

Joint Public Health Board

Minutes of the meeting held at County Hall, Colliton Park, Dorchester,
Dorset, DT1 1XJ on Monday, 5 February 2018

Present:

Councillor Jill Hayes (Dorset County Council) (Chairman)
Councillor John Challinor (Borough of Poole) (Vice-Chairman)
Councillor Karen Rampton (Borough of Poole)
Councillors Jane Kelly and Nicola Greene (Bournemouth Borough Council)
Councillor Steve Butler (Dorset County Council)

Member Attending

Councillor Andrew Parry – Vice-Chairman of the County Council.

Officers Attending: Nicky Cleave (Deputy Director of Public Health), Sam Crowe (Deputy Director of Public Health - Bournemouth), Jane Horne (Portfolio Director for Prevention at Scale), Rachel Partridge (Assistant Director of Public Health), Jane Portman (Executive Director, Adults and Children - Bournemouth) and David Northover (Senior Democratic Services Officer).

Charles Summers, Director of Engagement and Development, Dorset CCG also attended.

(Note: These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Board to be held on **Monday, 4 June 2018.**)

Chairman

1 **Resolved**

That Councillor Jill Haynes be elected Chairman for the meeting.

The Board considered that the protocol for the chairmanship at each Board meeting should be refined so that the Chairman was elected from the host authority of that meeting. The appointment of the Vice-Chairman would be on the basis that this was a member of the successor host authority. The Board considered that its constitution should be amended to reflect this decision and that a report to the next meeting would help inform any formal decision taken.

The Board acknowledged the contribution made but Councillor Tony Ferrari to the Board and welcomed Councillor Steve Butler as his successor.

Vice-Chairman

2 **Resolved**

That Councillor John Challinor be appointed Vice-Chairman for the meeting. Given this, Councillor Challinor would assume Chairmanship of the Board at the next meeting on 4 June, being held in the Civic Centre, Poole.

Apologies

3 No apologies for absence were received from members. The Director of Public Health, Dr David Phillips, gave his apologies.

Code of Conduct

4 There were no declarations by members of any disclosable pecuniary interest under the Code of Conduct.

Minutes

5 The minutes of the meeting held on 20 November 2017 were confirmed and signed.
Bournemouth, Poole and Dorset councils working together to improve and protect health

Public Participation

- 6 There were no public questions or public statements received at the meeting under Standing Orders 21(1) and (2) respectively.

Forward Plan of Key Decisions

- 7 The Joint Board considered its draft Forward Plan, which identified key decisions to be taken by the Joint Board and items planned to be considered during 2018, which had been published on 8 January 2018.

Members agreed that all the issues on the Plan remained relevant but the order in which they were considered, and at which meeting, remained fluid depending on what there was to report.

Members agreed that an Update on the Health Visiting issue should be added to the agenda for June 2018.

Financial Report

- 8 The Board considered a financial report jointly prepared by the Chief Financial Officer and the Director of Public Health showing the draft revenue budget in 2017/18 was £28.512m, which was expected to be underspent by £1.2m during the financial year. The grant allocation for Dorset for 2018/19 was to be reduced by 2.6%, to £33.4m, with the indicative allocation for 2019/20 being £32.5m – a further reduction of 2.6%.

Details of what the budget was being spent on, what it was achieving and how reserves and revenue were being used was set out in the report and explained by officers.

Critical to the Board's understanding of what spending was and how it was being used were the Forecast Outturn 2017/18 and Estimated Forecast 2018/19 and 2019/20 tables, at paragraphs 3.1 and 5.4 respectively. The Board asked that, for their visual convenience, these two tables be presented conjointly in future reports.

Members understood the need for the savings to be made and the way in which this was being done but wanted to ensure that, in doing this, this was not having a detrimental impact on the good progress being made. Officers considered that the way in which this was being done was by a measured and managed approach but, certain services - such as the 0-5 and 5-19 public health nursing services - needed attention to ensure standards were maintained in the face of contract reductions. Officers agreed to provide the Board with assurances around continued delivery.

How health checks were undertaken and managed and what they covered – including health checks for those individuals with a disability - was explained and what responsibility there was for this being done. Whilst General Practices had assumed this role, there were considered to be other, more practicable options for this to be done - on a locality basis. This should improve how records were kept about those checks undertaken. A Task and Finish Group had been established by the Clinical commissioning Group (CCG) to look into this more.

Resolved

That the update on the 2017/18 forecast, the final allocation for 2018/19 and indicative allocation for 2019/20 be noted.

Reason for Decision

Close monitoring of the budget position was an essential requirement to ensure that money and resources were used efficiently and effectively.

LiveWell Dorset - Update on Progress

- 9 The Board considered a report by the Director of Public Health which updated on progress on LiveWell Dorset. Since the previous meeting on 20 November 2017 – at which authority was delegated to the three authority portfolio holders for Health - after consultation with the Director - to make a decision on how Livewell should be delivered in future having made an assessment and a judgement of the options available – agreement had been reached to bring the Service “in-house” to ensure that a strong public health provider function could be established and maintained with Public Health Dorset.

The Board were informed of the reasoning for that decision, in that it was considered that this Service would benefit from in-house provision to ensure that it was as successful as it could be. The Board were given a better understanding of how the transition process was going; the progress being made; the practicalities of how it was to be delivered; what risks had been identified and how these could be mitigated; and the expected benefits it would bring. More work was ongoing with improving the digital communication means by which this Service could be delivered effectively.

Public Health Dorset were very satisfied with the progress being made, how the process was being managed and what governance arrangements were in place and that this could only improve how successful it could become. In doing this there was a good opportunity to now bring this model of care directly to where it was needed, with specific groups being targeted depending on their needs. The Board emphasised the need to keep focused on vulnerability and deprivation and how this could be effectively addressed. Public Health Dorset confirmed that this commitment remained.

The Board also had the opportunity to assess the Live Well Dorset Service Plan 2018/19 which explained its strategic aim, objectives and outcomes; what had been achieved and what was coming up; and the impact it was have and how this all fitted in with the Prevention at Scale principles. They were pleased to see how the LiveWell Service was now being managed and delivered and sought to endorse what progress was being made.

Resolved

That the progress being made in establishing a successful transition of the LiveWell Service, from a commissioned to an in-house provider, from 31 March 2018, be noted and endorsed.

Future Commissioning of Public Health Nursing (Health Visiting and School Nursing)

- 10 The Board were informed on the progress was being made with the future commissioning of Public Health Nursing (Health Visiting and School Nursing), the assessment of the options and how an integrated approach with local authority services, including Early Help, was being developed to provide for this.

The intention had been that timescales for recommissioning Public Health nursing services with local authority commissioning of early help services should be aligned. However owing to the uncertainty about Local Government Reform in Dorset this had been unable to be achieved and the agreement of the Board was now sought for a proposed short period of re-engagement with senior stakeholders to develop an options appraisal, to be considered by the Board at their June 2018 meeting. A consequence of this would be for a contact extension for these services of another year so that these services were maintained and able to be delivered and agreement by the Board was sought for this too.

The Board learnt of the cultural change in providing this service, in moving away from the traditional provision at GP surgeries to being more relevant and accessible and provided on a locality basis in working direct with particular communities. The report also set out the current contract position, progress on developing service models and what the next steps were.

The Board acknowledged the need for what was being proposed in the circumstances and agreed that the contract should be extended on the basis of the provisions and reasoning described in the Director's report and that they should receive an options appraisal report at their next meeting.

Resolved

- 1) That progress in the integrated working across Public Health Nursing Service and Early Help services be noted.
- 2) That an extension to the current contracts for Public Health Nursing Services (Health Visiting and School Nursing) for one year, from March 2018 to March 2019, be agreed.
- 3) That a short period of engagement with senior stakeholders to inform a commissioning options appraisal for the next Board meeting on 4 June 2018 be agreed.

Questions from Councillors

11 No questions were asked by members under Standing Order 20(2).

Informal Thematic Session on Prevention at Scale

12 The formal business meeting was followed by Prevention at Scale Advisory Board - a thematic session on Prevention at Scale which updated on what progress was being made across the four interlinked workstreams of:-

- Starting Well
- Living Well
- Ageing Well and
- Healthy Places

and by what means this was being achieved. The Board's support and influence was sought to ensure that what was being done and the way it was being done would add value in achieving healthy outcomes.

Charles Summers from the Dorset Clinical Commissioning Group gave his view on what was needed for this to be addressed and what needed to be achieved for this to be a success. Of importance to Prevention at Scale being the success and achieving all it could was:-

- that there was a need for a fully engaged and committed NHS Dorset and Public Health Dorset workforce
- that to get the best from this, employees' wellbeing and mental health needs should be understood, met and provided for as far as practicable.
- that, as identified by the CQC, the need to ensure there remained sufficient capacity in care provision throughout the care sector going forward, encouragement should be given that the nursing and care profession was seen to be rewarding and of value to those who might be considering joining the sector
- that the nursing and care sector contributed significantly to the local economy and its growth

- that there was seen to be a holistic approach to - and investment in - care provision between the NHS and Public Health Dorset and the benefits each brought and that a new enlightened thinking was being developed.
- that the Board had an integral part to play in raising awareness of, and promoting, this new approach
- how local councillors could play their part in this was seen to be critical, given that they were more aware than most of their community needs.

A demonstration was provided of the digital platform to be made available for accessing LiveWell Dorset and the means by which this might be achieved, This could identify individual needs based on what information was provided and could then provide a bespoke health improvement plan for that individual on that basis. Social media could well to play a significant part in publicising this.

Case studies were to be made available showing what successes could be achieved and the means to do this. It was considered that high profile individuals could commit to this to lead by example and generate more interest.

The Board appreciated the way that Public Health Dorset was working in conjunction with practices, Councillors, Dorset CCG and other service providers was to be beneficial in ensuring that health initiatives were accessible as widely as they could be. Making use of every opportunity to assist in prevention was seen to be fundamental in meeting the objective of achieving a healthy lifestyle. It was noted that the most significant change would come from a small change in habits by a large number of people.

The Board recognised the importance of the prevention work being undertaken and found this to be a meaningful session in improving their understanding of how Prevention at Scale was being applied and what it could do to make a positive difference.

The Chairman thanked Mr Summers for giving the Board an understanding of Dorset CCG's perspective of Prevention at Scale.

Meeting Duration: 10.00 am - 12.10 pm