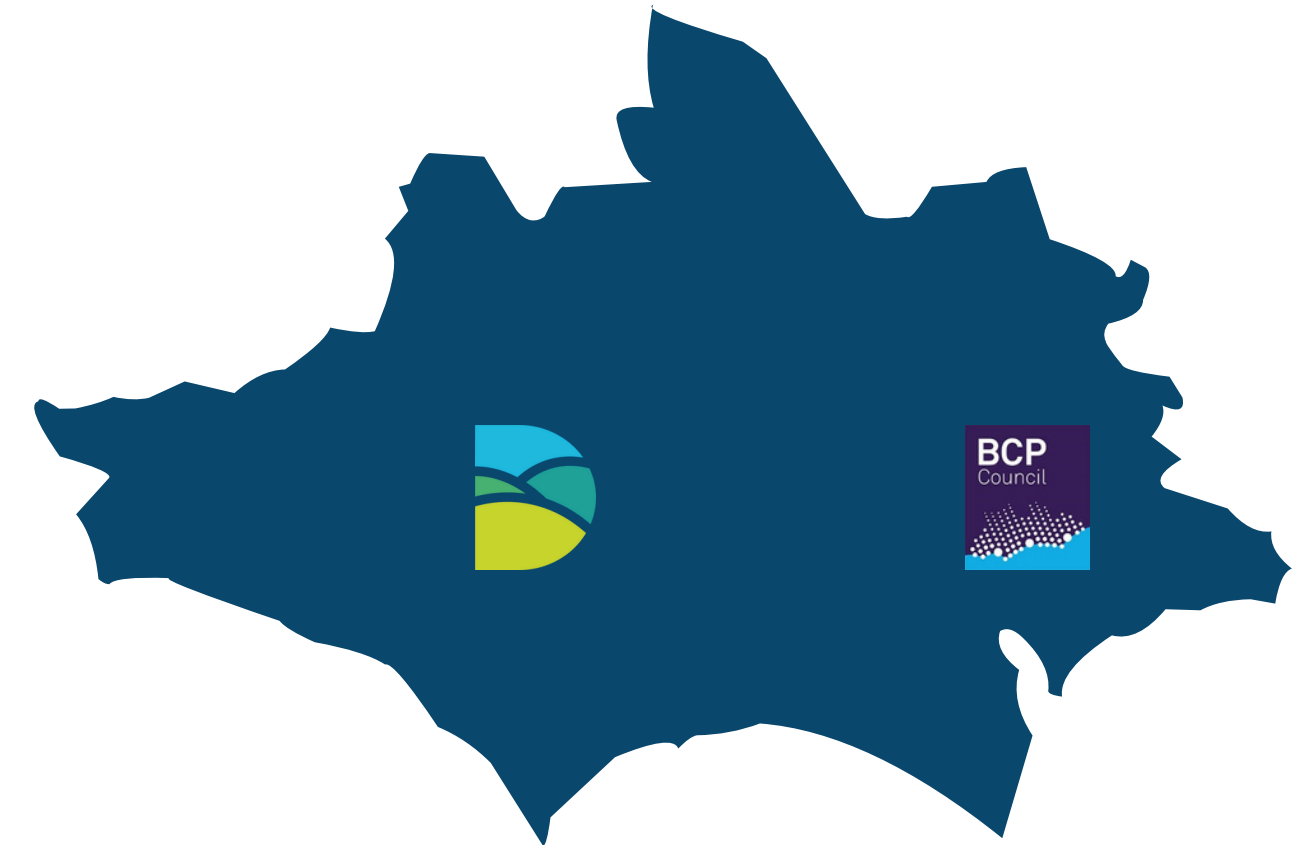




Annual Director of Public Health Report

Dorset Council and Bournemouth,
Christchurch and Poole Council

2022/2023



Celebrating ten years in local government



Sam Crowe
Director of Public
Health for Dorset and
Bournemouth,
Christchurch and Poole
Councils

Welcome to our annual public health report. This year's report is focused on understanding the difference we make through our public health services. With ongoing complex challenges to health it feels timely to focus on who we are helping through our shared services by improving and protecting the health of residents in both Dorset and Bournemouth, Christchurch and Poole Councils, and tackling inequalities.

Ten years ago, public health moved from the NHS into local government in one of the biggest shake-ups to the public health system in recent history. We decided to provide public health through a shared service in 2013 – supporting the three councils at the time, before local government reorganisation formed two unitary authorities.

There were clear reasons for this. Being able to provide services at scale – delivering value for money, efficiency and effectiveness. We used the pooled public health grant to develop new services such as our integrated health improvement service, LiveWell Dorset. We stopped smaller support services, and invested in evidence-led behaviour change, embracing digital delivery to reach people most in need. Since 2015 LiveWell Dorset has helped around 50,000 Dorset and BCP Council residents to lose weight, quit smoking, reduce their drinking and move more.



Sharing services and pooling the public health grant has meant we have been able to provide advice and guidance at scale to many different partners over the years. We retain a strong team, able to provide specialist communications, intelligence and evidence to partners and the public to improve health. Having strength in depth meant that when the COVID-19 global emergency hit, we were able to lead the local outbreak response, stepping in to provide vital health protection and infection prevention and control support to our local communities.

Over the past year, we've stepped back from health protection, focusing back on communities, health improvement and our work with partners in the health system. We led a diverse team to deliver the system's first integrated care strategy focused on prevention, as well as healthy places policy work with councils to improve walking and cycling, make homes warmer, reduce food insecurity and improve access to high quality green spaces.

I hope you enjoy this year's report, and through it gain a clear understanding of the way the public health shared service has supported residents not just in the past year, but also through a decade's work in local government.

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One of my proudest achievements was supporting the creation of the first Poverty Truth Commission in the south of England, in BCP Council. The Commission brings together people with living experience of poverty to sit with local leaders, working together to find ways to involve people fully in decisions that affect them about services. Over time this approach will help tackle inequality in our local areas, and support service providers to better understand the difference they can make to people living with poverty.

Sam Crowe, Director of Public Health

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2022-23: The year in review

This section shows some of the highlights and achievements from our programmes during 22-23. We report on progress through the [Joint Public Health Board](#), and our key programmes and services are set out in our [annual business plan](#).

Recovering services

During the pandemic, many of our public health services were paused or revised when face-to-face contact was stopped in lockdown. Recovering services has been the main ambition in the past year.

We have now taken the opportunity to relaunch our NHS Health Checks service. This is a national service that provides people aged 40-74 with a check to find out their risk of stroke and heart disease. Performance has not always been strong, especially in disadvantaged areas. We redesigned the service, and are now offering checks in-house through LiveWell Dorset, who will focus on communities with the highest needs.

Recovery of services for people with drug and alcohol problems was also a key feature. We supported a new partnership – the Combating Drugs Partnership – to deliver the national strategy, supported by new funding to restore services.

Our largest area of spend in public health goes on delivery of the healthy child programme. This provides health visiting to families with very young babies, supporting the vital early years, as well as children and young people through public health work in schools. In the past year, we saw successful recovery of these services, with face-to-face contact restored and performance above regional and national comparisons.



Our mental health prevention work continued, responding to an increase in people locally who are struggling. Sadly in January we declared a cluster of suspected deaths by suicide, and set up a response team to ensure access to bereavement support and identify people affected who may need more support to reduce the risk of further deaths.

We continued to provide suicide awareness and prevention training to around 250 people working in frontline services. Building confidence in people to talk about suicide is one small step in helping some people share how they are feeling, which can make a difference in getting help. We also ran a large communications campaign aimed at young people, to raise awareness of how to seek help when struggling with their mental health.

In our work with the health and care system, we developed the first integrated care strategy for Dorset, and continue to lead its implementation. This includes developing new ways of engaging with people and communities, through the 100 Conversations community engagement programme. We supported both councils to play an active role in the new integrated care system and are working to ensure local plans align and can deliver on priorities set out in the strategy.

Need to talk?



Call

Connection - 24/7 mental health helpline **0800 652 0190**

Samaritans - Always on-hand to listen **116 123**



Text

24/7 mental health support **Text 'SHOUT' to 85258**



Chat

Wellbeing community with live chat (11-18 years) **kooth.com**



Search

Find more local support **dorsetyouth.com/mental-health**



Mental health support for young people in Dorset



Key service performance

0-19 public health service	Performing well
Sexual health	Performing well
Drugs and alcohol	Performing well
LiveWell Dorset	Performing well
NHS Health Checks	Behind target

Public health had a brand refresh led by our communications team. Having a visual identity that reflected the partnership between the two unitary councils involved a subtle change to our colours and strapline. This is supported by changes in the team to enable us to work in a more integrated way in both councils.

The theme of greater integration continued through the public health intelligence team, who have completed the transition of our data and information platform from Tableau to PowerBI. This will help share understanding of our data as it is now the common platform across the system. We also have a new joint intelligence role working with Dorset Council and NHS Dorset, to enable more integrated working.

Finally, it was great to be recognised nationally for our partnership work. LiveWell Dorset has been working closely with local clinicians in the Dorset Health Villages - outpatient assessment centres in Dorchester town centre and Beales in Poole Dolphin Centre. They provide people preparing for surgery for joint problems with advice on losing weight, stopping smoking and getting more active. This way of working is reducing the need for surgery in some cases, and instead people are able to manage and improve their condition through changing their health behaviour, and undergoing rehabilitation through physiotherapy. The service was highly commended in the Health Services Journal awards this year. Thanks to our partners Active Dorset in helping deliver this new way of working in Dorset.



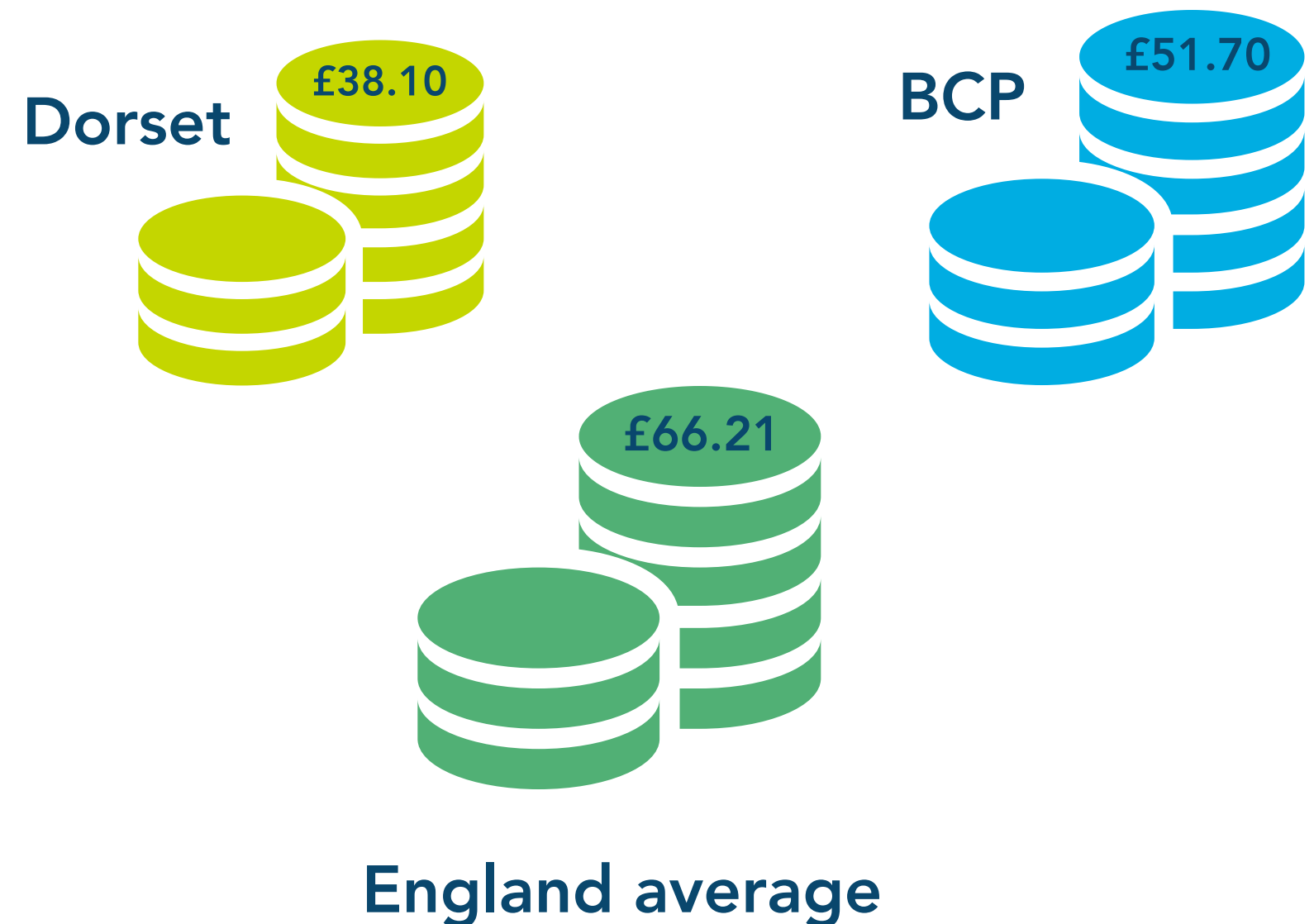
Our finances

Public Health Dorset is funded from a public health grant received by both councils from central government. In total we receive around £25million each year. The graphic on the next page shows where this was spent last year.

The grant is ring-fenced for use on public health functions. Overall, around 87% of our grant is used to directly commission or provide public health services. The remainder goes on our team and hosting costs.

The grant received by each council varies based on underlying population need and historic allocations. BCP Council received £51.70 per head of population in 22-23 (£20.6m in total), compared with £38.10 per head for Dorset (£14.6m). The Dorset allocation is the 13th lowest in the country, and BCP Council 55th of 152 councils. At the top end, Kensington and Chelsea receive around £140 per head, and Blackpool £138 per head for comparison.

Funding allocation per head of population



How we spent the grant in 22-23



0-19 services

- £11.2m - Dorset HealthCare
- £260k - Best Start in Life and breastfeeding



Sexual health services

- £5.17m - Dorset HealthCare
- £801k - GPs, pharmacies and out of area



Drugs and alcohol (Dorset Council only)

- £2.58m - Reach (EDP)
- £168k - Pharmacies, waste, detox and rehab



Team costs

- £2.5m - Main staffing costs
- £477k - Hosting and operational costs



LiveWell Dorset

- £1.02m - In-house provision



Smoking cessation

- £697k - Hospitals, pharmacies, GPs and other



Adult obesity

- £236k - Fixed term support and tier 2



NHS Health Checks

- £132k - GPs and pharmacies



Public health intelligence

- £137k - Joint posts and software



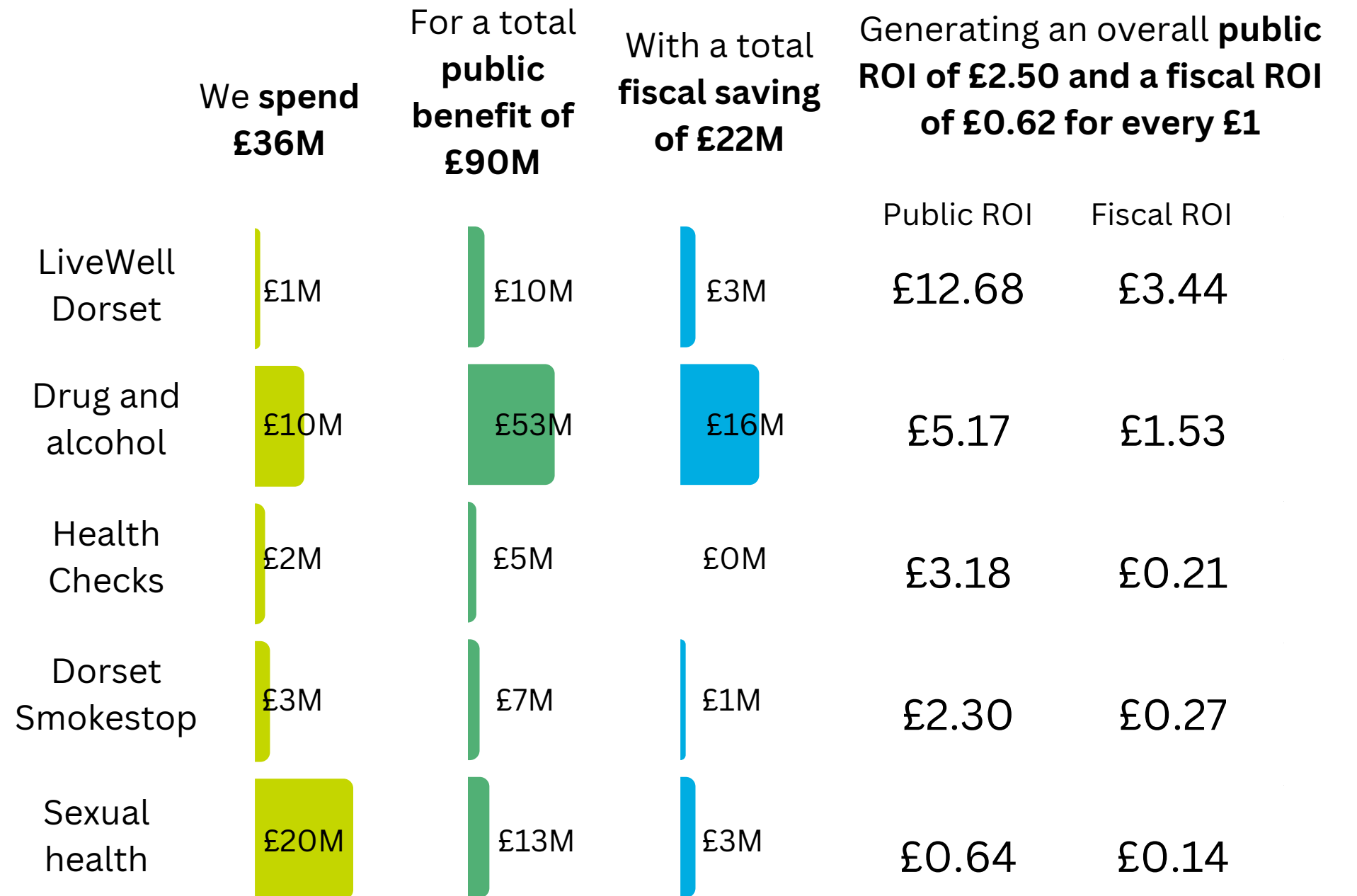


Measuring value for money

We carry out studies to assess the value for money in the way the public health grant is invested. In 2016-18 we used an economic model (New Economy, Manchester) to understand the costs and benefits of public health services locally.

This found that the greatest return on investment was through health improvement services, like LiveWell Dorset. For every £1 spent through the service, a public return of £12 was generated in prevented ill health. However, the fiscal return was greatest to the NHS, not local government. Fiscal return measures benefits to local public sector organisations, like the NHS or councils.

Graphic showing benefits arising from 3 year spend on common public health services in Dorset between 2013/14 and 2015/16. The costs (spend) of some of these services are considerably lower today, resulting in improved value for money.

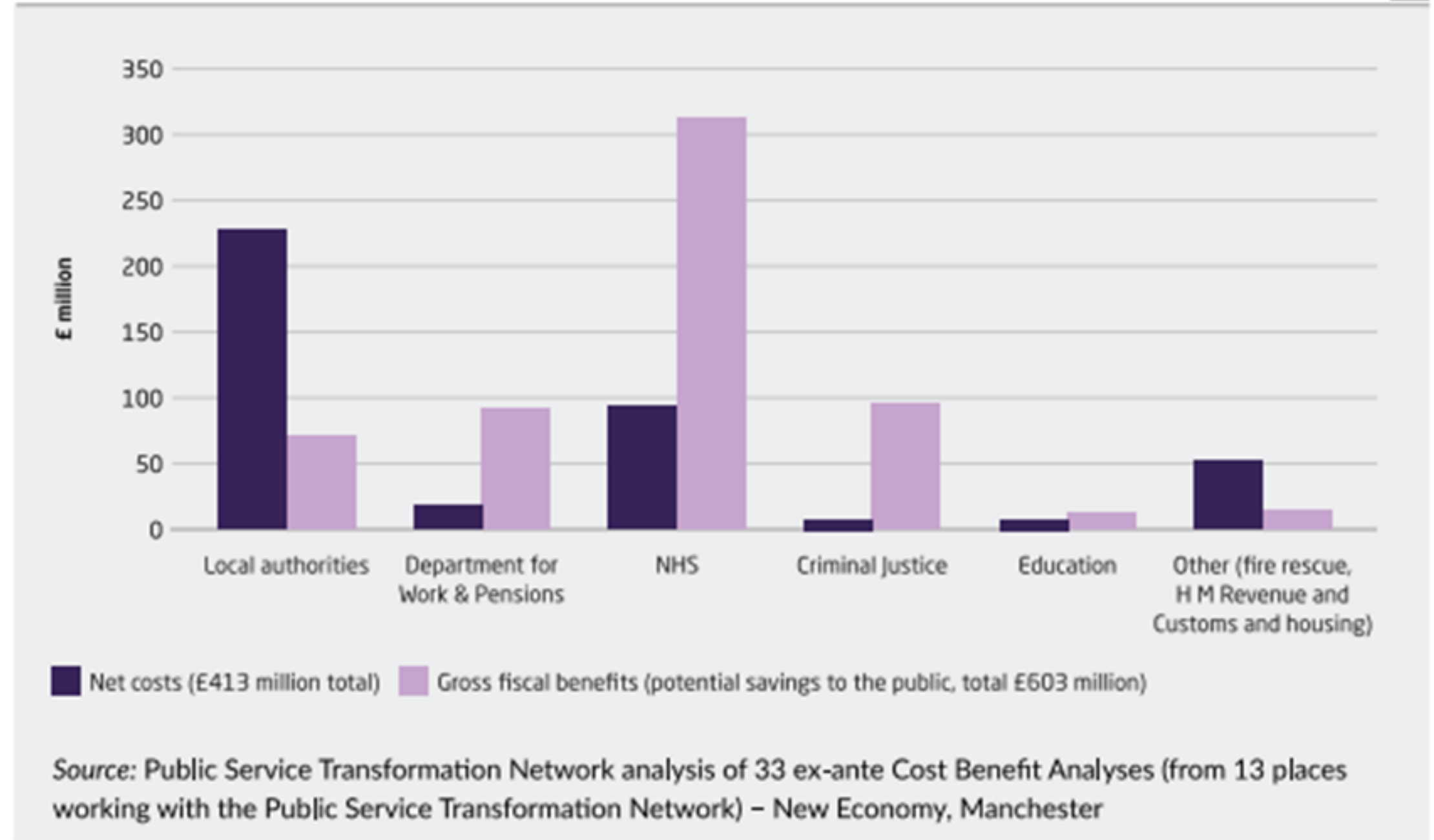


This is supported by a larger analysis of public health commissioning by local government, see Figure 5. Overall, public health services remain a good investment and offer good return at system level, but this is harder to evidence directly back to councils.

The second greatest return on investment after health improvement was from spend on drug and alcohol services.

The chart to the right shows use of the same model applied to 13 areas in England, looking at the costs and benefits of the public health grant.

Figure 5 How costs and benefits are shared across the public sector



From King's Fund 2020: An Independent Assessments of the English local government public health reforms.



Our service performance

0-19 Public Health Service



We commission Dorset Healthcare, a local NHS provider, to deliver the Children and Young Person's Public Health Service to families in BCP Council and Dorset Council.

The overall aim is to support the next generation to have the best possible start in life. The service offers a number of face to face visits, assessments and checks at important early years stages, as well as working to deliver better health through schools. Each year they will visit around 4,500 families with newborn babies.

They provide support and advice to parents, carers and families of children and young people working closely with other children's services. They have an important role in safeguarding and in identifying issues early to provide help, including for depression following childbirth.

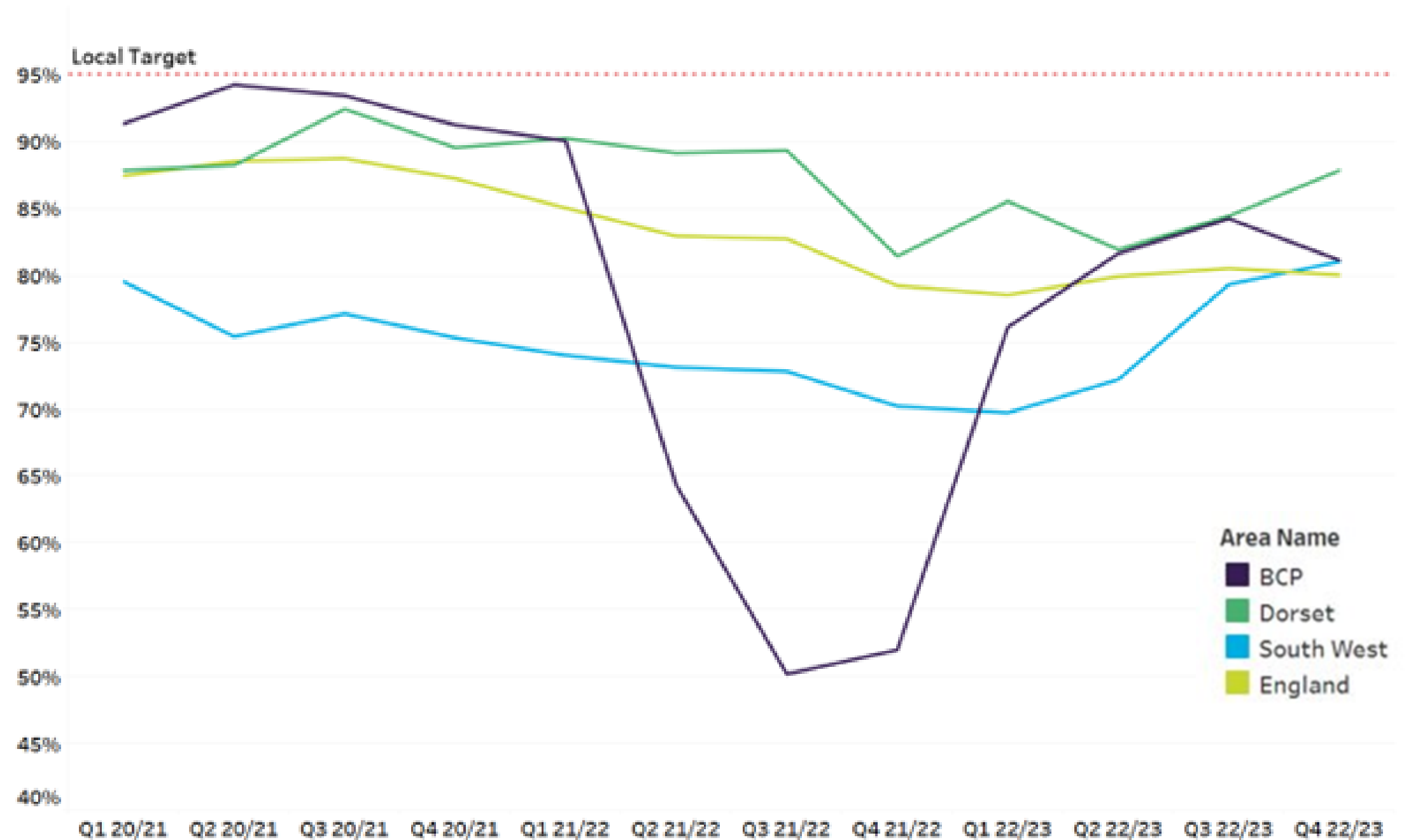
The service works to deliver a range of national activity targets. However, in recent years we have also asked for evidence of impact on improving public health outcomes at a universal level in the first two years of life. We ask the service to focus on reduction of smoking, through smoke free homes work, increased physical activity, readiness for school, and family mental health.



The service has faced challenges in the past few years. This includes not being able to carry out face-to-face visits during the pandemic, workforce challenges and vacancies, and juggling safeguarding responsibilities and working with complex families whilst providing a universal service to all families with young children.

All new births should receive a visit from a health visitor within the first 2 weeks. The chart above shows local performance. In 22-23 we have seen significant recovery of the timeliness of visits in BCP Council – and they are consistently above the average for South West England, and similar to England in both council areas.

INDC2 Percentage of all births that receive a face to face NBV within 14 days by a health visitor



Smoking

Smoking at time of delivery is a key national measure that is collected by the NHS. In Dorset, around 10% of women giving birth are smoking at delivery, slightly higher than England at 9.1%. Midwives offer support to quit for women who are smoking, and this work is continued by our CYPHS service when they are working with families with new babies. Carbon monoxide monitoring of the smoking status of parents is now routinely recorded at visits, and those smoking offered support to quit. Around 2 in 3 are given health advice about smoking, and 1 in 3 referred for stop smoking support.

Achievements and challenges

The service is delivering broadly above the national average for all mandated contacts despite continued workforce challenges. Quarterly highlight reports show strong evidence of successful work around the four key outcomes - reducing smoking, school readiness, physical activity and family mental health. ChatHealth and Parentline are providing innovative digital support to children and families and use is increasing steadily.

Specific safeguarding posts have been introduced to ease system pressures around increased need and responsibilities, allowing the service to focus on universal contact and support. We have continued to collaborate well with the service managers and leadership on addressing challenges this year, including task groups to work on key challenges, such as cost pressures due to pay awards and rising complex needs, workforce challenges including recruitment and retention, and data quality and reporting.



Our service performance

Sexual health services

We commission an integrated, community based sexual health service that operates from two main clinical hubs in Dorset, in Weymouth and Bournemouth. The hubs are supported by smaller community services in Blandford, Poole, Bridport and Portland. Around 3,500 people attend each month. The main aims of the service are to diagnose and treat sexually transmitted infections including HIV, provide contraceptive health advice, behaviour change and prevention, and enable access to online testing for a range of conditions. The service is skilled at working with and reaching core groups who experience increased sexual health risks including men who have sex with men, the trans community, and some ethnic minority groups.

The most recent data on new STI diagnoses shows an increase, although during the pandemic the number of new diagnoses dropped. In BCP rates are now similar to pre-pandemic at 464 per 100,000 (compared to 457 per 100,000 in 2019). In Dorset, the increase has been smaller, currently at 300 per 100,000 (compared to 430 per 100,000 in 2019).





Achievements and challenges

The service continues to develop a fully integrated sexual health and HIV community model with improved access to online testing services including for HIV. They are developing strong quality improvement approaches, including a behaviour change skills development plan for employees.

They are successfully providing new services such as pre-exposure prophylaxis for HIV, and developing a zero HIV programme. They continue to adopt new service delivery approaches, including using online tools like ChatHealth to provide support on sexual health for children and young people.

This year Sexual Health Dorset has worked through the challenge of keeping the service functioning during the recovery from COVID and the national Mpox outbreak. An ongoing challenge is engaging groups at higher risk of risky sexual behaviours, and re-establishing work with schools following the pandemic.



Our service performance

Addiction treatment and recovery



Public Health Dorset commissions treatment for people with problematic drug and alcohol use in the Dorset Council area. The service, called Reach, is provided by Humankind and is an integrated, all-age model. We no longer commission treatment services for residents in the BCP Council area, this is carried out by a separate team in the council.

Drug and alcohol services are an important public health service. Investment in treatment and recovery has been shown by numerous studies to provide a good level of return on investment. People and families benefit from recovery from addictions on an individual level, but there are also wider benefits to communities through reduction of acquisitive crime, improved community safety, and reduced use of health and social care services. Effective treatment reduces demand for illegal drugs too and is one of the main aims of the new national drug strategy, [From Harm to Hope](#).

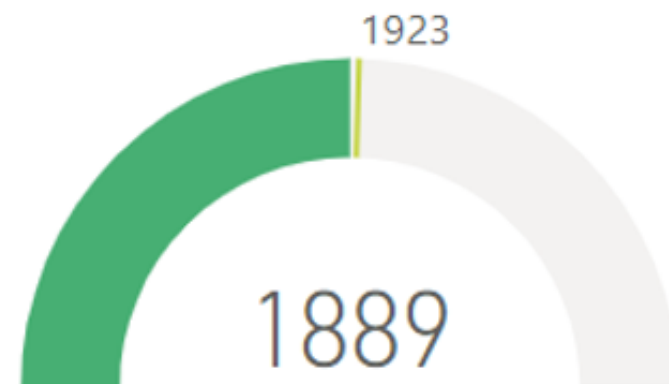
In the past year, the public health team has been working with the service providers to plan for new investment to increase the number of adults in treatment through new grant funding in addition to our existing local funding. The team has also been preparing to re-tender for the service as the contract expires shortly.



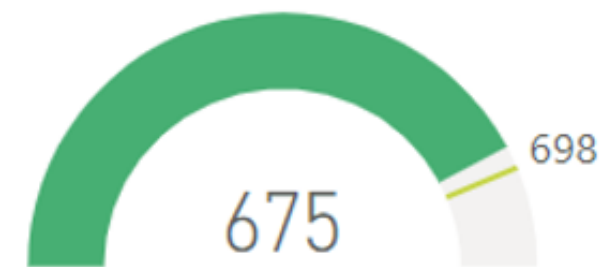
Achievements and challenges

The service has performed well against national targets in 2022-23, only marginally below the target for number of adults in structured treatment by 34. The target for adults in treatment for non-opiates was exceeded, as was the target for young people in treatment. Dorset Council had higher successful completions than the national average in all four drug categories in 22-23. It also had a higher proportion of people in treatment showing substantial progress, compared with national targets.

Total adults in structured treatment 22-23



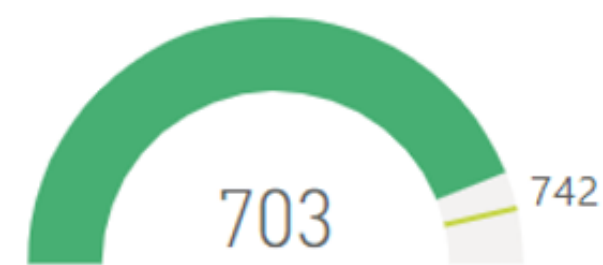
Opiate target



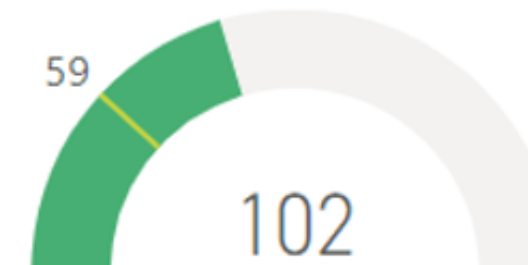
Non-opiate target



Alcohol target



Under 18s target



One of the most improved outcomes is continuity of care following release from prison, which rose from 43% to 67% through the year. This measures the proportion of adults with a need for substance misuse treatment who successfully engage with treatment in the community on release from prison. The national proportion is 41% on this performance measure.

There has also been a reduction in the number of drug related deaths in the county in 2022. Although the figures are provisional, depending on coroners inquest findings, deaths fell from 59 in 2021 to 51 in 2022.

Challenges for the treatment and recovery of adults with problematic substance use include meeting national expectations around performance following the additional investment. Re-tender can sometimes lead to temporary loss of performance due to uncertainty and change. With the new grant funding due to end in March 2025, there remain risks around continuity of service as without additional funding, the level of performance will be difficult to maintain.



Our service performance



LiveWellDorset

LiveWell Dorset is our in-house integrated health behaviour change service. It offers support to adults who live in the Dorset Council and BCP Council areas who want to quit smoking, lose weight, reduce their alcohol consumption and move more. What makes this service different is that it combines support for different lifestyle issues with evidence-based behaviour change support, all in a simple to access service with digital, telephone and some face to face support.

It's public health importance is because lifestyle risk factors underpin many of the diseases and conditions that lead to early death and years spent living in poor health, such as cancer, heart disease, strokes and diabetes. Supporting people so they are motivated to make positive changes to improve their health can have a big impact on their quality of life, as well as being one of the most cost-effective prevention investments in our local system.

LiveWell Dorset also focuses on primary prevention in our integrated care system working collaboratively in to deliver innovative, effective, and evolutionary local services at scale.

Achievements in numbers:

- Almost 50,000 registrations since the service started in 2015
- 40% of all clients are from most deprived areas, helping to tackle health inequalities
- Nearly 13,000 coaching sessions delivered for 3,500 clients
- Almost 40% of weight management clients lose 5% bodyweight by 3 months
- Over 1,700 clients supported to stop smoking through nicotine replacement therapy and e-cigarette offer



Our service performance

NHS Health Checks



The NHS Health Check is commissioned and delivered through public health in local authorities under our mandate to provide a cardiovascular risk assessment to adults aged 40-74 years old. Adults who are not being treated for known heart problems, stroke or diabetes are invited once every five years to receive a check on their risk factors.

Anyone at an increased risk is asked to see their GP for a fuller assessment and possible treatment. Around 3% of people in Dorset having a check are usually asked to see their GP due to raised risks, but this rises to more than 15% in some communities with greater underlying risk factors.

Performance locally has not been strong in recent years. We have delivered a lower number of invitations, and a lower number of checks in each council area compared with national averages. This has been due to a combination of inconsistent delivery by primary care and pharmacy, interruption due to the pandemic and current workforce pressures. Performance on this programme has been lower than the average for England across the wider South West region too.

But there are also problems with 'the inverse care law'. The lowest provision of checks has been in areas with the highest underlying risk factors for cardiovascular disease, and the greatest provision has been in more affluent areas in Dorset, with lower risk factors.



Because of this, we spent time in 22-23 relaunching the programme following consultation and engagement with service users, providers and members of the Joint Public Health Board.

In April 2023 a new programme went live, with a mixture of primary care providers, and a new outreach service provided by LiveWell Dorset, aiming to work with groups harder to reach. They have a target to achieve delivery of around 2,000 additional checks in 23-24.

Achievements and impact in 2023

The programme did not achieve its targets in 2023. In the BCP Council area, 6.5% of the eligible population were invited for a check, but only 1.6% took up the offer (7,312 offered, 1,768 delivered). The CIPFA benchmarking data for nearest neighbours shows an average of 17.6% of the population being invited each year, with 6.7% taking up the offer. To match this performance, an increase of around 5,500 checks delivered each year is required. The outlook and activity improved in the final quarter of 2022-23, and will be closely monitored this year.

For Dorset Council performance was similar with 5.3% receiving an invitation, and 2.2% of the eligible population having a check (6,247 invited, 2,628 delivered). The number of checks delivered in the final quarter of 22-23 improved, and again will be monitored this year. The CIPFA benchmark for neighbouring authorities is for 12.1% of the eligible population to be invited per year, with 4.8% of the population receiving a check. To match this performance, an increase of around 3,000 health checks delivered is required.



Spotlight: BCP Council



One of our key links in the BCP area has been the Access to Food Partnership, where we have taken a holistic approach to address the wellbeing of people experiencing food insecurity. We have supported local food projects and worked towards ensuring that vulnerable populations have access to nutritious food.

The public health team has closely worked with Community Development Officers on programmes with links to population health outcomes, such as the ASPIRE project, Boscombe Soup events and the cost of living response.

We have collaborated with the Resettlement Team on asylum seekers' health and wellbeing. In particular, we have focused on supporting the health needs of hotel residents, providing Mental Health First Aid training for support staff.

We've worked with BCP colleagues on joint public engagement, through the 100 Conversations project which ensured residents' voices were heard as part of the development of the Integrated Care Partnership strategy. We've followed on from this by linking in with Age-friendly Communities, fostering a more inclusive and age-friendly environment in Bournemouth, Christchurch and Poole.

Recognising the importance of equality, diversity, and inclusion, we have provided our support to the Strategic Equality Leadership Group.

We have also provided support to Children's Services in developing the Special Educational Needs and Disabilities (SEND) Joint Strategic Needs Assessment (JSNA) process.



Spotlight: Dorset Council



Through Dorset Together, we've supported the Ukrainian refugee programme and work to support residents through the cost of living crisis. Our intelligence team has contributed to modelling work, providing valuable insights and data to provide help to those who need it most.

We have taken a lead role in the Dorset Food Security Network, which has made remarkable progress in improving the infrastructure for food security across the area. We are particularly focused on extending the provision of affordable, healthy food options while establishing strong links with a wider wellbeing offer.

Our locality link workers have worked with Dorset Council and town council colleagues in towns across Dorset to support health and wellbeing initiatives, including wellness events and parkrun in Shaftesbury and new orienteering courses in Gillingham and Blandford. In Weymouth, we conducted a survey to understand young people's use of outdoor space, with the aim of understanding barriers and improving access.

For children and families, we have undertaken a thorough review to improve the uptake of the Healthy Start Programme and are supporting the development of Family Hubs, collaborating with other local initiatives. We've also worked with the Early Help Engagement team to create physical activity opportunities for young people who are on risk registers or have anti-social behaviour orders.

In line with the council's commitment to equality, diversity, and inclusion, we have provided support to the council's EDI Strategic and Operational Groups.



Other programmes: Mental health

In 2022-23 the team recognised mental health was an increasing priority, based on understanding the level of need that was presenting to services, supported by national surveys showing an increased prevalence especially in children and young people. We have begun developing a programme of public mental health work, aiming to support partners in the wider system. The work falls into the following categories for the public health team:

- Understanding need – contributing to the Joint Strategic Needs Assessment and developing our integrated care system strategy with partners
- Support to NHS service improvement and transformation – under our healthcare public health programme (child and adolescent mental health services, community integrated care)
- Suicide prevention – communications campaigns, awareness raising, and training of professionals working in the system to better support people in need
- Response work – developing real time surveillance of suspected deaths by suicide, and offering timely bereavement support working closely with affected groups and settings



2022/23 achievements

The past year saw the creation of a new statutory body, NHS Dorset, to lead the integrated care system which went live on 1 July. Public health has been supporting the development of the integrated care strategy. Mental health featured strongly in the strategy, recognising that as a system we could do more to support people at an earlier stage when they experience problems with their mental health.

This included developing a case study on children's emotional health and wellbeing, and their experiences of support through child and adolescent mental health services. This was used with both Health and Wellbeing Boards as part of our joint strategic needs assessment process, to highlight priorities we believe the system should focus on in the coming years.

Work is now progressing on a major change programme for CAMHS, which we will support under our healthcare public health agreement. To support the work, a series of in-depth panels on mental health are taking place this year, to understand what prevents people from seeking support at an early stage, and what we can do differently.

The public health team has experience of responding to clusters of suicides, and actively worked with partners to improve access to timely bereavement support, improve understanding of what to do in response to a suspected death, and getting more timely data and intelligence, working with partners.

The Director of Public Health established a sector led improvement programme for the South West Region in 22-23 specifically looking at barriers to timely local data. The improvement work will continue during 23-24, aiming to ensure that every area in the South West has access to timely surveillance data, to enable a timely response.



We have delivered two targeted suicide prevention campaigns this year - one focusing on rural communities and the other for young people. Suicide rates are higher in rural communities, and agricultural workers and farmers have an increased risk of suicide. We delivered a hyper-local suicide prevention campaign called Within Reach in two rural communities in North Dorset and West Dorset to empower people to support others and encourage those struggling to reach out for help. This included mental health first aid training, radio and print advertising and distribution of hundreds of cards signposting to support.



Research by Dorset Youth showed that young people don't always know where to go to get mental health support, so we aimed to tackle this problem with our integrated campaign 'RUOK?'. Our focus was on a shareable graphic that young people and their families and friends can screenshot, save and share on their phones so information about mental health services is always to hand. It has been shared with a wide range of partners including all schools and colleges, youth groups, libraries, town and parish councils, and NHS and mental health partners. Our advertising campaign in March and April targeted young people in Dorset on Snapchat, Instagram and Youtube, and generated over 1.5million views, with 13,500 click throughs to signposting information.

We have also been working to train our workforce in Dorset to have the skills to provide support to people who may be thinking about suicide. Last year, we provided suicide first aid training to 225 people in a range of frontline roles including in the NHS, fire service and drug and alcohol services, with 99% saying it increased their confidence in recognising the signs and being able to help people. We also have 12 Mental Health First Aid trainers delivering courses each year across our system.



Prevention in the Integrated Care System

As part of our mandate from the Department of Health and Social Care, the public health team provides advice and guidance to the NHS as part of its efforts to improve population health, increase the value and effectiveness of health and care services, and reduce inequalities in health outcomes.

This section highlights some of the work in the past year. In our business plan, the work we do alongside NHS colleagues is set out in an agreement on healthcare public health advice. This ensures we have clear programmes where we provide support helping us plan where our capacity can make a difference, in support of clear outcomes and priorities.

The integrated care strategy

The Director of Public Health led a system team during 2022-23 to undertake research, engagement and development of the first integrated care strategy for Dorset. The [strategy](#) was published in January 2023 and sets a framework for how all organisations within the integrated care system should work together to tackle ill health and inequality. The DPH is continuing to lead the implementation of the strategy in the system, including work with both Health and Wellbeing Boards, the two councils, NHS Dorset, and the main health and care providers.



Case study: Treating Tobacco Dependency

The public health role in this work is to highlight where there are opportunities to work differently to prevent ill health and premature death. For example, due to the impact of smoking on health, we lead the Treating Tobacco Dependency programme in the NHS. This provides everyone admitted to hospital or having a baby at a hospital trust with support to quit smoking, if they are identified as a current smoker. It is an evidence based way of reaching smokers in addition to our public health services like LiveWell Dorset.

All of our hospital trusts offer an in-house smoking in pregnancy service under the programme. The target in 2022-23 was to offer 75% of pregnant smokers referral to the service, including direct supply of nicotine replacement therapy and vapes. Services exceeded this target during 22-23, and also ensured all pregnant women at the time of booking their antenatal care were asked for smoking status. This links to the national target to reduce smoking at time of delivery to 6%, with Dorset currently on par with England, at 8.6%.

In Dorset 46,164 hospital inpatients were screened for smoking in 22-23, and 8.1% were identified as smokers (compared with 16.1% nationally). In Dorset, this has fallen from 16.5% when the pathway for acute inpatients first launched in 2020. Compared with national data we are exceeding performance: 70% of smokers were referred to our in house acute service compared to 45% nationally, and 67.2% were seen by our inhouse acute service compared with 63.2% nationally.

Dorset is also one of the early adopters in the country to fully roll out the NHS Advanced Smoking Cessation Service which ensures people can be referred direct from hospital to community pharmacy for smoking cessation support on discharge. This addresses the gap in the handover between secondary and primary care on discharge, as well as creating additional smoking cessation capacity in the community.



Case study: Dorset Health Villages

Since 2021 we've been working with system partners to develop a new model of care at Dorset's Health Villages. These sites bring together Outpatient Assessment Centres with health behaviour change services LiveWell Dorset and Active Dorset in convenient town centre locations in Poole and Dorchester.

LiveWell Navigators have been providing a service at the Outpatient Assessment Centres since November 2021. The Navigators are a partnership of staff from LiveWell Dorset, Active Dorset and volunteers, some of whom have been trained to become Wellbeing Champions. The team provide non-clinical preventative health and wellbeing support alongside the clinical care pathways on site.

The team welcome and engage with patients when they arrive at the Outpatient Assessment Centres, and are on hand to provide 1-2-1 brief interventions, sign-ups to the LiveWell Dorset service and further support on a range of issues including alcohol, physical activity, smoking cessation, weight loss, and signposting to other services where needed like Help & Care and Steps2Wellbeing.

The service has been welcome and valued by clinicians, particularly for the potential to improve pre- and post-operative outcomes.

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As an orthopaedic surgeon I've seen the enormous impact lifestyle changes can have on my patients' health and happiness. Although these changes might not reverse the underlying orthopaedic condition, they can help reduce the symptoms, delay the need for surgery and improve the safety and outcomes of the surgery itself. That is why it is so important that LiveWell Dorset is embedded within our outpatient clinics.

Mr James O. Smith, Consultant Surgeon - Trauma and Orthopaedics

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Key take-aways from 2022-23

This annual report deliberately focused on the services commissioned and provided by Public Health Dorset, through our public health grant. This is because during the pandemic many services ceased face to face delivery. And since the end of the pandemic, workforce challenges are still impacting some of our providers, particularly primary care.

There has also been substantial change in our health and care system, and the elected members with responsibility for public health have also changed. This felt like a good time to put the focus on how well our services are performing, and to identify areas for improvement. There is more scrutiny nationally of performance of drug and alcohol treatment services not least because of additional grant funding to increase access to treatment for addiction. And as we develop our integrated care system, with its longer term focus on prevention, having a close look at the value of public health services can contribute to the debate about how we best use our collective public sector resources to improve health and wellbeing in the longer term.

Overall most of our public health services that we are responsible for are delivering at or above regional and national levels, with the exception of the NHS Health Check programme. I would especially highlight the improved performance in connection to treatment for addiction on release from prison – at 67% this is one of the highest in the country. But we know we can do even better, going forwards. While the 0-19 public health nursing service has recovered post-pandemic, the percentage of families that have a visit following a new baby within 14 days is not yet back to the local target of 95%. Over the next year, we will continue to monitor performance, and work with our services to understand how to support improvement. For the NHS Health Check programme, this will include monitoring take up of checks in primary care, and evaluating the new outreach service through LiveWell Dorset that went live in April 2023.



3 key challenges:

- Health inequalities - This is reflected in our service performance. Our Health Checks programme has higher take up in areas with lower risk of heart disease and stroke, and lower take up in areas where these risk factors are highest. We must change this, working with communities and partners over the next few years.
- Cost of living – This is directly affecting the health and wellbeing of local people, and is being felt in the affordability of public health services. Our uplift to the public health grant was 3.2% this year. Yet inflation is running much higher, and the cost of meeting pay awards exceeds the uplift provided.
- Workforce – pressures affect the ability of key services to make vital visits, and for our community public health services, wider workforce pressure means providing these services is less attractive to providers.

Opportunities in a new system

The integrated care system, and a new strategy about working differently together, provides a real opportunity to re-examine the most effective public health interventions, and make the case for investing in prevention. The opportunity is to move from considering these public health services in isolation, to thinking about how the system could take a consistently preventive approach. A strong example of where this is working well is the smoking cessation support now offered to people admitted to hospital. Our stop smoking services generally reach around 5% of the smoking population each year. Having smoking cessation in hospitals means we can reach a group we would never normally be able to support.

NHS Health Checks is another commissioned service where we could take a different approach in an integrated care system. Joined up campaigns to encourage people to know and take action on their risks from heart disease and stroke would result in a healthier population, fewer heart attacks and strokes, fewer years spent living in ill-health and fewer demands on health and care services. We could do more, working as a system. In sexual health, the ambition to reach zero HIV could be enhanced if we could roll out widespread testing for HIV in places like emergency departments. Early diagnosis and suppression of the virus with modern treatment means it cannot be passed on. This would also tackle inequalities as people most affected by HIV are from some of the most excluded groups in society.



Director's recommendations for 2023-24



- Monitor the NHS Health Check Programme with an ambition to restore the number of health checks delivered each year to that of similar councils (using CIPFA benchmarking). This would see around 8,000 extra checks delivered each year.
- Carry out a check on the equity of provision of health checks, focusing on communities where we know heart disease and stroke risks are highest.
- Continue to improve performance of new birth visits through the 0-19 service to the local target of 95% by Q4 of 23-24.
- Carry out a check on the equity of timely visits by health visitors to families with new babies ensuring they are reaching families fairly and in response to need.
- Continue to establish LiveWell Dorset support to outpatient assessment centres by ensuring this is sustainable and affordable in the public health grant. If not, seek additional funding from partners.
- Improve the number of adults in treatment in our drug and alcohol services.
- Ensure that smoking cessation services provided in our hospital trusts and maternity services are funded on a sustainable basis, embedded as business as usual in the integrated care system.

