

Joint Public Health Board

Minutes of a meeting held at The Town Hall,
Bournemouth on 20 July 2015.

Present:-

Jane Kelly (Chairman – Bournemouth Borough Council)
Rebecca Knox (Vice-Chairman – Dorset County Council)

Bournemouth Borough Council

Blair Crawford


Borough of Poole

Karen Rampton

Officers:

Dr David Phillips (Director of Public Health), Phil Rook (Interim Finance Director - Tricuro), Sophia Callaghan (Assistant Director of Public Health – Poole), Nicky Cleave (Assistant Director of Public Health (Dorset)), Paul Compton (Senior Communications Officer), Sam Crowe (Assistant Director of Public Health (Bournemouth)), Vicki Fearn (Consultant in Public Health), Dr Jane Horne (Consultant in Public Health), Rachel Partridge (Assistant Director of Public Health), Sara Tough (Director for Children's Services, Dorset County Council) and Helen Whitby (Principal Democratic Services Officer, Dorset County Council).

(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: **27 July 2015**.

(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 Public Health Board to be held on **9 November 2015**.)

Election of Chairman

Resolved

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

Appointment of Vice-Chairman

Resolved

37. That Rebecca Knox be appointed Vice-Chairman for the meeting.

Apologies for Absence

38. Apologies for absence were received from Nicola Greene (Bournemouth Borough Council), Jill Haynes and Colin Jamieson (Dorset County Council), Janet Walton (Borough of Poole) and Catherine Driscoll (Director for Adult and Community Services, Dorset County Council).

Code of Conduct

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

Public ParticipationPublic Speaking

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

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

Petitions

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

Minutes

42. The minutes of the meeting held on 3 February 2015 were confirmed and signed.

Matters ArisingMinute 8.5 – Bournemouth Health and Adult Social Care Overview and Scrutiny Committee Task and Finish Group Final Report – Public Health Transition

43.1 The Joint Board noted that a Public Health update had been provided for the most recent meeting of the County Council's Adult and Community Services Overview Committee. A similar report would be provided for the Children's Overview Committee in October, with regular updates being planned for future meetings.

Public Health Dorset Online Strategy

43.2 Members were provided with illustrations of the new website and noted that it would go live on 3 August 2015 and provide an opportunity for data to be illustrated in different formats. Members were invited to take part in user testing of the service prior to go live.

43.3 With regard to whether there would be any cross-referencing for area health profiles, it was explained that work was on-going with the three local authority information teams to reach a consistent approach and follow best practice.

Noted**Terms of Reference**

44. The Joint Board received its terms of reference.

Noted**Forward Plan of Key Decisions**

45.1 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 draft plan included items for the meeting on 9 November 2015 and would be published on 9 October 2015.

45.2 The Director of Public Health referred to the recently published NHS Five Year Forward View which focused on prevention and the local Clinical Services Review which centred upon local organisational and structural change. He highlighted the important role the Joint Board and the Health and Wellbeing Boards could play in raising the prevention agenda locally in order to effect change. He would provide a report for consideration at the next meeting.

45.3 Members recognised the importance of prevention work and of working together with partners to effect change. The Director for Children's Services supported prevention work but highlighted that this also depended upon support and work carried out by partners and agencies. She highlighted the need for prevention work to be provided earlier. The Director of Public Health added that a better understanding of cost and benefit of early years' intervention was needed and these, along with lessons learned from other agencies, should be used to encourage the local NHS to focus on prevention.

Resolved

46. That a report as outlined in the above minute be provided for consideration at the next meeting.

2015/16 Commissioning Plan Updates

LiveWell Dorset

47.1 The Joint Board considered a report by the Director of Public Health which updated them on specific developments since the meeting on 3 February 2015 and highlighted areas of continuous focus, emerging issues and proposals for further action.

47.2 The Assistant Director of Public Health (Bournemouth) summarised achievements to date and how the impact of the scheme would be measured. He then set out the focus of work for 2015/16 and highlighted the need to build community capacity to carry out low level prevention work and for NHS Health Checks to link to the LiveWell Dorset scheme.

47.3 Members were pleased with the launch of the scheme but questioned the performance data for smoking in May 2015 as it appeared to be low and asked for information for June 2015 to be provided. They noted that outcome information for the first cohort would be included in the report to the next meeting.

47.4 With regard to the role the voluntary sector could play, it was explained that LiveWell Dorset could provide basic level training and development for them so they could support people in the community. As to whether other agencies would benefit from this work and contribute to costs, it was explained that this was unlikely as the scheme did not support people with clinical conditions. However, data collected could lead to service integration for consistent life style and behaviour support.

Noted

Drugs and Alcohol Update

48.1 The Joint Board considered an update by the Director of Public Health on drug and alcohol commissioning.

48.2 It was noted that revisions to the governance arrangements for commissioning agreed in November 2014 had been implemented and the structure rationalised to reduce duplication. Pan-Dorset drug and alcohol strategies were being developed with an engagement event planned for September 2015. The revised commissioning arrangements had also been implemented with detoxification now being offered in the community as standard practice. This had reduced the number of patients needing in-patient treatment and led to savings. A report on patient outcomes would be provided for a later meeting.

48.3 With regard to whether individual patient costs were identified, it was explained that these could not be tracked currently as although each local authority used the same system, they had been modified to meet their individual needs. Steps were being taken to integrate these systems in order to understand spend and what was being

delivered. It was highlighted that in some instances only ten per cent of service users actually completed their treatment and consideration needed to be given to whether this provided value for money.

Noted

Progress Report on Procurement of the Integrated Sexual Health Service

49.1 The Joint Board considered a report by the Director of Public Health which provided an update on the procurement of the integrated sexual health service since the last report which was considered on 3 February 2015.

49.2 In response to questions it was explained that the new model would be outcome based and provide more flexibility than the previous block contracts and provide a means of data collection. The new model would use a hub and spoke model of provision, with service users' needs being met in one place. The Director of Public Health added that there had been challenges with making changes to services over many years and that the need for change was now urgent. The procurement process would achieve efficiencies and focus on desired outcomes.

49.3 With regard to education about sexual health, the Director for Children's Services asked how schools and services for children and young people could be integrated to provide targeted support. The Director of Public Health explained that this would require re-organisation and a change in working practices. The Director for Children's Services suggested that this could be linked to community based provision.

Resolved

50. That the progress in procurement development be noted and the risks and mitigating planning acknowledged.

Reason for Decision

51. To enable further development on key areas and provide assurance in progress to date.

Update on Children's Public Health Nursing (Health Visiting and School Nursing)

52.1 The Joint Board considered a report by the Director of Public Health which outlined the work being done on the development of longer term models for public health nursing (school nursing and health visiting) as part of the wider vision for children's services commissioning.

52.2 It was noted that local authorities would have responsibility for commissioning school nursing and health visiting services from 1 October 2015. Shadow commissioning arrangements were in place currently with NHS England leading the transition group in Dorset. The Joint Board noted that the NHS provided services to the population registered with GPs whereas local authorities delivered services to the resident population. Steps were being taken to ensure that there was a smooth transition of health visiting service's to the new model.

52.3 As to whether the transition would mean that some residents would be double-counted or missed, it was explained that steps were being taken to mitigate this risk at the time of transfer.

52.4 With regard to the school nursing service, there had previously been a number of delivery models and it was intended to have more consistent provision across Dorset. This would be taken into account in commissioning proposals for sexual health, emotional well-being and mental health services.

Noted**Task and Finish Group on Obesity – Update**

53.1 The Joint Board received a verbal update from the Assistant Director of Public Health (Bournemouth) on the work of the Task and Finish Group on Obesity.

53.2 The Group had met on three occasions but membership had changed since the recent elections and finding a date for the next meeting had proved challenging. The Group's focus had shifted from individual interventions to the role Councils could play in school meal procurement, the relationship between local authorities and schools, and the encouragement of physical activity. Meetings were in the process of being set up with a view to the final report being considered by the Joint Board in November 2015.

Noted**Budget – 2014/15 Outturn and Financial Update**

54.1 The Joint Board considered a report by the Chief Financial Officer, Dorset County Council, on the budget outturn for 2014/15 and the Public Health Grant for 2015/16.

54.2 The outturn position for 2014/15 was in line with the forecasted £1.4m underspend. However, the Chancellor's recent budget review had indicated that Public Health funding would be reduced by £200m. No further details were available but for Dorset this would equate to a reduction of £1.95m in 2015/16. The position for 2016/17 would require further consideration. The Director for Public Health added that he wanted to minimise disruption to the three local authorities agreed plans for 2015/16 and proposed using savings from previous years to reduce the deficit as far as practical. He was confident that the shortfall could be found and would provide an update report for the next meeting.

Resolved

55.1 That the use of the 2014/15 underspend to mitigate the impact of the proposed £1.9m grant reduction be agreed.

55.2 That an update report be provided for the next meeting.

Reason for Decisions

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

Public Health Stocktake

57.1 The Joint Board considered a report by the Director of Public Health which presented the draft findings of the Public Health Stocktake undertaken between July and December 2014, and identified a number of areas for further development.

57.2 Members were reminded that following the Stocktake it had agreed to allocate funding for Health Protection. However, the recent funding cut had resulted in the other areas identified for further development being put on hold. It was noted that the outcome of four funding bids were awaited and that officers were exploring other funding options. The Director of Public Health considered the exercise to have been a good example of effective partnership working across all tiers of local authorities.

Noted

Performance Reporting 2014/15

58.1 The Joint Board considered a report by the Director of Public Health which updated them on outcomes, progress against the agreed commissioning intentions by programme, and a summary of nationally produced Health Profiles.

58.2 It was noted that all programme/activities were completed or on track apart from two areas - the outreach service for seldom heard groups and areas of high need would go live in September 2015 and the implementation of the preferred option for drug and alcohol commissioning had been delayed to allow further funding negotiation.

Noted**Director of Public Health Annual Report 2014/15**

59.1 The Joint Board considered a report by the Director of Public Health which summarised the Director's annual report on the health of the local population, with a focus on cardiovascular disease.

59.2 The Director of Public Health presented his annual report highlighting that premature cardiovascular disease rates were increasing generally but especially in areas with the worst outcomes. This reinforced the importance of prevention work and a collective effort by agencies and society would be needed to effect any change. Members would be sent a copy of the full draft report for comment prior to publication.

Noted**Questions**

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

Meeting duration: 10.00am to 12.00pm