Public Health Overview Committee

Minutes of a meeting held at County Hall,
Colliton Park, Dorchester on 8 October 2013.

Present:
Colin Jamieson (Chairman)
Steve Butler (Vice-Chairman)
Pauline Batstone, Michael Bevan, Mike Byatt, Fred Drane,
Ros Kayes, William Trite, Daryl Turner, David Walsh and Kate Wheller.

Peter Finney attended under Standing Order 54(1).

Officers attending:
Dr Nicky Cleave (Assistant Director of Public Health), Rachel Partridge (Assistant Director of Public Health), Dr Jane Horne (Consultant in Public Health), Jonathan Mair (Head of Legal and Democratic Services), Phil Rook (Group Finance Manager) and David Northover (Senior Democratic Services Officer).

Apology for Absence

21. An apology for absence was received from Janet Dover.

Code of Conduct

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

Minutes

23. The minutes of the meeting held on 27 June 2013 were confirmed and signed.

Minutes of other Public Health bodies

24.1 The Committee received the minutes of the Joint Public Health Board meeting held on 24 July 2013. The Cabinet Member for Community Services and Public Health would report any comments to the Board when it next met.

24.2 One member was of the view that the minutes gave the impression that much had yet to be decided about how the public health arrangements should operate and how the Overview Committee might interact with the Joint Board and other health bodies. The way in which the relationship between Dorset, Bournemouth and Poole local authorities would be managed and developed was seen to be essential in how Public Heath was delivered effectively and efficiently, with another member considering that there needed to be more flexibility regarding how the budget was allocated.

24.3 The Cabinet Member for Community Services and Public Health explained that as each of the three authorities had distinctly different arrangements in place for servicing Public Health, the Joint Board was the forum in which priorities could be taken into account and managed and where some consensus might be achieved.

24.4 Officers explained that whilst the same agenda issues would need to be taken to each of the three councils there were issues as to the timing of meetings. The Senior Democratic Services Officer confirmed that for future meetings, the Committee would be provided with the relevant Public Health minute extracts from both Bournemouth and Poole Unitary Authorities. Officers confirmed that the Cabinet Member for Adult Social Care and the Cabinet Member for Community Services and Public Health, together with the Director of

Public Health and Assistant Directors from across the three authorities, provided the necessary continuity between the Joint Board and the respective public health committees.

24.5 The Head of Legal and Democratic Services explained that how best to achieve some cohesion and interaction between the three upper tier local authorities was being actively pursued. The intention was, wherever possible, to avoid the duplication and replication of effort.

24.6 Whilst a Public Health Directorate Open Day was being organised by officers in order to provide all members with a better understanding of the work of the Directorate, the Committee considered that it would be useful for them to have the opportunity to attend a Development Day of their own, on much the same basis as that recently attended by Joint Board members, so that they might have a better understanding of how future arrangements might work and the part the Committee might play in helping to shape the Public Health function. It was suggested that this be arranged at the earliest opportunity, possibly on 7 November, when the Joint Board was next scheduled to meet.

24.7 Additionally, given that the activities of other overview committees were scrutinised by the Audit and Scrutiny Committee, officers confirmed that mechanisms were being looked at, in conjunction with Bournemouth and Poole, as to what governance arrangements should be put in place to best work for the Committee.

Noted

Outcomes from the Joint Public Health Board Development Day on 27 September 2013 and arrangements for Policy Development Panels

25.1 The Committee's attention was drawn to the outcomes from the Joint Public Health Board's development day held on 27 September 2013, and the proposed arrangements for the future delivery of the Public Health function. Associated with this was the part that Policy Development Panels (PDPs) could play in the work of the Committee.

25.2 The Head of Legal and Democratic Services explained that those PDPs which had already been agreed by the Committee were now seen to be too broad in scope. Members were reminded that the purpose of PDPs was to focus on particular issues within the mandatory Public Health programme themes to either review current practice or develop policies. Given the intention for more inclusive arrangements with the two Unitary Authorities, it was suggested that an invitation be extended to them to participate. Only by exception would a PDP be established and limited solely to Dorset members. The Committee understood the reasoning behind this and agreed that the PDPs established at their July meeting be disbanded, to be replaced by PDPs to focus on more specific issues as and when the Committee identified the need.

25.3 Members acknowledged the practicalities of operating a shared service across the three authorities. They saw the benefits of collaborative arrangements in order to avoid duplication, replication and any conflict in recommendations to the Joint Board from different authorities and as a means to achieve agreement in the way in which Public Health was delivered.

25.4 In recognising this, it was intended that the Chairman and Vice-Chairman of the Committee would participate in a Liaison Group in conjunction with their Bournemouth and Poole counterparts to initially see how better integration between the authorities might be achieved.

25.5 The Committee considered that Public Health arrangements should be Dorset wide wherever practicable, with PDPs being a prime example of how this could work. The revised PDP arrangements were designed to provide the three overview committees with the opportunity of assessing the recommendations and, if appropriate, endorsing them. It was recognised that the same opinion might not necessarily be shared across all three authorities. As such, it would then be for the Director of Public Health to consider each response and make a recommendation to the Joint Board.

25.6 Some members felt that the Committee would be disempowered by the joint PDP's with the two unitary councils. However officers explained that there were unlikely to be public health issues which were relevant to only one authority area and the pooled budget meant that issues needed to be considered on a whole Dorset basis.

25.7 Members supported the aspiration of establishing a single, joint overview committee designed to serve all three authorities in the longer term which they considered would be more efficient and a better use of resources.

25.8 The Committee were then provided with an explanation of how Public Health interacted with other health service bodies and providers and what those bodies had responsibility for and what they were able to achieve. An explanation how the Drugs and Alcohol Team operated was given and, in particular, the way in which the overall budget for the Service was managed and allocated.

25.9 As part of this debate, officers reported that there was likely to be a forecasted underspend of around £1.3 million in the current financial year which was not ringfenced for any particular function. Subject to the Joint Board agreeing, a proportion of the underspend would be made available to each authority to spend locally on its particular priorities.

25.10 In response to one member's suggestion that as Public Health affected all Directorates, other members should be invited to attend these Committee meetings, officers reminded the committee that this provision already existed and that members' attention was drawn to the relevant pages on dorsetforyou.com as a matter of course.

Resolved

26.1 That the three PDPs agreed at the meeting of the Committee on 27 June 2013 be discontinued.

26.2 That PDPs be established to focus on more specific issues as and when the Committee identified the need.

26.3 That Bournemouth and Poole councils be invited to participate in PDP's established by the Committee.

26.4 That the Chairman and Vice-Chairman of the Committee participate in a Liaison Group in conjunction with their Bournemouth and Poole counterparts to initially see how better integration between the authorities might be achieved.

Public Health Performance Monitoring 2013/14

26.1 The Committee considered a report by the Director of Public Health on performance monitoring for 2013/14 which showed that Public Health Dorset had developed a set of indicators to facilitate performance monitoring, in discussion with the Joint Public Health Board.

26.2 Members were informed that the monitoring of Public Health indicators could be problematic as indicators might take some time to be reported as data collection systems were often complex. In addition, changes in Public Health indicators might not have any

impact for some years. Accordingly, indicators were often only reported on an annual basis, or even less frequently.

26.3 Members were pleased to see that performance compared well to the national picture in most areas. However, some areas compared less favourably. Officers reported that specific work on smoking during pregnancy and health checks was continuing. Dementia prevalence and road traffic accidents had been highlighted as priorities through the Health and Wellbeing Board. Immunisation and screening were the responsibility of NHS England, with the local Public Health team having a scrutiny role in this area.

26.4 The Public Health Performance Indicators were appended to the report and explained to the Committee. The indicators were colour coded for ease of reference to show how the Service was performing compared with the national average. The data was the most recently available but it was acknowledged that, in some cases, this was far from being current. Given that data provided was the most up to date, but not necessarily current, it was considered more credible to establish evidence of trends to determine how the Service was performing in those categories.

26.5 Members asked that whilst percentages were helpful, the availability of actual figures might make the statistics more meaningful as in some cases the numbers involved were small and any slight change might result in a significant swing in percentage. A short commentary against each category would also be helpful, together with the direction of travel also being shown. Given this, the Chairman suggested that the Directorate adopt the County Council's performance monitoring practice.

26.6 In response to indicators on the take up of the influenza vaccination and why this was not shown, officers explained that only a selection of indicators were shown but that these could be expanded if members so wished. As such, the performance of the take up of the influenza vaccination was at an acceptable level in Dorset. Officers explained that if members were dissatisfied with the performance in one category, they could ask for more information about it. Members considered that PDPs could play their part in investigating any areas giving rise for concern.

26.7 One member was concerned that mental health was not categorized in the set of indicators and considered that the way in which performance of health and wellbeing was being depicted was being compromised and its credibility undermined. Officers confirmed that whilst this was not the direct responsibility of the Public Health function, sitting instead with the Clinical Commissioning Group and within the remit of the Health and Wellbeing Boards, there was the provision to show such indicators in future if members required this.

26.8 Mention was also made of the relationship between the Service and district councils and the part they could play in public health given their responsibility in the licensing control of premises. Associated with this was how the "Cardiff model" – this being the part public health could play in the management of violence in emergency departments - could be taken into consideration and developed. Officers considered that Community Safety Partnerships were well aware of this and arrangements were being put in place to liaise as closely as possible with district councils to develop a relationship in how best to manage alcohol control licences. Consideration might well be given to combining this with tobacco control, this being an area in which GP's and acute trusts were already playing their part.

26.9 Members were pleased to see that links were being improved and strengthened, and relationships developed in this regard. However, members repeated that

they wished to be seen to be achieving something meaningful and play a full and active part in influencing the delivery of the Public Health agenda.

26.10 Officers explained that ways in which this might be achieved were being explored and developed and, whilst there were statutory and mandatory work programmes for which the Service had responsibility, this was not necessarily exclusive and the Committee could determine the direction in which it wanted to go and the issues it wanted to prioritise. The prospect of how the anticipated underspend might be used was indicative of this.

26.11 Members were mindful of their ability in influencing the Public Health agenda. As a starting point they suggested that the "excess winter deaths" category might be reviewed. However officers advised that the Government's grant for their "Warmer homes, Healthy people" initiative, which was due to be launched this winter, was now being held in abeyance. Nevertheless work was in progress in partnership with district council's housing associations to look at the health implications of housing provision, such as better insulation, heating payments, council tax refunds, influenza vaccinations, and warmer clothing and bedding, to name a few. The Committee were disappointed to hear that this initiative had been shelved and asked that their concern be drawn to the attention of local MP's.

26.12 Overall, members agreed that the way in which the Committee's overview process was intended to work in future would provide for greater scope for any recommendations to be taken forward for the Joint Board to endorse and enact.

Noted

Revenue Budget Monitoring 2013/14

27.1 The Committee considered a report by the Director for Corporate Resources on revenue budget monitoring for 2013/14 and members were reminded that Public Health Dorset had a revenue budget of approximately £19 million in 2013/14, as agreed by the Joint Public Health Board. Budget monitoring so far this year had highlighted some significant variances from the budget on some major contract areas.

27.2 Officers reported that the latest forecast was that Public Health Dorset would underspend in 2013/14 by around £1.3 million, or 7% of the total budget. There were some variances within individual budget lines, which would be eliminated by budget movements (virements) to ensure the budget was matched more closely to the actual activity and the forecasted expenditure. The initial budget had been inherited from the NHS so it was inevitable that some realignment of resources between budget lines would be necessary now that actual activity was becoming clearer. It would be nearer the years end when the position was fully known as there was still uncertainty on figures with regards to cost/volume on contracts.

27.3 Members were asked to be mindful that provision of the Public Health function was still embryonic and the principle since its transfer from the NHS had been to understand the current service delivery model and associated contracts to gain a better understanding of the various services that had transferred from Dorset Primary Care Trust and Bournemouth and Poole Primary Care Trust. Those services would be reviewed to ensure that the outcomes from the Public Health Outcomes Framework and Public Health Business Plan were met within the available resources.

27.4 Discussions had taken place on the 27 September 2013 at the Joint Board's Development Day to look at the challenges and to define the priorities facing Public Health Dorset and to plan where, and how, collectively the Service wanted to shape future public

health developments. Members were advised that it had recently been announced that the Public Health Grant would be ring-fenced for a third year (2015/16) which tied in with the duration of the initial legal agreement between the three Authorities.

27.5 In response to members' questions as to how the forecast budget underspend had occurred, officers explained that this was largely due to the way in which budgets were aligned and allocated, together with the fact that the function had been inherited from the NHS with no prior means of determining how best the funding should be spent or what priorities should be established. The year 2013/14 was seen to be very much an evaluation year.

27.6 Mention was made of the achievements of the Weight Management –Obesity - Service in Dorset and the means by which this had been managed to achieve positive results. Their voucher referral scheme initiative, in association with Weightwatchers and in partnership with GP's, had been acknowledged nationally as a resounding success and had been cited as an exemplar of what could be achieved. The Committee asked that this success be publicised and arrangements put in place to do this.

27.7 Members anticipated that they would have the opportunity at their next meeting in January 2014 to determine how to best use any underspend which the Joint Board had allocated and on what priorities they considered this should be spent.

Noted

Schedule of Members' Seminars and Events 2013

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

Noted

Member Briefings

29. The Committee was provided with the opportunity to identify subjects for future member briefings. They asked that a Development Day workshop be organised for the Committee at the earliest opportunity.

Noted

Public Health Overview Committee Work Programme

30. The Committee considered and agreed its work programme for the start of 2014 and asked that details on how the underspend might be used be included for their January 2014 meeting.

Noted

Questions

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

Meeting Duration - 10:00 am – 12.20 pm