

Joint Public Health Board

Minutes of a meeting held at County Hall
Colliton Park, Dorchester on 8 May 2014.

Present:-

Colin Jamieson (Chairman - Dorset County Council)
Janet Walton (Vice-Chairman - Borough of Poole)

Bournemouth Borough Council
Jane Kelly and Nicola Greene


Dorset County Council
Jill Haynes

Officers:

Dr David Phillips (Director of Public Health), Phil Rook (Group Finance Manager, Dorset County Council), Helena Cain (Communications and Marketing Officer), Jan Thurgood (Strategic Director – People Theme, Borough of Poole), Nicky Cleave (Assistant Director of Public Health (Dorset), Sophia Callaghan (Assistant Director of Public Health (Poole), Sam Crowe (Director of Public Health (Bournemouth), Dr Jane Horne (Consultant in Public Health) and Helen Whitby (Principal Democratic Services Officer).

Dr Catherine Driscoll (Director for Adult and Community Services, Dorset County Council) attended for part of the meeting.

(Notes:(1) In accordance with Rule 16(b) of the Overview and Scrutiny Procedure Rules the decisions set out in these minutes will come into force and may then be implemented on the expiry of five working days after the publication date. Publication Date: **14 May 2014**.

(2) The symbol () denotes that the item considered was a Key Decision and was included in the Forward Plan.

(3) 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 Joint Board to be held on **3 July 2014**.)

Election of Chairman

Resolved

19. That Colin Jamieson be elected Chairman for the meeting.

Appointment of Vice Chairman

Resolved

20. That Janet Walton be appointed Vice-Chairman for the meeting.

Apologies for Absence

21. There were no apologies for absence.

Code of Conduct

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

9Public Participation**Public Speaking**

23.1 There were no public questions received at the meeting in accordance with Standing Order 21(1).

23.2 There were no public statements received at the meeting in accordance with Standing Order 21(2).

Petitions

23.3 There were no petitions received in accordance with the County Council's petition scheme at this meeting.

Minutes

24. The minutes of the meeting held on 4 February 2014 were confirmed and signed subject to the word "equality" being replaced by the word "equity" in minute 12.3.

Terms of Reference

25.1 The Joint Board received their terms of reference.

25.2 It was agreed that the timing of future meetings would be reviewed to try to avoid clashes with partner council meetings.

Noted**Forward Plan of Key Decisions**

26.1 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 in a private part of the meeting. The current plan had been published on 9 April, the draft plan would be published on 4 June 2014.

26.2 Attention was drawn to the current draft plan which was incomplete as far as information regarding consultees, means of consultation and documents were concerned. Whilst it was acknowledged that more information should be included where possible for public transparency, it had proved difficult to provide this information in all instances. Officers agreed to review the draft plan with a view to populating areas where possible.

Noted**Budget Monitoring 2013/14**

27.1 The Joint Board considered a report by the Director for Corporate Resources, Dorset County Council, which provided an update on the current budget position for 2013/14.

27.2 The Group Finance Manager reported that there was a projected underspend of £1.496M for 2013/14 which was in line with forecasts throughout the year based on the current £19M budget. The Annual Assurance Statement was due to be signed and sent to Public Health England for the three local authorities. The Statement confirmed that Public Health money had been used for Public Health activities. Attention was drawn to the completion of the re-commissioning of previous NHS contracts and that the budget for the next financial year would need to continue to be monitored closely.

27.3 Members welcomed the report and the work undertaken to achieve the current position. The Group Manager added that Public Health was in a sound financial position on which to proceed. As a result of work undertaken, GP and pharmacy costs were

equitable and transparent. He paid tribute to the work undertaken by all involved to achieve this.

27.4 The Director reported that a number of unexpected invoices had been received in the last few weeks as NHS Trusts had reached the end of their financial year. A rigorous approach had been taken in order to reduce these costs where possible and NHS Trusts had been notified that accounts for the following year would have to be submitted by a specified date and format otherwise they would not be paid.

27.5 The Group Finance Manager confirmed that the final budget position would be reported to each of the three authorities' finance staff once the closing of the account process was completed.

Noted

Options for the Provision of Inpatient Detoxification in Bournemouth, Dorset and Poole

28.1 Further to consideration of an exempt report by the Director of Public Health at their meeting on 11 November 2013, the Joint Board considered a further report by the Director which outlined options available to address the findings of the needs assessment in relation to the commissioning of inpatient detoxification services. The report recommended a preferred option to improve service efficiency and equity in the longer term.

28.2 The Assistant Director of Public Health (Dorset) presented the report in detail. Since November 2013 service users had been consulted about future service provision and possible markets had been explored. She explained how the consultation had been undertaken and referred to the key findings set out in Section 4 of the report. She highlighted that Dorset had a high level of inpatient detoxification compared to other areas, that community detoxification was a safe, effective and cost efficient alternative, and that numbers of people referred for inpatient detoxification had fallen since the reduction of inpatient beds in West Dorset. The existing inpatient detoxification service had been commissioned at least ten years ago and had not undergone market testing during this period.

28.3 A soft market appraisal had been undertaken and a number of providers had been identified who would be interested in providing services on a spot purchase basis. She anticipated that spot purchasing might encourage other providers to the area.

28.4 Two options were identified; the commissioning of a like for like service; and commissioning through a spot purchase arrangement. The recommended option was to adopt a spot purchasing arrangement, which would involve the development of a specification for future provision with clear provider criteria which would allow new providers to be added at any time. An Equality Impact Assessment had been undertaken and the key impact was that patients and their families might be required to travel further for care. In this case it was suggested that a travel policy be put in place to support families to visit relatives where appropriate.

28.6 In response to questions the Assistant Director of Public Health (Dorset) explained that the current inpatient provision was based in Christchurch. There were also a small number of private providers in Bournemouth who were not commissioned by the Local Authorities currently, and were used by self funders and service users from out of the area. There was little provision in West Dorset and Poole. She reported that £620,000 one-off capital funding had been secured to develop a recovery house which would provide residential detoxification in Weymouth and plans for this were in development.

28.7 With regard to the consultation undertaken, it was explained that the main event had been held in Bournemouth where the Service User Forum was more active than others in either Dorset or Poole. Consultation had been undertaken in areas across the County but the Bournemouth event had skewed the results to some extent.

28.8 Whilst members recognised the need to move away from block arrangements, they were concerned that service users leaving residential treatment be given the necessary support in the community. The Assistant Director of Public Health (Dorset) explained that the direction of travel was to keep the number of people requiring inpatient detoxification to a minimum by providing integrated services within the community with appropriate support. This work was developing and the care pathway might need to be amended as this work progressed.

28.9 Members were convinced that the current arrangements should be de-commissioned. They recognised that the numbers of service users involved were relatively few, but that cases were very different and no reference was made to the scale of the problem within the report. The Assistant Director of Public Health (Dorset) explained that the current provider would need to be given six months' notice if the procurement process was to progress and this would be kept under review. Should spot purchasing proceed, members asked that this be outcome focused and well-regulated, and take account of any lessons learned from previous arrangements.

28.10 A request was made that the Joint Board see the spot purchase specification and framework to provide assurance that good treatment would result and that providers would have responsibility to their local communities.

Resolved

29.1 That the current arrangement with Dorset Healthcare University NHS Foundation Trust be decommissioned and the appropriate notice given.

29.2 That the option of spot purchasing be supported in principle and that an update report be provided for the meeting on 3 July 2014.

Reason for Decisions

30. The evidence from work to date suggested that efficiency and choice could be improved and this would be best achieved through a spot purchasing arrangement.

Public Health Performance Monitoring 2013/14

31.1 The Joint Board considered a report by the Director of Public Health which provided an updated version of the public health outcome indicators reported on 4 February 2014.

31.2 The Director of Public Health reminded the Joint Board that work was continuing to identify public health outcome indicators and the best format for these to take in future reporting. He drew attention to the fact that although Dorset had low numbers of people invited for health checks in the area, they had the highest rate of people taking up health checks and many of these were in the areas of highest deprivation and reaching those most in need. He also highlighted that figures for pregnant mothers 'smoking at delivery' nationally were probably significantly higher than reported and that from July 2014 services would be commissioned differently to ensure that the same consistent and comprehensive service was offered across Bournemouth, Dorset and Poole. This approach would not only focus on the mother but on the whole family.

31.3 Members congratulated the Director on the health check performance, particularly in deprived areas.

31.4 The Joint Board then received a presentation from the Consultant in Public Health which showed how and where data, maps and information could be found, how current the available information was and what information was available at national, local and division level.

31.5 Members wanted to have as up to date information as possible in order to respond appropriately in the community, even if this information was at a basic level. Local information was available and members were aware of what was happening in their divisions, but the presentation had given cause for concern in that the available data was quite old in some respects. Members did recognise that some outcomes would take a number of years to achieve such as decreasing smoking or obesity.

31.6 The Director of Public Health agreed that up to date information would be more helpful but reminded the Joint Board that Public Health was assessed against a number of national outcomes. This information was collated nationally and helped comparisons to be made with other areas. The challenge was to have local knowledge and be aware of the national indicators on which Public Health was measured. Maps and charts illustrated significant differences at local levels within and across the three areas, for example whether health checks were reaching those most in need of them. National data did not provide this level of detail so local knowledge was important.

31.7 Members agreed that data was crucial to identify where resources needed to be focused but were not convinced that the information presented actually provided this. The Consultant in Public Health explained that she was talking to the Health and Wellbeing Boards to bring information together and to discuss the different geographies across the three areas. The situation was compounded by the fact that much health data was done by GP coding rather than geographically, and comparisons were also made more difficult by recent legislative changes.

31.8 The Director of Public Health would provide a different set of local indicators in addition to the mandatory ones for the next meeting in order to guide investment decisions for 2014/15.

Noted

At this point the meeting became inquorate and no further items were considered.

Meeting duration: 2.15pm-4.00pm