

Public Health Overview Committee

Minutes of a meeting held at County Hall,
Colliton Park, Dorchester on 27 June 2013.

Present:

Colin Jamieson (Chairman)
Pauline Batstone, Michael Bevan, Mike Byatt, Fred Drane,
Ros Kayes, William Trite and Daryl Turner.

Peter Finney attended under Standing Order 54(1).

Officers attending:

Dr David Phillips (Director of Public Health), Dr Nicky Cleave (Assistant Director of Public Health), Rachel Partridge (Assistant Director of Public Health), Sophia Callaghan (Assistant Director of Public Health), Phil Rook (Group Finance Manager) and David Northover (Senior Democratic Services Officer).

Apologies for Absence

1. Apologies for absence were received from Steve Butler, Janet Dover, David Walsh and Kate Wheller.

Code of Conduct

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

Terms of Reference

3.1 Members noted the Terms of Reference of the Committee. Reference was made to the arrangements for how the views of the Committee would be reported and taken into consideration. Officers explained that arrangements were being put in place for these to be received by an overarching Public Health Joint Committee. Whilst the detail of this was being established, the current arrangements were for any recommendation to be considered by the Cabinets/ Executive arrangements of the three constituent authorities who would have the authority to endorse/ratify these for the time being. However, ultimately it would be for the individual authorities' respective Cabinet members to take into consideration the collective view of the Overview Committees and bear these in mind when deliberating matters at the Joint Committee.

3.2 Members considered that policy development panels would play their part in formulating policy and priorities and that the outcomes of these would be used as a basis to be taken into account by those Cabinet members serving on the Joint Committee. As the public health function transcended all directorates, each of these would be encouraged to play their part in embedding the function within their particular directorate.

3.3 Members noted that whilst Bournemouth and Poole had their own arrangements in place to overview and monitor performance of the function, the County Council had established a dedicated committee for this purpose.

Noted

Sexual Health

4.1 The Committee considered a report by the Director of Public Health which summarised the existing Sexual Health programme and the progress and performance to

date across Bournemouth, Dorset and Poole. The report highlighted the issues and risk facing this programme and detailed the key activities planned for 2013/14.

4.2 Officers explained that as part of the County Council's public health functions, there was an obligation to arrange the provision of certain services, including:-

- open access sexual health services for everyone present in their area, including
 - free sexually transmitted infections (STI) testing and treatment, and
 - notification of sexual partners of infected persons; and
- free contraception, and reasonable access to all methods of contraception.

4.3 Officers emphasised that open access services were essential to control infection, prevent outbreaks and reduce unwanted pregnancies. For clarification, officers explained that anyone living in an area was entitled to use the services provided in that area, without limitation.

4.4 Members were informed that, historically, across Bournemouth, Dorset and Poole there had been different approaches and developments within sexual health. In the previous year, there had been a particular focus to agree consistent approaches across the geographical county for programmes including contraceptive and sexual health (CASH) services, asymptomatic screening for HIV, abortion, and training.

4.5 The way in which contracts with the NHS and other health service providers were arranged and managed was explained, particularly the contracts with GP practices and pharmacies to support the provision of contraception.

4.6 Current issues and risks were highlighted by officers and the objectives for 2013/14 were to increase HIV testing; make improvements to the monitoring of systems and; to develop a commissioning plan to deliver better value for money across the geographical county.

4.7 The Committee noted that considerable progress had been made in the past decade regarding HIV awareness and the condition was less stigmatised now and participation in testing was actively encouraged with initiatives for safe sex/drug practices being promoted. The arrangements for how this was monitored was explained, with baseline scorecard data being used to determine if improvements were being made so that the process was transparent and accountable.

4.8 Whilst acknowledging that what was being reported for the delivery of mandatory programmes was essential scene setting, future reports would begin to demonstrate the improvements being made to the way in which these programmes were being managed and more detail would be included about target setting and strategies for achieving what was being aspired to.

4.9 The Chairman suggested that this was an area for review by a policy development panel.

Noted

Health Checks

5.1 The Committee considered a report by the Director of Public Health which summarised the purpose of the Health Check programme and the progress and performance being made to date across Bournemouth, Dorset and Poole Local Authority areas.

5.2 Members were informed that the NHS Constitution 2009 introduced a new right for those members of the public aged between 40-74 to be offered a NHS Health Check every five years, and the right to see an alternative provider if they were not offered one by the provider they approached. This National Programme came into effect in 2012 and assessed an individual's risk in order to help prevent heart disease, stroke, diabetes and chronic kidney disease.

5.3 Members were informed that the programme was not a general health check, but instead offered vascular checks with the aim of assessing individual risk of vascular disease, followed, where appropriate, by risk management including lifestyle and therapeutic interventions.

5.4 The focus of the programme was to target the eligible population who had not already been diagnosed with any of the four common, but often preventable, diseases i.e heart disease, stroke, diabetes and kidney disease, with a view to their prevention or early intervention.

5.5 Officers explained that there were two separate programmes established in Dorset in 2011, and subsequently in Bournemouth and Poole in 2012, and members noted that:-

- checks were delivered predominantly in GP practices, but also in some pharmacies in Dorset.
- the programme was targeted, in Dorset being aimed at higher risk groups, such as smokers, or those who were overweight/obese, whilst it was universal -offered to all between 40 -74 - in Bournemouth and Poole.
- the percentage of the population offered and accepting a health check in 2012/13 was broadly consistent across Dorset, Bournemouth and Poole – with 4-5% being offered, and with a 2% uptake.

5.6 Officers reported that as part of the risks associated with the delivery of this, the current allocated budget for the programme in 2013/14 was £1.28 million, but additional investment would undoubtedly be required to significantly increase activity beyond that delivered in 2012/13.

5.7 The Committee were informed that the objectives for 2013/14 were to:-

- reach agreement with members about the preferred option to harmonise the approach to health checks across Bournemouth, Dorset and Poole,
- continue to focus on improving uptake of health checks in deprived populations and communities to reduce inequalities,
- introduce planned new elements of the health check programme e.g. alcohol screen, dementia screen, and
- improve existing programme outcome monitoring arrangements.

5.8 Clarification was provided that the discrepancy between the arrangements in Dorset and those in Poole and Bournemouth was essentially down to the decision taken by the individual Primary Care Trust's in those different areas at the time of implementation.

5.9 As in the previous mandatory programme on sexual health, arrangements were in place to measure progress and outcomes and to determine what improvements were being made. Officers explained that the arrangements in place were a systematic, proactive approach by GP's and pharmacies to identify those members of the population who fell within that particular category and with those determining criteria, with a particular focus on the male population who invariably did not necessarily seek such provision.

5.10 Members were reminded that as the delivery of public health was evolving, the Overview Committee could play its part in steering the delivery of functions and priorities in the direction in which it considered to be most beneficial. It was suggested that a policy development panel be established to look at this area and, in particular, the number of health checks taken up.

Noted

National Child Measurement Programme

6.1 The Committee considered a report by the Director of Public Health which summarised the purpose of the National Child Measurement Programme (NCMP) and the progress and performance which was being made to date across Bournemouth, Dorset and Poole Local Authority areas.

6.2 Officers reported that the programme had two key purposes:-

- to provide robust public health surveillance data on child weight status; to understand obesity prevalence and trends at local and national levels; to inform obesity planning and commissioning and to underpin the Public Health Outcomes Framework indicator on excess weight in 4-5 and 10-11 year olds,
- to provide parents with feedback on their child's weight status; to help them understand their child's health status, support and encourage behaviour change and to; provide a mechanism for direct engagement with families with overweight, underweight and obese children.

6.3 The measurements were undertaken throughout Bournemouth, Dorset and Poole by the school nursing service which was commissioned from Dorset Healthcare University NHS Foundation Trust (DHUFT) by public health.

6.4 It was noted that the national and international evidence about interventions which were effective in managing childhood obesity was limited. Local pilots to implement programmes to address childhood obesity had only limited success with the estimated cost of the programme for 2013/14 being £38,900.

6.5 Members were informed that the Directorate's objectives for 2013/14 were to evaluate a new pilot whereby GPs were sent copies of letters for their registered patients and to revise the school nursing service specification, to include the NCMP programme and to fully standardise the programme implementation across Bournemouth, Dorset and Poole.

6.6 Members considered the budget allocated to this programme to be inadequate to deal with all that was required of it. However officers explained that the

budget had been inherited and solely for the purpose of collecting the necessary data rather than for the provision of delivering the necessary services.

6.7 The Committee recognised that it was their responsibility to decide what the priorities should be and how the policy should be established and were at liberty to prioritise as they saw fit and fund this accordingly. However, members were reminded that funding had been agreed for the following three year period and within that period, the priorities had already been established, but the Committee could influence priorities in subsequent years.

Noted

Health Protection

7.1 The Committee considered a report by the Director of Public Health on a health protection programme which sought to prevent or reduce the harm caused by infectious disease, and to minimise the health impact from environmental hazards, contamination and extreme weather events. Immunisation played an essential part in this and was critical in the control of the spread of infectious diseases.

7.2 The report outlined the roles and responsibilities associated with the Health Protection function and also set out the proposed structure for delivering this function through the establishment of a Dorset Health Protection Network. An appendix to the report set out the associated terms of reference proposed for the Network.

7.3 The arrangements for the delivery of the programme were explained. The Secretary of State had an overarching duty to protect the health of the population, a duty which would generally be discharged for him by Public Health England (PHE).

7.4 The Director explained that he was responsible for the local authority's contribution to health protection matters, and this would be achieved through providing information, advice, challenge and advocacy on behalf of the local authority to promote preparation of health protection arrangements by relevant organisations.

7.5 It was explained that the Director also had a role as co-Chairman of the Local Health Resilience Partnership, which brought NHS organisations together to ensure that appropriate arrangements were in place within the NHS for emergency preparedness, resilience and response. Progress within Bournemouth, Dorset and Poole was set out in the report.

7.6 Members were informed that objectives for 2013/14 were:-

- to ensure that there were processes in place to scrutinise existing arrangements for health protection, including screening and immunisation to assure members that arrangements were robust.
- to work with the NHS (as co-Chairman of the Local Health Resilience Partnership) and the Local Resilience Partnership to ensure that there were robust plans for emergency preparedness, resilience and response.
- to develop a robust mechanism to provide assurance to the local authorities of Bournemouth, Dorset and Poole about the adequacy of prevention, surveillance, planning and response with regard to health protection issues and, accordingly, it was proposed that a Health Protection Network for Dorset be established.

7.7 Members understood that a key strand to ensuring this worked effectively was the establishment of the health protection Network. Members suggested that the list of stakeholders include provision for licensing committees of district councils as they had responsibility for the regulation of clubs and licensed premises and their hours of trade which impacted on the demand for accident and emergency services.

7.8 Whilst the Network would act as a sub-committee of the newly formed Dorset Public Health Joint Committee and report directly to them. The Overview Committee would be able to monitor its effectiveness as it was proposed that the Director was proposed to be the Chairman who would regularly report back to this Committee on developments.

Resolved

8. That the content of the report be noted and that the establishment of a Health protection Network for Dorset be supported.

Reason for decision

9. To protect and enrich the health and wellbeing of Dorset's Population and to provide innovative and value for money services.

Draft Public Health Business Plan

10.1 The Committee considered a report by the Director of Public Health on the draft business plan which had been produced by the Director of Public Health, in conjunction with the Public Health Transition Steering Group, and which comprised of representation from Borough of Poole, Bournemouth Borough Council and Dorset County Council. It provided an overview of the functions of the Public Health Team covering Bournemouth, Dorset and Poole Local Authorities. The draft Business Plan also set out the key objectives and work programmes for 2013/14 and detailed the key performance indicators to monitor delivery of the Plan.

10.2 Officers clarified that the draft business plan was to be considered and agreed by the Local Authority Cabinets and/or the Public Health Joint Committee, once this had been formally established.

10.3 The Director took the Committee through the report, with the Executive Summary including details of the aims and objectives of the Plan, what public health was designed to achieve and local priorities for Bournemouth, Poole and Dorset Councils, as well as a priority programme for 2013/14. Officers explained that any comments received from either Bournemouth and Poole in a similar exercise for those two authorities, would be taken into account by the Joint Committee. The Director offered members the opportunity to make any comments they wished on the Business Plan outside of the meeting.

Recommended

11. That the Cabinet be asked to note the Committee's support for the draft Business Plan.

Reason for Decision

12. To protect and enrich the health and wellbeing of Dorset's Population and to provide innovative and value for money services.

Public Health Financial Arrangements

13.1 The Committee considered a report by the Director for Corporate Resources on the Public Health Grant for 2013/14 which was £25.972M for Bournemouth Borough Council, Dorset County Council and the Borough of Poole. Officers explained that Dorset County Council was the host authority for the Public Health Service and the report set out

the financial principles which had been agreed by their Chief Financial Officers and endorsed by the Public Health Transitional Steering Group on 22 March 2013.

13.2 The Committee welcomed the fact that of the total budget, 92% was spent on the delivery of services with only 8% being on the cost of staffing resources. Members also recognised the benefits of one financial arrangement covering all three constituent authorities, in terms of efficiency and effectiveness.

13.3 The Chairman, on behalf of the Committee, expressed his appreciation at the work undertaken in ensuring that the contracts and financial arrangements were in place so as to enable the County Council to assume responsibility of the public health function from 1 April 2013.

13.4 The way in which the grant was calculated and the history of how public health was funded for each authority was explained fully.

13.5 One member considered that there was a need for the funding to be more uniformly applied and that Dorset should be entitled to a more proportionate share of the funding. Some members considered that the distribution of funding was disproportionately weighted in favour of the conurbation and that this should be redressed in order that the rural area might have the ability to access services which were needed. Accordingly they considered that there should be flexibility in the funding arrangements to provide for this.

13.5 However the Group Finance Manager explained that a decision on the funding arrangements had already been made and the County Council agreed to this approach to give some certainty to the public health function across Dorset for the short to medium term. Consequently, there was no provision for the Committee to be able to apportion the funding in a different way, but there might be scope for this in the future. However there was scope to review the priorities within the funding parameters to determine where the available money might be best spent.

13.6 The Director considered that a policy development panel could play a part in determining how funding was spent in future with a focus on efficiency, delivery and equitability with a view to providing what was needed, when, where and how.

Noted

Policy Development Panels

14.1 The Committee considered the establishment of policy development panels to begin the process of shaping policy. As discussed earlier in the meeting they agreed that Policy Development Panels be established on health checks, sexual health and drugs and alcohol.

14.2 With regard to membership of the three Panels, as the recommended five members were not identified at the meeting, it was agreed that absent members be contacted to establish their interest in taking part in the work of the Panels and if additional members were required, an invitation be extended to other members of the County Council to participate.

- Health Checks -Michael Bevan, Fred Drane and Ros Kayes
- Sexual Health – Daryl Turner
- Drugs and Alcohol – Pauline Batstone, Mike Byatt and William Tritte

14.3 It was also agreed that a Policy Development Panel on the NCMP/children's obesity should be established as soon as was practicable. As this was an issue for Bournemouth, Dorset and Poole, it was recognised that any Panel should involve Bournemouth, Dorset and Poole members. The Director suggested that this be considered by the Public Health Joint Committee at their first meeting.

Resolved

15.1 That Policy Development Panels be established on health checks, sexual health and drugs and alcohol.

15.2 That membership of these Panels comprise:-

Health checks – Michael Bevan, Fred Drane and Ros Kayes

Sexual Health – Daryl Turner

Drugs and Alcohol – Pauline Batstone, Mike Byatt and William Trite

15.3 That members of the Committee who were not at the meeting be approached to establish their interest in taking part in the work of the Panels and, following this, if further members were still required, other members of the County Council be invited to take part in the work of the Panels.

Recommended

16. That the Public Health Joint Committee consider the establishment of a Policy Development Panel on the National Child Measurement Programme and children's obesity, comprising members from Bournemouth, Dorset and Poole.

Member Briefings

17.1 The Committee was provided with the opportunity to identify subjects for future member briefings.

17.2 Members agreed that following their next meeting on 8 October 2013 a briefing on the NSNP and children's health issues be held.

Noted

Schedule of Members' Seminars and Events 2013

18. The Committee received the Schedule of Members' Seminars and Events for 2013.

Noted

Public Health Overview Committee Work Programme

19. The Committee considered and agreed its work programme for the remainder of 2013.

Noted

Questions

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

Meeting Duration
11.15 am – 1.05 pm