

**NHS DORSET CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
PUBLIC HEALTH – SUPPORT TO LOCALITIES**

Date of the meeting	06/12/2017
Author	C Ricketts, Head of Programmes, Public Health
Purpose of Report	To update Members of the Primary Care Committee on Public Health Dorset's emerging plans to support Prevention at Scale work across Localities. A named Public Health Advisor will be identified for each of the 13 localities to bolster efforts on the ground and to ensure the PAS portfolio aligns with local needs.
Recommendation	The Committee is asked to note these plans and is invited to consider the fit with existing locality arrangements. More details, including the publication of locality profiles, will be presented and discussed at the Primary Care Strategy Implementation Group on 20 December.
Stakeholder Engagement	These plans have emerged from discussions about how PAS can become embedded in local communities. There has been engagement with the Joint Public Health Board and both Health and Wellbeing Boards.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Preventing ill health and reducing inequalities • Sustainable healthcare services 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓	✓	
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓	✓	
Financial/Value for Money/Sustainability	✓	✓	
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials: CR

1. Introduction

1.1 In working to facilitate Prevention at Scale, Public Health Dorset is keen that real progress is made on the ground, with demonstrable impact for local communities. It remains critical that the Prevention at Scale portfolio affects working practices across the whole system, working with the commissioners and providers of health and social care, local authorities and other public-sector services, the private, voluntary and community sectors; however, there is also the need to ensure that Prevention at Scale is embedded in local delivery mechanisms, meeting the specific needs of local populations.

2. Locality working

2.1 With more of the planning and organisation of health and social care services now taking place around localities, there is an opportunity to piggy-back onto these arrangements and to work with a range of local stakeholders in driving forward the Prevention at Scale agenda. The Public Health Dorset team is currently realigning its capacity to enable direct support for each of the 13 localities across Bournemouth, Dorset and Poole.

2.2 A named Public Health Advisor will be identified for each of the localities, with up to 2 days a week to spend on their locality role. There will be learning and development of these roles over time, but initially they will involve:

- linking up with key stakeholders within the locality,
- using various sources of intelligence to support local planning for Prevention at Scale,
- highlighting linkages with existing initiatives in other areas,
- seeking to embed priority actions within the local transformation plans,
- evaluating progress, with a focus on scale,
- communicating success and learning across stakeholders and the wider system.

2.3 The team is also working on a new set of Locality Profiles that will describe and highlight some of the key challenges relating to population health for each locality. The aim of the profiles is to inform discussions about Prevention at Scale locally and there is no desire to dictate the direction of travel. Understanding the nature of local problems, and determining what to do about them will be up to the local stakeholders.

3. Next steps

- 3.1 The re-alignment of this number of staff across all localities is a considerable challenge as existing workloads are reorganised to free up staff time. We are therefore proposing a staged approach to implementation, with groups of staff commencing their locality roles by December, the end of January and the end of March. By April, 2018 there will be a full complement of public health staff working across all localities.
- 3.2 Public health's implementation of locality working is a substantive agenda item at the next meeting of the Primary Care Strategy Implementation Group on 20th December where further details given and there will be time for discussion about how this fits with existing locality arrangements. The locality profiles will also be made available at this time.