

## Joint Public Health Board

Minutes of the meeting held at County Hall, Colliton Park, Dorchester,  
Dorset, DT1 1XJ on Monday, 19 November 2018

### Present:

Councillor Jill Haynes (Dorset County Council)(Chairman)  
Councillor Jane Kelly (Bournemouth Borough Council) (Vice-Chairman)  
Councillor Steve Butler (Dorset County Council)  
Councillor John Challinor (Borough of Poole).

Officers Attending: Sam Crowe (Acting Director of Public Health), Nicky Cleave (Assistant Director of Public Health), Rachel Partridge (Assistant Director of Public Health), Sian Critchell (Finance Manager), Clare White (Finance Manager) and David Northover (Senior Democratic Services Officer).

(Note: These minutes have been prepared by officers as a record of the meeting and considered and confirmed at the next meeting of the Board to be held on **4 February 2019**).

### Chairman

44 **Resolved**

That Councillor Jill Haynes be elected as Chairman for the meeting.

### Vice-Chairman

45 **Resolved**

That Councillor Jane Kelly be appointed as Vice-Chairman for the meeting.

### Apologies

46 Apologies for absence were received from Councillor Karen Rampton (Borough of Poole) and Councillor Nicola Greene (Bournemouth Borough Council).

### Code of Conduct

47 There were no declarations by members of any disclosable pecuniary interests under the Code of Conduct.

### Minutes

48 The minutes of the meeting held on 24 September 2018 were confirmed and signed.

### Public Participation

49 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

50 The Joint Committee considered its draft Forward Plan which identified key decisions to be taken by the Joint Board, and items planned to be considered during the rest of 2018 and 2019. This had been published on 22 October 2018.

### Noted

### Public Health Dorset Business Plan 2018/19 - Monitoring Delivery

51

Having received the Public Health Dorset Monitoring Report, based on the Business Plan for 2018/19, at its September meeting and endorsing the approach being taken, the Board asked that trend data be included with future reports so as to have a more meaningful understanding of what improvements or otherwise were being made. The report had subsequently been updated on performance for Quarter 2 on that basis.

The report also highlighted national work underway in providing more publicly available information resources that could be used to compare local authority public health delivery.

The Board were pleased to see that direction of travel was now indicated for each activity so that improvements being made, or otherwise, could be readily identified. In observing how services were being delivered, particular mention was made of the way in which progress was being seen to be made in the delivery of health checks and the means by which this was being done, in the collaborative approach between General Practices and pharmacies, with each having an essential part to play.

In line with sentiments recently expressed by the newly appointed Health Secretary, the Rt Hon Matt Hancock MP, that “prevention was better than cure”, Public Health Dorset was looking to see that this might be reflected in the receipt of the necessary funding going forward to ensure the work being done remained sustainable, particularly in terms of supporting the cessation of smoking and efforts being done in this regard. It was commonly acknowledged that the advent of vaping devices had contributed significantly to those trends being achieved.

Mention was made of the work being done to monitor pollution levels throughout Dorset and the assessments being made of the data collected, in having a better understanding and interpretation of this and of what this entailed.

The Board were pleased to learn of those General Practices engaging with their patient list in identifying what volunteer help was available so that this resource might be accessed in contributing to what services the Practices were able to deliver. It was also pleasing for them to learn of the positive attitude many practices now had adopted in their understanding of the benefits which could be gained from what volunteers could offer in addressing their patient’s needs, where applicable.

### **Resolved**

That the performance update of the 2018/19 Business Plan be noted and the means by which the Public Health agenda was being delivered acknowledged.

### **Reason for Decision**

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

## **Task and Finish Group on Future of Public Health Dorset : Findings and Recommendations from Stakeholders**

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The Board considered a report by the Acting Director of Public Health summarising the findings by the Joint Public Health Board Task and Finish Group on the future of the Public Health Dorset Partnership. There was wholesale agreement amongst that Group about the successes and achievements of the Partnership to date and future areas for improvement. The report identified some key development areas arising from the Task and Finish Group’s findings, and presented recommendations from the moderation meeting as to how the Partnership should evolve under Local Government Reorganisation (LGR).

The Task and Fishing Group’s findings were that:-

- the delivery of Public Health as a shared service was being well managed and performing well,
- how services had been commissioned had improved significantly by those arrangements,

- key strengths included leadership and particularly the work to embed prevention within the Sustainability and Transformation Plans. The benefits of operating the shared service at scale, pan-Dorset, were emphasised too, and
- future development should include understanding the importance of public health to the future success of the wider business of Councils and the NHS.

Members understood that collaboration with the Task and Finish Group on devising a clear set of proposals on how the Board should operate post LGR was necessary in order to better differentiate it from the work of the two Health and Wellbeing Boards. The Board understood what this entailed and the means by which it would be delivered, agreeing that any work should ensure regular representation from the Dorset Clinical Commissioning Group (CCG) and in exploring the potential for the future joint appointment of the substantive Director of Public Health between the CCG and the Dorset councils. Whilst both Boards had on the face of it similar aims and objectives, there was a clear distinction between what each offered: the Health and Wellbeing Board being fundamental in what, where, when and by whom services were delivered as a direct response to need, with the Joint Public Health Board being more strategic in how and why these services were seen to be necessary.

The Board recognised that it was critical that members of the two new councils had a fundamental understanding of what Public Health Dorset did and what its work entailed. As mentioned at the previous meeting, the opportunity should be given for an improvement and enhancement of public health activities, in that there was a need to expand accessibility to other councillors about what the Partnership did and how it operated. This could be better achieved by ensuring that any future report included reference to a public health impact assessment, which would draw attention to the integral part public health played in each and every service. Members of the Board considered they had a part to play in conveying this message as best they could. Moreover, it was still to be determined what model of governance should be adopted for the Board and the new councils would have a part to play in determining this.

The opportunity was taken to assess what form members considered would most suit and benefit how the Board should carry out its business post LGR. Having given measured consideration to what configuration would best meet the Board's needs, it was agreed that 4 members from each Unitary Council to serve on the Board would seem to be satisfactory, and that its composition might well still include the Portfolio Holders for Health and/or Social Care but that this should not necessarily be an exclusive requirement - as was currently the case - if it was deemed other Executive members had the requisite requirements. If at all practicable the Board considered that it would be beneficial to have a Director of Place able to serve on the Board in addition to an appropriate CCG representative. Confirmation of this configuration could be achieved by correspondence between Board members outside the meeting, with officers providing advice and making the necessary arrangements.

### **Resolved**

1. That the Task and Finish Group report's findings be noted and what these entailed, acknowledged.
2. That the need to work with Task and Finish Group members on a set of clear proposals by March 2019 for how the Joint Public Health Board would operate post-LGR be supported and endorsed, in order to better differentiate it from the work of the two Health and Wellbeing Boards. This work should include ensuring regular representation from Dorset CCG, and to explore the potential for the future joint appointment of the substantive Director of Public Health between the CCG and Health and Wellbeing Boards. This work should include ensuring regular representation from Dorset Councils.
3. That the action plan attached as Appendix 2 in the Acting Director's report, summarising the areas for development of the Public Health Dorset Partnership, particularly those relating to working more closely with Members, be approved.

### Reason for Decisions

To continue to ensure that the Partnership functioned effectively and efficiently to help deliver the legal public health duties of the new Unitary Councils in Dorset.

## **Community Health Improvement Services (CHIS) Procurement**

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The Board understood that contracts for a range of Community Health Improvement Services (CHIS) were due to expire at the end of March 2019. Given this, a series of options had been considered to determine which procurement model would best suit the needs of the CHIS in order to maximise efficiency and effectiveness of the services, with agreement of the Board being sought to progress arrangements on that basis.

The Board were informed of the background and rationale for what was being done; what options there were; the Framework Model and how this had been devised; risk and mitigation plans; budgets and timelines and what the preferred procurement option was. The Board were also being asked to agree to procure and award following successful completion of tender.

The Board acknowledged that the preferred option - Option 4: Any Qualified Provider (AQP) under an agreed framework - meant that any provider could deliver the service - provided they met specific criteria - and would be paid according to activity. This model would offer a high level of efficiency, as it was a simple process, developed as a single framework with all six lots being included, being open to any qualified provider, and placed the power in the hands of the end user to access services where they chose.

The Board recognised the need for flexibility in the delivery of these services and the choice this would give service users provided for equity, efficiency and effectiveness in meeting those needs. It would provide for a pool of assets being made available to ensure that there was the greatest opportunity for take up as necessary.

The benefits of Option 4 were readily understandable to members and, given this, they were minded to support this means of procurement, as being both sustainable and reasonable. However the new arrangements would not necessarily provide such scope for accountability as those currently did. Nevertheless, there was an expectation that there would be a good prospect of collective responsibility by potential service providers in seeing that what was being done would be for the good of their communities.

The Board were keen to see that, if at all practicable, an assessment could be made of how successful interventions and activities were in meeting the needs of individuals and in delivering what was hoped for from the Public Health agenda. Officers were satisfied that there were means by which this could be successfully demonstrated and work was progressing to ensure this could be the case.

Whilst there was no national register for the purposes of recording who had been offered interventions, what the take up rates were nor what the outcomes from this were, there appeared to be some scope

for outcomes from interventions to be recorded on the Dorset Care record given that GP surgeries had that information available to them but there was a need for this to be securely and rationally managed.

The board considered that the procurement exercise had taken its consideration all that it could and that, overall, Option 4 would provide all that was necessary in ensuring community health improvements continued to be made and that successful outcomes could be demonstrated by this means.

### **Resolved**

1. That the preferred option - Option 4 - for procurement and award of the Framework Agreement for the provision of Community Health Improvement Services be agreed;
2. That delegated authority to the Acting Director of Public Health Dorset in consultation with the Joint Public Health Chairmen and Portfolio holders to award to appropriate providers be approved.
3. That the Framework included NHS Health Checks as per the recommendation of the September 2018 Board meeting be noted.
4. That the procurement and award through Open Tender for provision of weight management support within the community be approved.
5. That the risk and mitigating plans from cost and volume contracts be noted.
6. That the two Unitary Council's Shadow Executive Committee's be asked to affirm the above 5 decisions.

### **Reason for Decisions**

To enable service continuation and transformation through procurement.

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## **Financial Report**

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The Joint Board considered a joint report by the Chief Financial Officer and the Acting Director of Public Health on the revised revenue budget for Public Health Dorset in 2018/19, this being £28.292M, based on an indicative Grant Allocation of £33.407M.

The report included an updated forecast for 2018/19. Budgets for 2019/20 remained provisional, based on indicative figures published in 2017/18 and taking account of future local authority changes. The Board were informed that as public health, together with its budget, served the whole of Dorset i.e. the 2 new Unitary Councils, the issue of disaggregation of budgets that was necessary with other services didn't apply in this case.

The Board recognised that the Prevention at Scale agenda took precedent when it came to any use of underspend but that the Board and the two Health and Wellbeing Boards would also have some part to play in determining where monies were best spent so that the greatest benefits could be achieved.

### **Noted**

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The Board were provided a high-level summary of performance for LiveWell Dorset, smoking cessation, weight management services, health checks and children and young people performance, with supporting data in the report's appendices.

The Board were pleased to see the decrease in the levels of smoking seemingly evident and acknowledged that the advent of vaping devices might well be playing some part in that decrease being seen.

The Board were satisfied with what was being achieved and the means by which it was being done.

**Noted.**

**Questions from Councillors**

56 No questions were asked by Members under Standing Order 20(2).

Meeting Duration: 10.00 am - 12.00 pm