

Joint Public Health Board

Minutes of a meeting held at The Town Hall, Bournemouth
on 6 November 2014.

Present:-

Jane Kelly (Chairman – Bournemouth Borough Council)
Colin Jamieson (Vice-Chairman – Dorset County Council)

Bournemouth Borough Council
Nicola Greene


Dorset County Council
Jill Haynes

Borough of Poole
Karen Rampton

Officers:

Dr David Phillips (Director of Public Health), Phil Rook (Group Finance Manager, Dorset County Council), 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 (Assistant Director of Public Health (Bournemouth)), Rachel Partridge (Assistant Director of Public Health) and Helen Whitby (Principal Democratic Services Officer).

(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: **12 November 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 February 2015.**)

Election of Chairman

Resolved

57. That Jane Kelly be elected Chairman for the meeting.

Appointment of Vice Chairman

Resolved

58. That Colin Jamieson be appointed Vice-Chairman for the meeting.

Apology for Absence

59. Apologies for absence were received from Michael Brook and Janet Walton (Borough of Poole), Catherine Driscoll (Director for Adult and Community Services, Dorset County Council) and Sara Tough (Director for Children's Services, Dorset County Council).

Code of Conduct

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

Public ParticipationPublic Speaking

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

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

Petitions

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

Minutes

63. The minutes of the meeting held on 17 July 2014 were confirmed and signed.

Matter ArisingMinute 38 – Matters Arising

64.1 The Principal Democratic Services Officer confirmed that she had received nominations from Bournemouth Borough Council and the Borough of Poole for the Working Group established at the last meeting.

Minute 48.5 – Commissioning Development Update

64.2 The Joint Board noted that a meeting had been held with interested parties in order to reduce duplication of effort and the possibility of using available information to reduce costs for Public Health was being explored.

Minute 51.3 – Locality Updates

64.3 The Director of Public Health confirmed that local authority minutes would in future be presented in report format.

64.4 With regard to harmonisation across the three local authorities, the Director of Public Health reported that this was being progressed.

Forward Plan of Key Decisions

65.1 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 either on or following the Board's meeting on 3 February 2015. The draft plan would be published on 5 January 2015.

65.2 The Director of Public Health reminded the Joint Board that the Forward Plan was issued a month in advance of meetings to provide notification of future key decisions. The draft Plan was still not fully populated as the Joint Board's work was not sufficiently developed to allow for long term planning at this stage. Members asked that information regarding consultees and the means of consultation be added, particularly when commissioning was being considered.

Noted**Draft Estimates 2015/16 and Financial Report September 2014**

66.1 The Joint Board considered a report by the Chief Financial Officer, Dorset County Council, which explained the main drivers and factors influencing the estimates, including sensitivity and risks relating to the budget and opportunities to redistribute the budget both within the service and across other council activities. The report also provided an update on the Public Health Grant.

66.2 The Group Finance Manager, Dorset County Council, presented the report. The Joint Board noted the forecast underspend of £1M for 2014/2015 and that £1.447M of the Public Health reserve had been re-distributed to the three local authorities to address priorities in their areas. £700k of Dorset's allocation would be spent on the Warmer and Healthier Homes project across Bournemouth, Dorset and Poole. The other funds would be spent on localities in line with the Public Health Grant conditions.

66.3 It was anticipated that the Public Health Grant for 2015/16 would remain at its current level although Public Health would become responsible for the commissioning of services for 0-5 years olds during that year. As a better understanding of the medium term spend on contracts had been gained, officers were confident that a consistent saving of £1M could be achieved each year and it was proposed that this be used to help the local authorities address their financial pressures in particular areas of activity and consistent with the proposed medium term strategy and principles previously adopted by the Board.

66.4 The Director of Public Health considered that excellent progress was being made and highlighted that even though Dorset was one of the lowest funded areas it was one of only 10% who had made savings in 2013/14. He stated that in the medium term there could be annual savings on contract costs of between 10-15% and a report would be provided in February 2015 on how the underspend could be reinvested to improve outcomes in poorer areas.

66.6 With regard to the responsibility for Health Visitors transferring to Public Health responsibility, the Strategic Director – People Theme, Borough of Poole, referred to the pooling of budgets and the need to ensure that maximum value and best outcomes were achieved through the different strands of the budget. The Group Finance Manager explained that assurance work with Dorset Healthcare University NHS Foundation Trust was on-going.

66.7 Members welcomed the progress made since Public Health became the responsibility of the local authorities, the savings made and supported the medium term strategy of reinvesting savings.

Resolved

67.2 That the extension of the joint legal agreement for Public Health for 5 years (3 years with an option to extend for a further 2 years) from 1 April 2015 be agreed with the details to be agreed by the Head of Legal Services and Finance Officers (Section 151 officers).

67.3 That any underspend for 2014/15 be transferred to a public health reserve until the year end position is confirmed.

67.4 That a medium term strategy to the reinvestment of savings based on the principles described in the report be agreed.

Recommended

68. That the draft estimates for 2015/16 be recommended to Partner Councils for consideration.

Reason for Recommendation

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



Options for Drug and Alcohol Commissioning in Bournemouth, Dorset and Poole

70.1 The Joint Board considered a report by the Director of Public Health which set out the preferred option from the Pan-Dorset Drug and Alcohol Commissioning Strategic

Group to optimise the efficiencies which could be achieved by rationalising existing commissioning arrangements.

70.2 In November 2013 the Joint Board had agreed that existing commissioning arrangements should be reviewed. An external review had taken place and a preferred commissioning model had been identified which would achieve the required outcomes without losing a locality focus. The Joint Board was asked to endorse the proposal, subject to further work being undertaken, and then consider the business case in February 2015.

70.3 As to whether there was duplication of work by the Dorset Clinical Commissioning Group (CCG) and whether Health and Wellbeing Boards should be aware of the developments, it was explained that the CCG had been involved in the process along with the Police, Probation and the Police and Crime Commissioner. The CCG did not currently address drug and alcohol issues and consideration was being given as to how best to engage them in the governance of the future arrangements.

70.4 With regard to the proposed governance model, it was suggested that it include a CCG commissioning lead and some reference to alcohol be included in any terms of reference. It was also suggested that links be forged with the Health and Wellbeing Boards and the Children's Trusts. The Assistant Director of Public Health added that consideration would also need to be given to the relationship between the Joint Board and the Governance Board to ensure that decisions were taken by the appropriate body. The Director of Public Health added that it was clear that the NHS needed to re-focus on prevention and early intervention work and he hoped to progress this through meetings with the Chief Officer of the CCG.

70.5 It was highlighted that the report gave no indication of costs involved and by the time the next report was considered, the three authorities would be at the point of agreeing budgets for the following year. The Assistant Director of Public Health explained that a meeting between Heads of Service, Finance and HR Officers was scheduled for the following week to identify action to be taken before the next meeting in February 2015. The Group Finance Manager confirmed that there would be no detrimental effect on the local authorities' budgets and no additional funding would be required.

70.6 Members supported the approach being taken to find efficiencies and improve effectiveness of services.

Resolved

71. That the proposed model outlined in the report be supported in principle, subject to a business case being brought back to the Board in February 2015.

Reason for Decision

72. The Pan Dorset Drug and Alcohol Commissioning Strategic Group had considered the report and recommended that the option outlined within the report would give a good balance between centralisation of commissioning to deliver efficiencies whilst maintaining an appropriate focus on local needs.

Commissioning Development Updates

(a) Commissioning Update

73.1 The Joint Board considered a report by the Director of Public Health which provided an update on specific commissioning developments since July 2015.

Health Checks

73.2 Although there had been progress in implementing health checks across Bournemouth, Dorset and Poole, there were significant variations in performance. Figures

showed that Dorset carried out half the number of health checks undertaken in Poole and Bournemouth and that even within Dorset performance varied greatly. If providers in Dorset could not be persuaded to improve current performance, then alternative providers might be sought. It was also suggested that the public should be made aware of their right to have a health check in order to encourage take up.

73.3 It was acknowledged that some GP practices did not offer the service at all and that this meant that the population they served did not have the same opportunities for illnesses to be identified as those who had health checks.

73.4 The marked difference between the number of health checks offered at some surgeries and the number taken up was highlighted. This was attributed to the different practices within surgeries and how the better organised surgeries allotted resources to the health check programme. Attention was drawn to the fact that it was difficult to access GP appointments in some areas and that those attending for health checks were not necessarily the people that needed them most.

73.4 The Joint Board noted that collaboration between GP practices was being encouraged to pool resources and improve performance. It was suggested that more should be done to target those living in deprived areas and to make the public more aware of the health check programme. It was also suggested that best practice be shared.

73.5 The Director of Public Health considered it unacceptable to have such a diverse offer of a national service across Dorset and that Health Checks was not an isolated case. It was a Health and Wellbeing Board role to monitor the CCG and GPs as providers and ensure residents were properly served. He stated that if improvements were not made, then consideration would need to be given to alternatives.

Healthy Child Programme

73.6 The Director of Public Health referred to the mandate and timeframe for local authorities to take responsibility for commissioning public health services for children aged 0-5 years old.

73.7 The Strategic Director – People Theme, Borough of Poole, stated that more work was needed to understand the full implications of the transfer and how best value could be achieved given the three authorities had different configurations for Children's Services. It was agreed that the pooling of health visitor budgets be approved in principle, subject to further work being carried out on the future implications.

Health Improvement Service

73.8 The Joint Board noted that good progress had been made with regard to the commissioning and procurement of future health improvement services and that responses to the current tender exercise were due by early December 2014.

73.9 With regard to current difficulties accessing GP held data, it was explained that part of the specification for health improvement services was the collection of data which could be shared with other organisations as long as the appropriate permission was given.

Health Protection Update

73.10 Attention was drawn to the recent exercise to test the preparedness of the local health resilience network, the Dorset Health Protection Network's review of public health protection activity across Dorset, the Public Health stocktake being undertaken, the benefits the £700k provided for the Warmer and Healthier Homes project would bring, work being undertaken to increase screening and immunisation and, in particular, that the County Council's Adult Social Care team was providing vouchers for immunisation for front line staff.

This work would be evaluated in Spring 2015 and might be offered to other local authority staff in future.

73.11 Members welcomed this development but noted that the availability of the vaccine might limit the number of staff who could take advantage of it. Staff would be provided with vouchers for the vaccine and could use them at their GP surgeries, pharmacies or even have them at work. It was suggested that any information for staff about the scheme could include a reminder for their children to be immunised too.

Reinvesting Alcohol Brief Interventions Funding into the Dorset Health Hub

73.12 The Assistant Director of Public Health explained that the proposal would standardise the service as part of the new Dorset Health Hub contract.

Resolved

74.1 That the current performance on health checks as set out in Appendix 1 of the Director of Public Health's report be noted.

74.2 That the following actions for 2015/16 be approved:

- (i) ensure that in 2015/16 targets for practices in Dorset are doubled to generate the additional invitations and health checks required in order to catch up with the 5-year trajectory.
- (ii) public practice-level data and work with GP providers, exploring ways in which the call/recall system could be operated more efficiently and effectively.
- (iii) Where practices are completely disengaged or undertaking very little activity, Public Health Dorset seeks to commission alternative provision for their eligible patients.
- (iv) Commission opportunistic and outreach health checks in communities considered a priority and in areas (mainly in Dorset) that are under-performing with invites and health checks.
- (v) Change the wording and emphasis of marketing output to encourage people to actively seek a health check. Remove the limits placed on providers to undertake opportunistic health checks.

74.3 That the timelines and progress to date as set out in Appendix 2 of the report be noted.

74.4 That the pooling of Health Visitor public health budgets of the three Local Authorities be agreed in principle, subject to further work on the implications being undertaken.

74.5 That commissioning responsibility for the 0-5 Health Child Programme sits with Public Health Dorset.

74.6 That the further progress as set out in Appendix 3 of the report be noted.

74.7 That the work of the Health Protection programme as set out in Appendix 4 of the report be noted.

74.8 That the decision not to renew the existing alcohol brief interventions service be approved.

74.9 That the reinvestment of the monies released from the existing brief interventions service into delivery of an improved service within the Dorset Health Hub be approved.

Reason for Decisions

75. To enable further development on key and emerging areas within public health and provide assurance on progress to date.

(b) Developing and Integrated Sexual Health Service in Dorset

76.1 The Joint Board considered a report by the Director of Public Health which provided an update on commissioning developments for sexual health as one of the mandatory programmes commissioned by Public Health Dorset.

76.2 The Director of Public Health explained that re-procurement of the service was being proposed along similar lines to that for the health improvement hub commissioning. The Assistant Director of Public Health stated that the current arrangements could be improved by integrating services, and by having consistent pathways and outreach services.

76.3 Members supported the suggested approach as it provided a means of safeguarding children and identifying those at risk.

Resolved

77.1 That progress in service development for sexual health including market engagement in September 2014 be noted.

77.2 That the commencement of a procurement process for an integrated sexual health service be approved.

77.3 That the contact notice to be published in the Official Journal European Union in 2015 be approved.

Reason for Decisions

78. To ensure that the process for developing an integrated sexual health service could commence.

Performance Reporting 2014/15

79.1 The Joint Board considered a report by the Director of Public Health which provided an update on progress against the agreed commissioning intentions by programme.

79.2 The Director of Public Health reported that all areas were either completed or on track. He would arrange for members to be provided with a link to a visual summary of higher level indicators for their comment.

Noted**Locality Updates**

80.1 The Joint Board received the minutes of Bournemouth Borough Council's Health and Adult Social Care Overview and Scrutiny Panel meetings held on 11 June and 17 September 2014 and Dorset County Council's Children's Overview Committee meeting held on 14 October 2014.

80.2 Members asked that for ease of reference minutes should be clearly marked with reference to their parent authority and that only relevant minutes would be reported.

80.3 It was noted that Bournemouth's Task and Finish Group on Public Health was nearing the end of its work and its final report would be reported to the Joint Public Health board in February 2014.

Questions from Members of the Councils

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