.

David Phillips, Director of Public Health	Prevention at Scale portfolio Senior Responsible Officer
Sam Crowe, Deputy Director of Public Health	Living Well work stream lead, Bournemouth locality lead
Jane Horne, Consultant in Public Health	Prevention at Scale programme director
Jo Wilson, Head of Programmes	Starting Well work stream lead,
Nicky Cleave, Assistant Director of Public Health	Ageing Well work stream lead, Poole locality lead
Rachel Partridge, Assistant Director of Public Health	Healthy Places work stream lead, Dorset locality lead

What are our key risks and assumptions?

The public health risk register is held and reported on corporately via Dorset County Council. However, there is a key link to a corporate risk on the Bournemouth Borough risk register – that the failure to improve health and wellbeing at scale may jeopardise the future ability of the council to provide statutory services such as children and adult social care due to increasing demand.

Key assumptions include:

- Continued functioning of joint public health model, allowing for public health staff resources to be focused on work at a locality level;
- the locality public health issues in this service plan continue to be addressed through pan-Dorset public health work and the developing Prevention at Scale programme within the Dorset Sustainability and Transformation Plan;
- Preparations for local government reform continue, and that public health will continue to develop a model that supports the new unitary councils, in whatever footprint;
- The future of the Public Health Grant and implications of the ring-fence removal become clearer during 2018-19 to enable a basis for medium term planning and continued service delivery.

What were our key achievements last year?

Development of firm Prevention at Scale proposals based around life stages – Starting Well, Living Well, Ageing Well and Healthy Places.

Developed locality Prevention at Scale plans for each of the 3 Bournemouth Localities, working with locality GP chairs, Dorset CCG and other stakeholders.

Developed a single offer for 0-5 year olds, including the alignment of Health Visitor caseloads with Children Centre reach areas

Implementing a defined school nursing offer to include digital access for young people to information and advice through a text message service - “CHAT Health”

Continued to build the LiveWell Dorset service and ensure it is predominantly used by residents in the most deprived areas of the borough. The service was recognised as a finalist in two national awards – the MJ Awards and APSE awards.

Completed and launched a new digital platform to complement the LiveWell Dorset service and support more people to use the service.

Developed and implemented a real-time air quality monitoring network, working with environment colleagues

Successfully completed the tender and award for the re-configured drug and alcohol service.

Completed the formal award of contract for lead provider arrangements to oversee the continued development of an integrated sexual health service for Dorset.

Successful launch of Altogether Better project to grow volunteering capacity in general practice as part of the Prevention at Scale programme

Successful bid to develop and run an Active Ageing physical activity project, working with Active Dorset;

Delivery of around 3,500 additional NHS Health Checks to groups most in need (pan-Dorset), including targeted work with JobCentre Plus

Developed with Housing colleagues a healthy homes project officer role in Operation Galaxy – this has helped vulnerable people living in HMOs to access health and wellbeing support services

Continued to grow the Health Helpers peer-led scheme in West Howe, and supported new groups including a peer group for people living with Type 2 diabetes.

Public Health

Local authorities have a legal duty to improve health and wellbeing of residents and to reduce inequalities in health between them under the Health and Social Care Act 2012. Bournemouth Council's Ambition 2020 Corporate Plan, sets out a clear priority reflecting this legal duty (AC3 – improving health and wellbeing and reducing inequalities for residents).

The Public Health service contributes to improving the health and wellbeing of Bournemouth residents, reducing inequalities in health between different communities and groups and creating a healthier and more sustainable physical environment for Bournemouth in several ways:

- through its strategic leadership role as a partner and contributor to the Sustainability and Transformation Plans for Dorset, and the Prevention at Scale programme;
- through the commissioning and delivery of equitable, efficient and effective public health services – such as the LiveWell Dorset health improvement service, drug and alcohol, sexual health, and Children's public health services [health visiting, school nursing].
- Advising and working alongside other service units and directors on complex and cross-cutting issues affecting health, including housing, regeneration, employment, environment and education.

Staff Performance

Performance of staff is assessed via the annual appraisals process in line with Dorset County Council policies and procedures.

2. What are our key activities in 2018/19?

The main objective of the public health service in 2018/19 will be to continue delivery of the Prevention at Scale plans as part of the Dorset Sustainability and Transformation Plan (STP). This ensures Councils are meeting their legal duty to improve health and wellbeing, and reduce the gaps in health outcomes within their populations. The significant change in the STP is that there is now a clear mandate for increased collaboration between all health and care organisations, including Councils to improve the health and wellbeing of residents and the sustainability of health services. The Prevention at Scale programme has four streams of work:

- Starting well – giving the best start in life to children and young people
- Living Well – scaling support for adults to change unhealthy behaviours
- Ageing Well – helping people living with long term conditions to make changes to improve their health
- Healthy Places – using the environment and place to encourage people to be more active and healthy.

As well as delivering the projects under the headings above, the work will involve implementing plans on a locality basis working closely with health and social care services (e.g. the three GP locality areas defined by Dorset CCG of Bournemouth East, North Bournemouth and Central Bournemouth). Two of these localities have populations linked with the work of the regeneration partnership boards – Boscombe in Bournemouth East and West Howe in North Bournemouth.

Starting Well

Young children and their families have regular contact with several different services such as midwifery, health visiting, childcare, early education provision, school nurses and a range of educational settings. These Universal community services offer a timely opportunity to identify and intervene early avoiding costly specialist services and improving outcomes for children, young people and their families. A focus on children will support change within families as a whole and will ensure children develop healthy behaviours from a young age, with a longer-term impact on the numbers of people developing heart disease, cancer, diabetes, and muscle and joint problems.

We want to drive a culture change from late to Early Intervention to ensure that when children, young people and their families face challenges and need help, they can easily access the support before the issue escalates. We want to ensure those professionals in regular contact can respond confidently to deliver effective prevention and early intervention.

Expected Benefits

- Transformation of 0-5 services to improve outcomes and ensure families experience joined up support that builds on their assets and addresses their wider needs.
- Engagement with local communities, Local Authority and NHS commissioners, primary care and the voluntary and community sector to ensure outcomes are improved through implementing service offers which are responsive to locality needs
- An effective, equitable and efficient child health service and workforce supporting school-aged children
- Improved pathways and support to improve child mental health and wellbeing, including risk taking behaviour

Key activities and objectives

- Implement the Better Births pathways in maternity service to improve antenatal and post-natal support for mothers and babies
- Transform health visiting services to develop and deliver a single offer with children centres for children 0 – 5 years and their families by working with LA and NHS commissioners
- Develop whole school approaches to health and wellbeing, building on physical activity opportunities and transforming the school nursing offer for school aged children and young people
- Implement the emotional health and wellbeing strategy for children and young people including whole school approaches

Key Milestones

Better Births – CCG led:

- Develop risk stratification for early identification (June 18)
- Map appropriate interventions across the whole pathway (Sept 18)
- Improve use of digital information, advice and guidance (Dec 18)
- Implement agreed actions from mapping pathway (March 19)

Single offer for 0 – 5's – DHC and LA led

- Adopt shared early help assessments (by April 2018)
- Integrate whole family approaches to risk reduction

5-19 whole school approaches – PHD and Head Teacher Alliance

- Define project with Head Teachers and partner organisations (Jan 18)
- Agree project plan (March 18)

Emotional wellbeing and mental health – CCG led

- Launch peer support pilots (by Jan 18)
- Implement workforce development / capacity building in school staff (by Sept 2018)

Living Well

The Living Well work stream of prevention at scale will support more adults to change unhealthy behaviours, predominantly by increasing the number of people supported by the LiveWell Dorset service. The work stream will also focus on how to train and develop the capacity and capability of the wider health and care workforce to support more people to live a healthier lifestyle, working closely with the Dorset Workforce Action Board.

Expected benefits

Service capacity is expected to double by providing digital, telephone and face to face support, and be better integrated with community based services.

More people will be supported to increase their physical activity, reducing the longer-term chances of developing chronic conditions.

More people will be supported to improve their health and wellbeing by staff working right across the health and care sector.

Key activities and objectives

- Launch and roll out of the new digital platform for the service
- Developing LiveWell Dorset work in local areas, working with primary care and community services
- Supporting more people to be physically active, working closely with the Ageing Well and Healthy Places work streams

- Implementing joint plans with health and care providers to increase the number of frontline staff confident to support people to improve their health and wellbeing, and to increase the health and wellbeing of staff.

Key milestones

- Launch of digital platform by April 2018
- Develop staff health and wellbeing offer (September 2018)
- Establish new locality working for LiveWell Dorset service (by September 2018)

Ageing well

The Ageing Well work stream focuses on working with people already experiencing ill-health, and is focused around three key priorities – alcohol misuse, cardiovascular disease, and mental health / musculo-skeletal conditions. Many of the activities in this work stream involve developing a whole health and care system focus on prevention in key clinical and care pathways. For example, understanding how better lifestyle and behaviour support can be provided to people living with conditions like diabetes, who may be seen in secondary care settings.

Key objectives and activities

- Provide consistent access to lifestyle support in pre-operative pathways (smoking, alcohol, physical activity and weight management)
- Roll out alcohol screening and brief intervention model across all acute trusts
- Build more community capacity in general practice through the growing volunteering project
- Reduce the variation in management of diabetes and cardiovascular disease
- Ensure physical health checks are incorporated into all mental health care episodes via an electronic passport.

Key milestones

- Community capacity building project live in April 2018, working in at least 3 GP localities at scale (20-25 practices)
- Electronic passport used routinely for all care episodes in mental health settings (April 2018)
- Model of support for increasing lifestyle support in clinical pathways agreed – providers implementing from April 2018 onwards

Healthy places

This work stream is about maximising the potential of the built and natural environment to promote health and wellbeing for residents of Bournemouth (Dorset and Poole) within the STP. It recognises the importance of wider environmental factors in promoting health, including air quality, encouraging active travel through design and behaviour change, work on healthier homes, and supporting and promoting physical activity through better access to high quality greenspace and bluespace.

Key objectives and activities

- Implement real time air quality monitoring network to better understand how to improve local air quality
- Promote active travel by developing transport infrastructure, working with planning and transport colleagues

- Improve the quality of housing particularly for the most vulnerable
- Develop a planning framework to explicitly promote health and wellbeing
- Improve the accessibility and use of greenspace for physical activity.

Priority neighbourhoods

As Prevention at scale plans develop, one of the objectives is to ensure that new models of primary care and community services in priority neighbourhoods work in a more prevention oriented way. This may mean changing from an overly medical focus to a more social, non-medical model. Through an agreed menu of support to primary care, the public health team will work with the GP localities to ensure that in areas with a higher prevalence of public health issues, and where people have unmet and complex needs, we implement a more prevention focused model of care. There are opportunities arising through the STP and Accountable Care System developments to broaden the focus of models of care, so that they include more third sector support, peer workers, and public health practitioners, for example.

This could mean having a LiveWell Dorset coach working directly in primary care, more volunteers directly working in practices to help people with non-medical needs, and encouraging a more systematic focus on support for lifestyle changes (such as those living with diabetes for example).

Key activities

- Support emerging plans for a new health and wellbeing centre being scoped on the Shelly Road site, working with Dorset Healthcare and the locality GPs
- Continue to develop the model of care in North Bournemouth, and working with Property Services continue the plans for a health and wellbeing hub at Hyde Road
- Deliver the main prevention at scale projects in the three localities working through the primary care transformation plans.

What are the business as usual activities we deliver?

Table A

Key activity/action	Council priority outcome / objective / driver	Associated performance measure and 2018/19 Performance Target	Senior Responsible Officer	Other key service dependencies
Further reduce sickness levels through proactive monitoring and robust application of Corporate sickness procedures	EC2 (Bournemouth)	N/A monitored via DCC	N/A	N/A
Commissioning and contract management of major public health services	AC3 - Improving health and wellbeing and reducing inequalities for residents	Selected drug and alcohol service measures Chlamydia screening U75 Cardiovascular disease mortality NHS Health Checks performance Admissions due to alcohol	Nicky Cleave Sophia Callaghan Sam Crowe Sam Crowe Nicky Cleave	Bournemouth DAAT Dorset Healthcare One Acute Network
Provide strategic leadership and advice to the Dorset Sustainability and Transformation Plan and its main organisations	AC3	None specific.		
Lead the public health function at a locality level in Bournemouth Borough Council, including supporting the Health and Wellbeing Board and 2 Regeneration Partnership Boards	AC3, AC4 – supporting Bournemouth’s communities with a focus on Boscombe and West Howe	Gap in life expectancy and healthy life expectancy between least and most deprived areas		
Leading the major Prevention at Scale initiatives working with partners across the system	AC3, AC4	Various being reported by the STP including admissions due to alcohol, increase in numbers accessing lifestyle support.		

What service development will we undertake in 2018/19?

Table B

Key activity/action	Council priority outcome / objective / driver	Associated performance measure and 2018/19 Performance Target	Senior Responsible Officer	Other key service dependencies
Fully embed the LiveWell Dorset digital platform in GP, pharmacy and secondary care	AC3, AC4	Numbers supported by the platform	Sam Crowe	
Develop and scale training offer to health and care staff to increase confidence in supporting lifestyle change	AC3, AC4	Numbers trained	Sophia Callaghan	
Continue to implement service developments in 0-5 and 5-19 services, and consider options for recommissioning	AC3, AC4, EC2	None – dependent on options appraisal	Jo Wilson	Children's services
Work with secondary care to embed support for lifestyle changes in key pathways	AC3	Numbers supported	Nicky Cleave	
Evaluate impact of air quality in Bournemouth based on data from the new air quality network	AC3	None	Rachel Partridge	Environmental services
Develop a planning framework to explicitly promote health and wellbeing	AC3	Agreed framework published	Rachel Partridge	Planning, environment, transport

What service transformation and integration will we undertake in 2018/19?

Table C

Key activity/action	Council priority outcome / objective / driver	Associated performance measure and 2017/18 Performance Target	Senior Responsible Officer	Other key service dependencies
Launch of new vehicle for LiveWell Dorset service and integration with localities	AC3, AC4	Numbers accessing service and outcomes	Sam Crowe	
Continued transformation of sexual health services in new lead provider model	AC3, AC4, EC2	Chlamydia screening, rate of new sexually transmitted infections per 100,000	Sophia Callaghan	Dorset healthcare

Key activity/action	Council priority outcome / objective / driver	Associated performance measure and 2017/18 Performance Target	Senior Responsible Officer	Other key service dependencies
Growth of volunteering model in general practice to support health and wellbeing	AC3, AC4	Number of practices supported	Sam Crowe	

New activities in 2019/20 and 2021/22

Continue to prepare for removal of the ring fence to the public health grant in 2019/20, and potential local government re-organisation. This will involve re-negotiating how the public health service will work to support any new Unitary Council configuration. We would anticipate continuing to have to support the work of the Sustainability and Transformation Plan and evolving Accountable Care System. Because of this, the team may have to reduce or stop a number of current business as usual projects. This will be reviewed on an ongoing basis to ensure we can put public health capacity where it is most needed in the system.

3. Financial Resources – please see reporting via Joint Public Health Board			
Expenditure description	2018/19 £'000	2019/20 £'000	2020/21 £'000
Direct salary costs			
Other employee costs			
Premises costs			
Transportation costs			
Supplies and services			
Other direct costs			
Service expenditure			
Fees, charges and rents			
Grants and contributions			
Other income			
Service income			
Appropriations to/(from) reserves			
Total net budget			

Explanation of year on year variances
<p>2018/19 figures have been provided for your Service Unit by Strategic Finance. Final figures will be updated after the 2018/19 budget and MTFP is agreed in February 2018.</p>

Staffing Resources – Public Health				
Grade description	2017/18		2018/19	
	FTEs	No. of employees	FTEs	No. of employees
Service Directors				
Heads of Service / Service Managers				
Managers (grades 11 – 13)				
Operational (grades 8 – 10)				
Admin/Service (grades 5 – 7)				
Admin/Service (below grade 5)				
Total				
Recorded sickness rate (latest rolling 12 months)				
% of available staffing resource				

Explanation of year on year variances
<p>Please transpose 2017/18 figures from your final 2017/18 Service Plan. Final figures for 2018/19 will be updated after the 2018/18 budget and MTFP is agreed in February 2018. (Please consult your accountant if you need any clarification on grades and so on.)</p> <p>Alongside details of the year on year variances, include your sickness target and how staff sickness will be addressed.</p>

Savings and Efficiencies – Public Health				
	Already achieved £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000
<i>In Year Total</i>				
<i>Cumulative Total</i>				

Budget Pressures – Public Health					
	2018/19 Base £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000	FTE Impact
<i>In Year Total</i>					
<i>Cumulative Total</i>					

Capital bids – for new projects to be considered for inclusion in Capital Programme

Please note – These capital bids will be prioritised at CMT. Schemes which CMT support will require a Business case to be approved by the Executive Gateway Board (EGB) before funds are released. Help is available with completion of this form - please contact your relevant accountant.

Proposed project	Why is the project required?
Scheme 1 – description	
(brief overview of project, key deliverables, timeline and feasibility requirement if needed)	Include key reasons and/or benefits for doing project, e.g. statutory requirements, efficiency savings.
Scheme 2 - description	
(brief overview of project, key deliverables, timeline and feasibility requirement if needed)	Include key reasons and/or benefits for doing project, e.g. statutory requirements, efficiency savings.
Scheme 3 - description	
(brief overview of project, key deliverables, timeline and feasibility requirement if needed)	Include key reasons and/or benefits for doing project, e.g. statutory requirements, efficiency savings.

Project Finance	Council Priorities ¹	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Proposed Cost					
Scheme 1 description					
Scheme 2 description					
Scheme 3 add more lines if needed					
Project Costs Total					
Identified Funding					
Insert funding source					
Insert funding source					
Insert funding source					
Funding Total					
Funding to be identified ²					

Note 1 - Which Council corporate priority actions does the proposed project meet? (eg. EC2 Developing our workforce, please see Bournemouth's Corporate Plan 2017/18 for reference <http://www.bournemouth.gov.uk/CouncilDemocratic/AboutYourCouncil/PlansandPerformance/CorporatePlan.aspx>)

Note 2 – Have you contacted Sean Hawkins, Corporate Policy and Strategy Officer, Bournemouth Council or Marie Pandolfo, External Funding Manager, Borough of Poole to see if there are any external grants which can be applied for to finance the project?

Revenue Impact of Capital Proposals (e.g. Borrowing repayments, change in running costs such as maintenance)	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Savings on running costs should be shown as a negative figure, increases in running costs positive				
Savings on running costs should be shown as a negative figure, increases in running costs positive				

Service plan sign off

This service plan has been agreed for operation from 1 April 2018 by:

Portfolio Holder: Councillor Jane Kelly

Date:

Managing Director: Jane Portman

Date:

Service Director: Sam Crowe

Date: