

## Joint Public Health Board

Minutes of the meeting held at County Hall, Colliton Park, Dorchester,  
Dorset, DT1 1XJ on Monday, 4 June 2018

### Present:

Jane Kelly (Chairman)  
Steve Butler, John Challinor and Jill Haynes

### Members Attending

Beryl Ezzard, (Observer, Dorset County Council)

Officers Attending: Nicky Cleave (Assistant Director of Public Health), Sian Critchell (Finance Manager, Dorset County Council), Sam Crowe (Acting Director of Public Health), Jane Horne (Consultant in Public Health, Public Health Dorset), Rachel Partridge (Assistant Director of Public Health), Jane Portman (Managing Director - Bournemouth), Clare White (Accountant, Dorset County Council) and Helen Whitby (Senior Democratic Services Officer, Dorset County Council).

(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, 24 September 2018.**)

### Chairman

13 **Resolved**  
That Councillor Jane Kelly be elected Chairman for the meeting.

### Chairman

14 **Resolved**  
That Councillor John Challinor be appointed as Vice-Chairman for the meeting.

### Apologies

15 Apologies for absence were received from Councillors Nicola Greene (Bournemouth Borough Council), Rebecca Knox (Dorset County Council) and Karen Rampton and Mike White (Borough of Poole). Apologies were also received from Helen Coombes (Transformation Lead for Forward Together for Adult and Community Services Programme (Dorset County Council).

### Role and Terms of Reference

16 **Resolved**  
That the Board's Role and Terms of Reference be noted.

### Code of Conduct

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

Councillor Jill Haynes (Dorset County Council) declared an interest in minute 22 as Dorset Health and Wellbeing Board's representative on the Primary Care Commissioning Committee.

### Minutes

18 The minutes of the meeting held on 5 February 2018 were confirmed and signed.

### Public Participation

19 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**

- 20 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. This had been published on 3 May 2018.

Members commented that the Forward Plan should have more substantive items listed. In response the Acting Director for Public Health explained that he wanted members' views on issues they wished to consider and this would lead to a more complete Forward Plan. Items to be added were the outcomes from the Task and Finish Group for the November 2018 meeting (see minute 26), the Future of Health Checks and Health Check performance.

### **Resolved**

That items on the future of Health Checks be added to the Forward Plan for consideration at the next meeting and items on the Health Check performance and outcomes of the Task and Finish Group be added for the November 2018 meeting.

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

- 21 Following consideration of a report by the Director of Public Health to extend the current Public Health Nursing Service by one year at their last meeting, the Joint Board considered a further report which proposed a competitive tender for a Pan-Dorset 0-19 Public Health Nursing Service. The report set out the results of the engagement undertaken, options considered and reasons for rejection.

Members noted that until 2015 Public Health Nursing Services were provided by NHS England. Following consultation on the proposals, it had been agreed that the Dorset Clinical Commissioning Group and other stakeholders would be involved in the tender specification process. Officers from across the three local authorities had been in discussions about the options for future school nursing and health visiting services in order to find the best configuration. The successful service provider would need to be able to integrate with partners, support safeguarding and integration across the age span. A Pan-Dorset tender was recommended for both the school nursing and health visiting services.

In discussion members supported a tender process with both services being tendered within one contract. Some concern was expressed about the possible effect any new provider might have on current working relationships and the need for the tender process to reflect prevention at scale work, Dorset's Family Partnership Zones and the direction of future working.

In response it was noted that a wide group of officers were inputting into the preparations for tender and that any specification would go beyond that required nationally. Assurance was given that the tender evaluation process would emphasise the importance of continuing collaboration and integration alongside other services for children.

Reference was made to a recent press article about the Isle of Wight's inability to find bidders for a recent tender and speculation that Dorset's tender might receive a similar response. The Acting Director of Public Health explained that there was a potential market outside of the public sector as highlighted in the paper. Some market testing events would be held as part of the tender planning process but the current local provider had indicated that it wanted to tender for the new service.

### **Resolved**

1. That the engagement with senior stakeholders and development of the options appraisals for procurement and commissioning be noted.

2. That a Competitive Tender for a Pan-Dorset 0-19 years Public Health Nursing Service (formally Health Visiting and School Nursing services) with a proposed contract length of 3 + 2 years and maximum annual budget of £11million be agreed.

#### Reason for Decisions

Public Health Nursing services in Dorset were currently provided by Dorset Healthcare University NHS Foundation Trust. The current contract had expired on 31 March 2018. A further one-year extension of this contract was awarded from 1 April 2018. Tendering for this service would ensure compliance with public contract regulations.

#### **Contract and Commissioning Report Update**

22 (Councillor Jill Haynes (Dorset County Council) declared an interest in the minute below as Dorset Health and Wellbeing Board's representative on the Primary Care Commissioning Committee.)

The Joint Board considered a report by the Acting Director of Public Health which outlined progress within the main Public Health commissioned programmes.

#### Drug and Alcohol Service

Members noted that the Pan-Dorset Drug and Alcohol Service was running well within a reduced budget and the effects of recent system wide changes on the Governance Board had led to it proposing to stop meeting and to cover off other governance functions as set out in the report. It was proposed that member oversight of future performance would be carried out by the Joint Board on a six monthly basis, with the first report being considered at the next meeting. The Lead Commissioner Group would continue dealing with operational questions and ongoing service development.

Members who sat on the Governance Board agreed that its work was reducing and that meetings should stop.

#### Sexual Health

It was explained that the contract for Sexual Health Services had been awarded to Dorset Healthcare NHS Foundation Trust. The next step would be to mobilise and integrate these services to deliver the ongoing saving requirement. It was recommended that other community provider contracts now be reviewed to fully integrate sexual health service provision.

Members asked that future reports give a breakdown of areas included in budgets. This was agreed.

#### Health Improvement and Health Checks

Members noted that the Livewell Dorset Service had been brought back in house from 1 April 2018 and the website was now live. However, the Health Check area had been an ongoing focus for some time and its future provision was being considered. It was suggested that a proposed service model be drawn up and a report on next steps in procurement be provided for consideration by the Joint Board at its September 2018 meeting.

Members, whilst supporting the Health Check process, were aware of how difficult this was to put into practice, and wanted to see evidence of their impact and whether they provided value for money. They recounted their own personal experience of Health Checks and that some GP practices were undertaking them but not necessarily reporting this.

In response it was explained that it was a national requirement for eligible residents to be invited for a Health Check each year over a five year period. Issues of patient confidentiality and data protection made it difficult to implement and it was difficult to know who had been invited, the quality of any Health Check and whether any significant disease or issue had been referred for support. One option to improve the situation would be to give GP localities the responsibility for Health Checks. A performance report would be provided for the Joint Board's November 2018 meeting.

The Joint Board noted that Bournemouth, Dorset and Poole's current performance was in the lowest quintile. A change was needed to encourage reporting so that those who would benefit more from Health Checks could be targeted and better use made of available resources.

### **Resolved**

1. That the proposal to amend the existing governance arrangements for the Drug and Alcohol Treatment system as outlined in the paper be agreed.
2. That Public Health Dorset review other community provider contracts with GP practices and pharmacies with an aim to fully integrate sexual health service provision by 31 March 2018.
3. That the NHS Health Checks locality-based service model would be developed for consideration by the Joint Public Health Board at its next meeting.
4. That a report on the proposed Health Check model be provided for consideration at the Board's September 2018 meeting and a report on performance for the November 2018 meeting.
5. That future reports should give a breakdown of areas included in budgets.

### **Reason for Decisions**

Close monitoring of the commissioned programmes was an essential requirement to ensure that services and resources were compliant and used efficiently and effectively.

## **Financial Report**

23 The Joint Board considered a joint report by the Chief Financial Officer, Dorset County Council, and the Acting Director of Public Health which set out the draft revenue budget for Public Health Dorset in 2018/19 of £28.592m, based upon an indicative grant allocation of £33.407m. The report also included the final outturn for 2017/18 and an updated reserve position.

There had been a small underspend on the budget for 2017/18 after the return of £1.2m to the three local authorities as set out in the shared service agreement and £1m had been moved from reserves to support prevention at scale work. For 2018/19 £869k of the reserve would be used to support prevention at scale and the balance of £948k was currently uncommitted. The Public Health ring fence had been extended until 2021. It was not yet known whether alternative ways of funding public health would be developed in place of the ringfence.

Members agreed that the new report format was easier to follow. They noted that there were plans to commit most of the £869k reserve, including for schools' physical activity and emotional health and wellbeing and that there was a preliminary forecast of an underspend of £450k in 2018/19.

### **Resolved**

1. That the 17/18 final outturn be noted.
2. That the updated reserve position and continued commitment to Prevention At Scale from within the reserve be noted.
3. That the confirmed budget allocation for 1208/19 and indicative budget for 2019/20 be confirmed.

### Reason for Decisions

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

### **Prevention at Scale**

- 24 The Joint Board considered a report by the Acting Director of Public Health which provided an update across the four Prevention at Scale work streams.

Public Health had committed £1m to support prevention at scale work but outcomes needed to be measurable to illustrate the return on investment. The appendix set out how impacts and benefits were to be measured and members' views were sought on the proposed approach.

One member highlighted the prevention at scale work of locality groups and the difficulty they had in accessing funding for these. It was explained that Public Health were to provide dedicated resources to support such groups and that there were small pockets of funding available for seed funding, but not ongoing recurrent financial support. It would be for the Joint Board to agree how the Public Health reserve might best be used in future. It was a question of the system shifting away from reliance on small pots of money and taking responsibility for prevention work.

Members supported the proposals but highlighted that many professionals were not using their time currently for prevention work. It was suggested that the remaining Public Health uncommitted reserve, via the two Health and Wellbeing Boards, could be used to support locality prevention at scale work and that closer working across organisations might lead to more funding opportunities. The Acting Director of Public Health agreed to explore this proposal as part of the Task and Finish Group on the future of public health (see minute 26).

### **Resolved**

1. That highlights across the prevention at scale portfolio be noted.
2. That the development of a series of impact reports by each workstream that aim to capture the wider benefits in the system arising from this work be agreed.
3. That the Terms of Reference of the Task and Finish Group established in minute 26 include reference to the above.

### Reason for Decisions

Governance of prevention at scale would support effective delivery across the portfolio.

### **Public Health Dorset Business Plan for 2018/19**

- 25 The Joint Board considered a report by the Acting Director of Public Health which set out the Business Plan for 2018/19, including prevention at scale, commissioning and contracting activity and wider actions aimed at ensuring the team remained an efficient and effective public sector partner.

The Acting Director of Public Health wanted to increase the visibility and transparency of the team's work which had changed from silo working to a more project based approach. The Business Plan set out the main activities and timescales for delivery during 2018/19 and also explained the role of the Public Health Team in supporting strategic ambitions especially during the development of the two new unitary authorities.

The Chairman thanked the Public Health Team for their work in developing the Business Plan and welcomed a new approach which was having a positive impact on communities.

It was confirmed that prevention at scale work was monitored through the two Health and Wellbeing Boards. The issue of air quality was raised as a matter of concern, particularly in Bournemouth and Poole and whether this could be given a higher priority. It was explained that this work was undertaken through the Healthy Places work stream and was seen as a real priority.

Attention was drawn to the whole school approaches to health and wellbeing set out in Appendix 3, and it was suggested that the contributing partners should also include Governing Bodies, district councils, housing associations and others. It was explained that the document listed just the main organisations, and that many other groups were also involved.

With regard to gaps within Appendix 5, it was explained that the Business Plan would be updated and provided for the next meeting, alongside an indication of progress (RAG rating)

#### **Resolved**

1. That the Business Plan for 218/19 be noted and supported.
2. That an updated Business Plan be provided for the next meeting.

#### **Reason for Recommendations**

Close monitoring of the commissioned programmes was an essential requirement to ensure that services and resources were compliant and used efficiently and effectively.

#### **Options for Public Health Dorset - Task & Finish Group**

26 The Joint Board considered a report by the Acting Director of Public Health which recommended the establishment of a Task and Finish Group to consider; the effectiveness of the Public Health Dorset Service to date; how Public Health Dorset could continue to best support the two new Councils in discharging their statutory public health responsibilities; and provide a report and recommendations back to the meeting in November 2018.

The current changes to local government provided an opportunity to review the current Public Health model and it was suggested that the Joint Board, supported by officers, re-consider the team's criteria, evaluate its success and develop a model fit for the business of the two new unitary councils. Terms of reference for this work were set out in the report. A suggestion was made to prepare a briefing in advance, and consider the use of telephone interviews to elicit views, and reduce the need for group meetings. The outcome of this work would be reported to the Joint Board's November 2018 meeting.

Members asked for early sight of any information so that it could be discussed with colleagues as a means of making meetings more productive.

The change to local government provided a good opportunity to ensure Public Health Dorset was fit for the future especially with regard to governance and the development of the Integrated Care System.

The Acting Director of Public Health would draw up an outline work programme for circulation to members by email.

The need for the terms of reference to reflect (a) future scrutiny arrangements for the two new unitary authorities was highlighted and (b) that any recommendations arising from the group's work would need to be forwarded to both Shadow Councils for consideration.

### **Resolved**

1. That the progress made in establishing a successful public health model to support the Dorset, Bournemouth and Poole upper tier Councils be noted
2. That the terms of reference for the task and finish group set out in the Appendix be agreed subject to the amendment set out above in relation to future scrutiny and recommendations being forwarded to the Shadow Councils and the amendment set out in minute 24 above.

### **Reason for Decisions**

To ensure that the future of Public Health Dorset model was fit for the future needs of local government, post reform, and remained able to support the evolving opportunities to improve population health as part of the Dorset Integrated Care system.

### **Director of Public Health Report**

27 The Joint Board considered the Director of Public Health's Annual Report 2017.

The Director of Public Health had to produce an Annual Report as a statutory requirement. This report built on the previous report and the development of prevention at scale work. It focused on three areas across Dorset with poor outcomes and illustrated prevention work and different approaches taken, achievements and outcomes. The tables suggested where prevention work should be focussed going forward.

Members commented on the differences and similarities between the areas, highlighted the need to improve housing standards generally, that the case studies would provide discussion at scrutiny committees and illustrated the difference that could be made to lives.

### **Resolved**

That the report be noted and focus continued on developing prevention approaches in localities.

### **Reason for Decision**

To help the Joint Public Health Board and Local Authorities fulfil their legal duty to improve the health and wellbeing of the population and reduce inequalities in health.

### **Questions from Councillors**

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

Meeting Duration: 10.00 am - 11.47 am

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