

Agenda



Meeting: Joint Public Health Board

Time: 10.00 am

Date: 6 June 2016

Venue: Town Hall , Bournemouth, County Hall, Colliton Park, Dorchester, Dorset,
DT1 1XJ

**Bournemouth Borough
Council**

Nicola Greene
Jane Kelly

Blair Crawford – Reserve

David d’Orton-Gibson -
Observer

Dorset County Council

Jill Haynes
Rebecca Knox

Colin Jamieson – Reserve
Vacancy – Reserve

Janet Dover –Observer

Borough of Poole

Drew Mellor
Karen Rampton

Mike White – Reserve

Notes:

- The reports with this agenda are available at www.dorsetforyou.com/countycommittees then click on the link "minutes, agendas and reports". Reports are normally available on this website within two working days of the agenda being sent out.

- We can provide this agenda and the reports as audio tape, CD, large print, Braille, or alternative languages on request.

- **Public Participation**

Guidance on public participation at County Council meetings is available on request or at <http://www.dorsetforyou.com/374629>.

(a) Public Speaking

Members of the public can ask questions and make statements at the meeting. The closing date for us to receive questions is 10.00am on 1 June 2016, and statements by midday the day before the meeting.

(b) Petitions

The Committee will consider petitions submitted in accordance with the County Council’s Petition Scheme.

Debbie Ward
Chief Executive

Contact: David.Northover
County Hall, Dorchester, DT1 1XJ
d.r.northover@dorsetcc.gov.uk

Date of Publication:
Thursday, 26 May 2016

1. Chairman

To note a Chairman for the meeting. (It was agreed at the previous meeting that the Chairmanship would rotate amongst the three authorities and that the Vice-Chairman identified at a meeting would become the Chairman at the following meeting).

2. Vice-Chairman

To appoint a Vice-Chairman for the meeting.

3. Apologies

To receive any apologies for absence.

4. Code of Conduct

Councillors are required to comply with the requirements of the Localism Act 2011 regarding disclosable pecuniary interests.

- Check if there is an item of business on this agenda in which the councillor or other relevant person has a disclosable pecuniary interest.
- Check that the interest has been notified to the Monitoring Officer (in writing) and entered in the Register (if not this must be done on the form available from the clerk within 28 days).
- Disclose the interest at the meeting (in accordance with the County Council's Code of Conduct) and in the absence of a dispensation to speak and/or vote, withdraw from any consideration of the item.

Each Council's Register of Interests is available on their individual websites.

5. Minutes

1 - 8

To confirm the minutes of the meeting held on 8 February 2016 (attached).

6. Public Participation

(a) Public Speaking

To consider any requests for public speaking.

(b) Petitions

To consider the receipt of any petitions.

7. Forward Plan of Key Decisions

9 - 12

The Board's Forward Plan identifies Key Decisions to be taken by the Board and items that are planned to be considered in a private part of the meeting. The current Forward Plan was published on 6 May 2016 and includes items that will be considered either on or following the Board's meeting on 6 June 2016 (attached). The next Forward Plan will include items to be considered on or following the Board meeting on Monday 19 September 2016 and will be published

on 19 August 2016 and what is due to be considered at that meeting is indicated too.

8. Strategic Direction - 2016 to 2019 / Public Health Dorset Work Plan 2016-18 13 - 18

To receive a presentation by the Director for Public Health on the Strategic Direction for Public Health between 2016-2019, together with a report by the Director entitled "Public Health Dorset Work Plan 2016-18" (attached).

9. Health and Wellbeing Framework 19 - 28

To consider a report by the Director for Public Health (attached).

10. Performance Update and Overview of Commissioning Plans 2016/17 29 - 34

To consider a report by the Director for Public Health (attached).

11. Financial Report including Budget Outturn 2015/16 35 - 40

To consider a joint report by the Chief Financial Officer and the Director for Public Health (attached).

12. Questions from councillors

To answer any questions received in writing by the Chief Executive by not later than 10.00am on Wednesday 1 June 2016.

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Joint Public Health Board

Minutes of a meeting held at the Civic Centre, Municipal Offices, Poole on 8 February 2016.

Present:-

Councillor Drew Mellor (Chairman – Borough of Poole)
Jane Kelly (Vice-Chairman – Bournemouth Borough Council)

Bournemouth Borough Council
Councillor Nicola Greene


Borough of Poole
Councillor Karen Rampton

Dorset County Council
Councillors Rebecca Knox and Jill Haynes

Officers:

Dr David Phillips (Director of Public Health), Phil Rook (Finance Director - Tricuro), Sophia Callaghan (Assistant Director of Public Health – Poole), Dr Nicky Cleave (Assistant Director of Public Health (Dorset)), Sam Crowe (Assistant Director of Public Health (Bournemouth)), Vicki Fearne (Consultant in Public Health), Dr Jane Horne (Consultant in Public Health), Rachel Partridge (Assistant Director of Public Health), Dr Catherine Driscoll (Director for Adult and Community Services, Dorset County Council) and David Northover (Senior 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: **Monday 15 February 2016.**

(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 **6 June 2016.**)

Election of Chairman

Resolved

1. That Councillor Drew Mellor be elected Chairman for the meeting.

Appointment of Vice-Chairman

Resolved

2. That Councillor Jane Kelly be appointed Vice-Chairman for the meeting.

Apologies for Absence

3. Apologies for absence were received from Sara Tough (Director for Children's Services, Dorset County Council) and Steve Hedges (Group Finance Manager, Dorset County Council).

Code of Conduct

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

Public ParticipationPublic Speaking

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

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

Petitions

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

Minutes

7. The minutes of the meeting held on 20 July 2015 were confirmed and signed.

Forward Plan of Key Decisions

8.1 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 during 2016, which had been published on 8 January 2016.

8.2 The Board were being asked to agree this draft Plan as a means of identifying their work programme for the year ahead and in providing their commitment to what issues should be considered and what decisions needed to be taken. The Board were encouraged to play their part in shaping this Plan in making it a live and meaningful document and any contributions towards this were welcomed.

8.3 Members noted that the commitment made in the previous meeting for the Director to report on the part the Board and the Dorset Health and Wellbeing Board could play in raising the prevention agenda locally in order to effect change, was largely being done in practice as a consequence of the practicalities of the NHS Five Year Forward View and the Sustainability and Transformation Plan, which focused both on prevention and the local organisational and structural changes.

Resolved

9. That the Draft Forward Plan be endorsed for implementation, as necessary.

Reason for Decision

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

 **Draft Estimates 2016/17 and Financial Report December 2015**

11.1 The Board considered a joint report by the Chief Financial Officer and Director of Public Health on the draft revenue budget for Public Health Dorset in 2016/17, this figure being £28.96M. The basis for the budget was explained in the report and officers outlined how public health funding was allocated and what this spending was designed to achieve. The Board understood the arrangements for how the funding was to be allocated in order to deliver the relevant services, together with the part each constituent authority partner played in the process. The Director also specifically drew the attention of Members to the removal of the ring fencing of the grant at the end on 2016/17 and the implications of this for service delivery.

11.2 The report explained the main drivers and factors influencing the estimates, including sensitivity and risks relating to the budget and the opportunities that there might be to redistribute the budget both within the service and across other council activities.

11.3 Officers provided an update on the position in the current year, which explained movements on various budget headings and outlined the risk on cost and volumes in relation to demand led contracts. How the particular individual aspects of public health were considered, and by whom, were set out in the report, including ways of improving this process to identify efficiency savings.

11.4 The Board considered that there should be emphasis placed on an approach based on the Joint Strategic Needs Assessment (JSNA), reflecting localities and their specific needs and outcomes, with priority action being based on the most cost effective interventions for any outcome, best aligned to other local authority and public service partner work.

11.5 Councillors understood the need to achieve further significant savings in 2015/16 and beyond as a consequence of the funding allocation and its implications. In pursuing further efficiency gains through re-commissioning the Service, public health activity and spend would both be reassessed to provide as much convergence with other local authority priorities as practicable. Accordingly, in the circumstances, they considered that the draft estimates to be acceptable and appropriate in providing the means to maintain the delivery of services as far as was possible.

11.6 The Board considered that the opportunity should be taken to understand the consequences of what the ring-fencing relaxation would mean for the delivery of public health functions and to be in the best position to design how this funding might be used as flexibly as it could be in future years. The Board felt that consideration of this should include what the priorities for public health should be going forward and what any changes would mean for those in receipt of those services.

11.7 As this would be the final occasion which Phil Rook would service this Board, the Director, on their behalf, took the opportunity to thank him for his contribution to the work of the Board over the years and wished him every success in the future. Mr Rook duly responded.

Recommendations

12.1 That the draft estimates for 2016/17 be endorsed by the three partner constituent authority Councils.

12.2 That the approach to managing reductions in the budget, based on the principles described in the report be agreed.

12.3 That agreement be given to transfer the underspend into the Public Health reserve and hold the balance to mitigate the effect of the spending review.

12.4 That the opportunity should be taken to understand the consequences of what the ring-fencing relaxation would mean for the delivery of public health functions and to be in the best position to design how this funding might be used as cost effectively as it could be in future years.

Reason for Recommendations

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

2015-16 Commissioning Plan Update

0 - 19 Children's Services

14.1 The Board considered a report by the Director of Public Health updating on the 2015/16 Commissioning Plan in respect of 0-19 Children's Services. The report provided information on:-

- progress and service improvement for health visiting, breastfeeding peer support and school nursing commissioning
- 2016/17 commissioning intentions and progress and
- governance and partnership arrangements to ensure future commissioning options supported outcomes effectively.

14.2 As a consequence of a Health Visitor Service Review undertaken and further engagement with partners, officers proposed consideration of commissioning options in order to ensure that the delivery of services were achieved as effectively as they might be. This would be based on the evidence of needs, so that the value of services were meaningful, equitable, efficient and provided value for money.

14.3 The Board considered that the progress being made was considerable and commended what was being achieved. They considered that this success should be more readily publicised in order that there might be greater awareness of what was being achieved. They felt that the emphasis being placed on early intervention and prevention was the right course of action to be taking. However the Board acknowledged that there was a need for the commissioning model to be reassessed to determine which option might best serve the needs of Dorset. They understood the need for a fundamental change to how services were delivered and considered that this provided an opportunity for greater flexibility in how needs were met. Accordingly they agreed that the opportunity should be taken to assess the series of commissioning options being proposed and that consideration of these be given at their meeting in September 2016.

Resolved

15.1 That the progress being made in health visiting and school nursing, together with what was being proposed for appraising future commissioning and joint commissioning options, be noted.

15.2 That an appraisal of commissioning options be considered at the meeting in in September 2016

Reason for decision

16. To provide an assurance of the 2015/16 commissioning plans.

Sexual Health Service Update

17.1 The Board considered a report by the Director of Public Health which provided an update of progress in the procurement process for the integrated sexual health service since this issue was last considered in July 2015. The report provided information on how service procurement was being managed, what progress was being made in respect of current contract arrangements and the proposal for what next steps should be taken. Officers explained the detail of the contract tendering procedure, how this was to be applied and what it was designed to achieve. The Board noted the procurement developments and what these meant for the service.

17.2 Given the legalities and practicalities associated with the procurement process, the Board recognised the reasoning for needing to terminate the tendering process and to instead maintain the established block contract for 2016.

17.3 Consequently, the Board agreed that future commissioning options should be considered, particularly in the context of looking for other e.g. NHS partners to be primary commissioner of clinical services elements of the contract whilst retaining local authority commissioning for those elements which were directly linked to local authority corporate aims and other core elements of public health Dorset commissioning priorities. In doing this, it was considered that efforts could be best targeted and services best delivered to meet locally identified needs.

17.4 On this basis, the Board agreed to not proceed further with the tendering process. Conversely, they agreed that the current arrangements should be maintained for the time being but that they should be given the opportunity to consider further the various commissioning options at their next meeting in June 2016.

17.5 As decidedly previously in the meeting, the Board considered that the opportunity should be taken to understand how the removal of the budget ring-fencing would affect the delivery of public health and how the Board could help shape the service going forward.

Recommended

18.1 That the current contract management and financial changes for 2016/17 be approved.

18.2 That the next steps be agreed to be taken:-

- to terminate the tender process;
- maintain the current block contract for 2016; and
- consider future commissioning options, as set out in paragraph 3.2 of the Director's report.

Reason for recommendations

19. To enable service continuation in the short term and to consider longer term options.

Performance Reporting 2015/16

20.1 The Board considered a report by the Director of Public Health which provided a quarterly update on progress against the Public Health Dorset Workplan and which took the opportunity to review the impact of the Workplan on life expectancy and inequalities. The appendix to the report showed the matrix against which performance was measured. Members recognised the importance of prevention and early intervention in all that it did and was a fundamental principle of all that it was trying to achieve in working together with partners to effect change.

20.2 The Board were pleased to see the good progress being made in terms of performance, with the matrix showing that the Workplan continued to be successful in all that it was trying to achieve and in the delivery of services which were being targeted. The report covered clinical treatment services; early intervention 0-19; health improvement; and health protection.

20.3 Given that the reporting on this occasion related to life expectancy, the Board asked to receive more information at their next meeting about suicide rates and what measures were in place to address this. Officers agreed to do this, together with the part mental health played in this and how loneliness and isolation were invariably contributory factors.

20.4 The Board were also keen that the improvements made in data sharing and Public Health performance should be recognised and that the considerable efforts made in this regard should be more readily acknowledged and publicised. The Board agreed that this would serve to provide the public with a better understanding of what Public Health was trying to do and their reasons for doing it. They also considered that the LiveWell initiative was a successful demonstration of what could be achieved by local authorities working in collaboration and collectively and how the organisation of their functionality of public health had contributed significantly to achieving this.

Noted



Drug and Alcohol Programme

21.1 The Board considered a report by the Director of Public Health which summarised progress with the drug and alcohol programme and, in particular, feedback on progress from the Pan-Dorset Drug and Alcohol Governance Board. It also summarised the process that underpinned the development of the Bournemouth, Poole and Dorset Alcohol and Drug Strategy and outlined the work to develop multi-agency action plans to support the implementation of the strategy, this being appended to the report. Members noted that the Pan-Dorset Drug and Alcohol Governance Board had agreed the proposed Drug and Alcohol Strategy.

21.2 The strategy was designed to provide a means of delivering on the outcomes contained within it: namely preventions, treatment and safety, so as to provide an effective and efficient way of addressing these. The Strategy would coordinate work being undertaken by various stakeholders, partners and agencies so that this could be managed holistically. However, within this framework, the particular specific needs surrounding drugs and alcohol would be identified and addressed in their own right, as these often had particular characteristics which required different solutions. The part GPs played in how referrals were made known to Public Health England and public health authorities were highlighted. Similarly the part that alcohol played in domestic violence incidents and in how this was reported was highlighted, particularly in what Dorset Police were able to do in meaningfully addressing this. It was suggested that public health should work closely with the police in this regard so that there was early intervention, where possible.

21.3 Officers explained that the opportunity was being taken to review existing services and how these were being delivered. Moreover now that Public Health was establishing itself in its own right as part of the local authority framework, the historical allocation of resources could now be re-examined and apportioned to better target needs more effectively and so as to put emphasis on what was considered to be priorities.

21.4 The Board were pleased to see the good progress being made with the implementation of the revised commissioning and governance arrangements in addressing these issues. They were assured that whilst the same principles would still apply, emphasis would now better reflect the challenges being experienced in each of the 3 constituent authorities and tailored to meet those particular needs. There was an assurance that publicity would be given to the implementation of the strategy and what it was designed to achieve.

21.5 The Board noted the satisfactory progress being made with the Drug and Alcohol Programme and agreed that the Strategy should be approved. So that what they were being asked to consider remained meaningful to them, they asked to be provided with the statistics which underpinned this. Offices agreed that this information would be obtainable through the Service Review and could be available over the following two months, so this could be considered by members at their next meeting.

Recommended

22. That the Bournemouth, Poole and Dorset Alcohol and Drug Strategy be approved.

Reason for Recommendation

23. The Pan-Dorset Drug and Alcohol Governance Board have agreed the proposed Drug and Alcohol Strategy.

Health Protection in Dorset Update

24.1 The Board considered a report by the Director of Public Health which provided information on the existing health protection arrangements and the plan for beyond 1 April 2016, in response to the review and reorganisation of Public Health England.

24.2 The Board were informed of the current arrangements for addressing health protection issues and outbreaks, in terms of immunisation, vaccines and antibiotics; how the on call rota operated and the part played by the Scientific and Technical Advisor Cell (STAC) in identifying infectious diseases and environmental hazards. How future arrangements were to be applied was explained and the consequences of these for service delivery and operating practices. The Board considered how the effectiveness of the proposed new on-call rota would benefit the delivery of public health and the significance of the management of health protection now being situated in Exeter/Bristol. Officers assured the Board that what was being proposed was seen to be in the best interest of the services and would provide a more efficient and effective means of managing that function. The Board understood that the reorganisation was designed to reflect contemporary practice and provided the means to build in flexibility in how incidents were managed.

24.3 The Board noted that there was a need for clear co-ordination of the on-call function between local authority's respective Emergency Planning Services and Environmental Health teams to ensure that each knew what part it had to play, who was responsible for doing what and the way in which the incident would be managed. Officers confirmed that such arrangements would be taken into account and regulated accordingly, so that this reflected emergency procedures that respective responsibilities were understood.

24.4 The Board were pleased to see that the proposed changes would hopefully mean that health protection procedures and processes continued to be managed efficiently and responsibilities coordinated effectively.

Noted



Childhood Obesity

25.1 The Board considered a report by the Chairman of the Task and Finish Group on Childhood Obesity, Councillor Philip Broadhead, which provided the Board with a series of recommendations made by the Group in reviewing work in relation to childhood obesity, by emphasising the lead role that local authorities could play in exercising their duty to improve population health across a range of core functions and, in particular, in targeting childhood obesity and how improvements might be able to be made to address this issue. The Director explained that national guidance was expected imminently on how childhood obesity might be best addressed, which would undoubtedly impact in shaping the way in which public health managed this issue.

25.2 The report proposed that these recommendations were disseminated widely in order that specific actions could be identified and as they applied across a wide range of council departments and other stakeholders, and not only to Public Health Dorset, it was suggested that the Health and Wellbeing Boards might be best placed to oversee the development and implementation of actions to prevent childhood obesity.

25.3 Officers took the Board through the series of recommendations, explaining the reasoning for these and the issues which had been taken into consideration in coming to those decisions. Nutrition and exercise were key factors in how this issue might be addressed, with the part that local authorities could play in influencing this relating to the provision of schools meals, access to leisure centres, an emphasis on walking, cycling and physical exercise, early years intervention and schooling.

25.4 The Board were pleased to see the measures being put in place to address the issue of childhood obesity and, particularly, the improvements which had been made to the provision of school meals. The Board considered that successful outcomes should be shared more readily to demonstrate just what might be achievable in tackling this issue and to provide potential motivation and inspiration to others.

25.5 In acknowledging the principles of the Group's recommendation and in endorsing these as a means of achieving some improvement in addressing obesity, the Board understood that there was no provision for them, or their constituent authorities, to implement those recommendations in their own right. They therefore considered that these recommendations would be best served in being drawn to the attention of the Health and Wellbeing Boards for them to actively take into consideration and apply, as appropriate.

25.6 In light of national guidance being imminently issued, the Board considered that they still had a responsibility in ensuring that childhood obesity was managed as best possible and that this still remained a live issue for them to take into consideration as and when necessary.

25.7 The Chairman, on behalf of the Board, thanked the Group, and particularly Councillor Broadhead, for the work which had been undertaken, their commitment to this cause and for the recommendations they had made.

Resolved

26. That the recommendations made by the Task and Finish Group on Obesity and as set out in the report, be endorsed, in principle, and that the Health and Wellbeing Boards, in being best placed to oversee the development and implementation of actions to prevent childhood obesity, be asked to actively take into consideration and apply those recommendations, as appropriate.

Reason for Recommendation

27. In order that the recommendations might be implemented, as appropriate.

Dates of Future Meetings

28. The dates of meetings of the Board during 2016 were noted, these being:-

- Monday 6 June – Town Hall, Bournemouth
- Monday 19 September - County Hall, Dorchester
- Monday 21 November – Civic Centre, Poole

Population Health Outcomes

29. The Director took the opportunity to update the Board on assuring an appropriate focus on population health outcomes, prevention and health and wellbeing in the work being done by the Dorset NHS Clinical Commissioning G in developing the Sustainability Transformation Plan. He considered that there was a clear opportunity to embed this work within the context of the two Health and Wellbeing Strategies of the two Boards.

Questions from Councillors

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

Meeting duration: 10.00 am to 11.45 am



**DRAFT – Joint Public Health Board Forward Plan
(Next Public Health Joint Board Meeting Date – 6 June 2016)
(Publication date – 6 May 2016)**

Explanatory note: This work plan contains future items to be considered by the Joint Public Health Board. It will be published 28 days before the next meeting of the Board.

This plan includes key decisions to be taken by the Board and items that are planned to be considered in a private part of the meeting. Key decisions are indicated by the following symbol:



The plan shows the following details for key decisions:-

- (1) date on which decision will be made
- (2) matter for decision, whether in public or private (if private see the extract from the Local Government Act on the last page of this plan)
- (3) decision maker
- (4) consultees
- (5) means of consultation carried out
- (6) documents relied upon in making the decision

Any additional items added to the Forward Plan following publication of the Plan in accordance with section 5 of Part 2, 10 of Part 3, and Section 11 of Part 3 of The Local Authorities (Executive Arrangements) (Meetings and Access to information) (England) Regulations 2012 are detailed at the end of this document.

Definition of Key Decisions

Key decisions are defined in the County Council's Constitution as decisions of the Board which are likely to -

- "(a) result in the County Council incurring expenditure which is, or the making of savings which are, significant having regard to the County Council's budget for the service or function to which the decision relates namely where the sum involved would exceed £500,000; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions in Dorset."

Membership of the Board






Bournemouth Borough Council
Nicola Greene
Jane Kelly


Dorset County Council
Jill Haynes
Rebecca Knox

Borough of Poole
Drew Mellor
Karen Rampton

How to request access to details of documents, or make representations regarding a particular item

If you would like to request access to details of documents or to make representations about any matter in respect of which a decision is to be made, please contact the Principal Democratic Services Officer, Corporate Resources Directorate, County Hall, Colliton Park, Dorchester, DT1 1XJ (Tel: (01305) 224187 or email: h.m.whitby@dorsetcc.gov.uk).

Date of meeting of the Joint Committee (1)	Matter for Decision/ Consideration (2)	Decision Maker (3)	Consultees (4)	Means of Consultation (5)	Documents (6)
19 Sept 2016	 Public Health Developments National/International Perspective	Joint Public Health Board	N/A	N/A	Board Report
19 Sept 2016	 Strategic Medium Term Plan 2017 - 2020	Joint Public Health Board	Internal and other LA Dept	Structured & informal consultation processes	Board Report
19 Sept 2016	 2016/17 Delivery Commissioning & Performance Indicators <ul style="list-style-type: none"> • Clinical Services function • Annual review of core public health outcomes 	Joint Public Health Board	Internal and other LA Dept Drugs and Alcohol Governance Board	Structured & informal consultation processes	Board Report
19 Sept 2016	 Public Health Finances Chief Financial Officer's Report	Joint Public Health Board	Internal + relevant LA departments	LA internal processes including audit	
21 Nov 2016	 2016/17 Delivery Commissioning & Performance Indicators	Joint Public Health Board	Internal and other LA Dept Multiple Agencies. Public and Voluntary Sectors	Structured & informal consultation processes	Board Report


21 Nov 2016	 Public Health finances Chief Financial Officer's Report	Joint Public Health Board			

Private Meetings

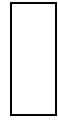
The following paragraphs define the reasons why the public may be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that exempt information would be disclosed and the public interest in withholding the information outweighs the public interest in disclosing the information to the public. Each item in the plan above marked as 'private' will refer to one of the following paragraphs.

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the authority proposes:-
 - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Business not included in the Board Forward Plan

 Is this item a Key Decision	Date of meeting of the Joint Committee meeting	Matter for Decision/ Consideration	Agreement to Exception, Urgency or Private Item	Reason(s) why the item was not included
		NONE		

The above notice provides information required by The Local Authorities (Executive Arrangements) (Meetings and Access to information) (England) Regulations 2012 in respect of matters considered by the Cabinet which were not included in the published Forward Plan.



Joint Public Health Board

Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	6 June 2016
Officer	Director of Public Health
Subject of Report	Public Health Dorset work plan 2016-18
Executive Summary	This report presents a summary of Public Health Dorset's business plan and priorities for 2016-18. It describes the main work programmes across the functions for the coming year, as well as our strategic ambitions to lead the development of a clear prevention agenda as part of wider public service transformation plans.
Impact Assessment: <i>Please refer to the protocol for writing reports.</i>	Equalities Impact Assessment: N/A
	Use of Evidence: Public Health Dorset routinely uses a range of evidence to support the development of business plans and priorities as part of its core business.
	Budget: The report highlights the planned work to release further savings from the Public Health Grant over the next two financial years, with

	<p>an overall ambition to identify a further 5% saving over and above the planned national reductions to the grant.</p>
	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: MEDIUM Residual Risk MEDIUM <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p>
	<p>Other Implications: N/A</p>
Recommendation	<p>Members of the Joint Public Health Board are asked to note the priorities, ambitions and strategy set out in this summary of the business plan, and approve the direction of travel for Public Health Dorset over the next two years.</p>
Reason for Recommendation	<p>To ensure the continued viability and effectiveness of Public Health Dorset in supporting the legal duty of local authorities in Dorset to improve the health and wellbeing of residents and reduce inequalities in health.</p>
Appendices	<p>None.</p>
Background Papers	<p>None.</p>
Report Originator and Contact	<p>Name: Sam Crowe Tel: 01305-225884 Email: s.crowe@dorsetcc.gov.uk</p>

Director's name: Dr David Phillips
Director of Public Health
 June 2016

1. Recommendation

- 1.1 Members of the Joint Public Health Board are asked to note the priorities, ambition and strategy set out in this summary of the business plan, and approve the direction of travel for Public Health Dorset over the next two years.

2. Reason

- 2.1 To ensure the continued viability and effectiveness of Public Health Dorset in supporting the legal duty of local authorities in Dorset to improve the health and wellbeing of residents and reduce inequalities in health.

3. Background

- 3.1 Public Health Dorset has been supporting the Upper Tier authorities in Dorset to improve the health and wellbeing of residents for three years. In that time, the team has made:

- major improvements to the commissioning of some important public health functions;
- produced savings and efficiencies over and above the national planned reductions to the public health grant;
- started the process of engaging Councils in determining the most effective ways of improving health and wellbeing through place-based approaches to health.

- 3.2 In order to continue to deliver effective, efficient and equitable approaches to improving population health outcomes at sufficient scale, Public Health Dorset has identified that it needs to make a major transformation in its business.

- 3.3 Previous business plans have focused on a number of largely transactional issues linked with commissioning public health programmes and interventions.

- 3.4 Our business plan for 2016-18 continues to identify commissioning and savings priorities, but in addition sets out how Public Health Dorset intends to release senior capacity to become a more strategic influencer in improving health and wellbeing of all Dorset residents.

- 3.5 The reason for this is that in the context of local government reform and the challenges facing health and social care, there is a need to provide robust local answers to the question being posed nationally in a number of plans and strategies, in particular, what is the potential of a preventive approach in helping to respond to the escalating demand and cost faced by public services.

4. Main objectives

- 4.1 The business plan for 2016-18 has three main objectives:

- Moving from topic-based public health programmes to a more flexible set of broader functions;
- Setting an ambitious target to deliver further efficiencies and savings over and above national grant reductions;
- Releasing senior capacity to focus on systems leadership and advocacy, in support of prevention and its role in public sector reform.

- 4.2 Developing functions allows the public health team to consider a more agile approach to reshaping investment released through planned savings where there is clearest evidence for impact on population health outcomes. This includes consideration of joint or aligned commissioning with local authorities. Our aim over the next two years is to identify additional savings from a review of the value of spend in existing public health activities, and identify how best to re-invest the public health grant to achieve the best possible population health outcomes, in partnership with local authorities and the NHS.
- 4.3 Closely linked with this is the supporting objective on systems leadership and advocacy for prevention. This widens the debate in Dorset from how the public health grant is used for best effect, to how the public sector resource more broadly might be reshaped in support of a prevention strategy.

5. Priorities by function (summary)

5.1 Clinical Treatment Services

- Support the development of a whole system approach for Bournemouth, Poole and Dorset to maximise the effectiveness of the multi-agency offer to service users and their families;
- Coordinate the appraisal of commissioning options, to align resources to deliver further efficiencies in services for those affected by substance misuse;
- Deliver a single substance misuse blood borne virus testing & vaccination service by January 2017;
- Continue to rationalise a sexual health service for Dorset, identifying further efficiencies in the process.

5.2 Health Improvement (individual)

- Ensure integrated delivery of children's public health services in each locality;
- Redefine and Implement the sex and relationships education offer for schools;
- Develop year two evaluation and service development of LiveWell Dorset;
- Procure opportunistic health checks targeting most vulnerable groups and communities with greatest needs;

5.3 Health Improvement (organisational)

- Build capacity in local organisations to support a 'prevention at scale strategy', including delivery of STP priorities, e.g. diabetes prevention;
- Deliver defined areas of workforce development (e.g. through LiveWell Dorset).

5.4 Health Improvement (place based approach)

- Continue the strategic needs assessment to support injury prevention and community safety work;
- Roll out the healthy homes project;
- Develop and agree public health input to the work of the environment, planning and transport directorates in all three councils, in line with the Health and Wellbeing Framework.

5.5 Health Protection

- Ensure the effective transition to PHE South West for health protection services, including the co-location of PHE staff within Public Health Dorset offices;
- Continue immunisation and screening assurance, particularly focus on improving childhood immunisation coverage;
- Continue to develop and assure the health protection system and response via the Dorset Health Protection Network and Local Health Resilience Partnership.

5.6 Health intelligence

- Support the major systems leadership tasks including the Sustainability and Transformation Plan, Annual Public Health Report, Joint Health and Wellbeing Strategy refresh [JSNA summaries];
- Develop enabling business intelligence processes including data warehouse and reporting templates highlighting activity, outcomes and cost by locality for main contracts.

6. Systems leadership

6.1 Consultant qualified staff in Public Health Dorset including the Director, Deputy and Assistant Directors will be increasingly asked to spend more time involved in the systems leadership function. The business plan has identified the following systems leadership priorities for 2016-18 (see table below).

Strategic issue	Themes / narrative	Timescales
Annual Director of Public Health Report	<ul style="list-style-type: none"> • Prevention – best use of public health grant across the life course • Population health gain, value 	June/July to align with Sustainability and Transformation Plan
Sustainability and Transformation Plan	<ul style="list-style-type: none"> • Describe health and wellbeing gap for Dorset. • Role of prevention, effective interventions by sector, life course stage for wider public sector; • Contribute to development of new models of care for integrated Community Services 	June onwards
Devolution and local government reorganisation	<ul style="list-style-type: none"> • Prevention and the wider public sector – challenges, asks and delivery • Local ambition around health and wellbeing 	June onwards
Joint Public Health Board	<ul style="list-style-type: none"> • Papers that engage the board on our journey in re-shaping public health work and grant 	Ongoing
Health and Wellbeing Boards	<ul style="list-style-type: none"> • Refreshed and aligned strategy with shared narrative around prevention and inequalities • Role and purpose of board in relation to sustainability and transformation plans e.g. closing the health and wellbeing gap 	May (refreshed Joint Health and Wellbeing Strategy)

7. Enabling work

7.1 Public Health Dorset will continue to develop improved business processes following the internal review undertaken last year. This will include four clear work streams on:

- Commissioning and contract management;
- Advocacy, engagement and communications;
- Business intelligence;
- Business support and project management.

7.2 The focus on improved business processes within the team is intended to help release more senior capacity to support the systems leadership function, by making our day to day business more efficient.

8. Benefits and risks

8.1 There are clear benefits to Public Health Dorset and the three Councils arising from re-organising our business in the way that is set out in the business plan. In summary, these should amount to increased flexibility in our ability to deploy staff and financial resources in different ways to support the development of prevention at scale in the wider public sector. The work to identify how best to use the public health grant in a climate of rapid change and public sector reform is a real opportunity to move from transactional public health programmes to a more integrated approach to public health, making full use of Council's place shaping roles and powers.

8.2 The main risks arising from the business plan include not being able to make the required level of savings in some of the larger NHS contracts. In addition, there is a risk that staff fail to make the required transition to new ways of working and remain focused on more traditional approaches. To mitigate this risk we are undertaking team and staff development in line with the development of better business processes. The overall aim is to improve the ability to deploy flexible teams in a more clearly project managed approach.

9. Financial and legal implications

9.1 The business plan is supported by a clear imperative to continue the work done to date to identify and release savings, either through retendering, service transformation or identifying low value activities and reducing spend on them.

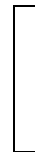
9.2 The overall ambition for Public Health Dorset is to ensure it meets the planned reduction in public health grant for the financial years 2016/17 and 2017/18. In addition, to continue to make efficiencies beyond this planned reduction amounting to an additional 5% in 2016/7 and 5% in 2017/18.

9.3 The business plan priorities for each function are being developed against this objective so that wherever possible all potential opportunities to make savings are identified.

10. Conclusion

10.1 This paper summarises the main content of the Public Health Dorset business plan over the next two years. Given the pressures and challenges facing the wider public sector and the rapid pace of change on the horizon with local government re-organisation, the public health team are confident that the approaches set out above will ensure that the team can continue to be effective, efficient and supportive of efforts to increase the scale and impact of population health gain on a number of strategic fronts in Dorset.

Joint Public Health Board



Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	6 June 2016
Officer	Director of Public Health
Subject of Report	Health and Wellbeing Framework
Executive Summary	This paper sets out a recommendation for the development of a generic Health and Wellbeing Framework across councils in Dorset.
Impact Assessment: <i>Please refer to the protocol for writing reports.</i>	<p>Equalities Impact Assessment: The overarching aim of development of the Health and Wellbeing Framework is to improve health and wellbeing and reduce inequalities. Therefore, equality and diversity implications are a key consideration of development of such a framework.</p>
	<p>Use of Evidence: Improving the public's health: a resource for local authorities. London King's Fund 2013. http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf</p>
	<p>Budget: Costs in developing such a framework are in terms of staff time invested in development and maintenance of the framework. The proposed approach should, however, allow for greater identification of the best return on investment for the health of residents and therefore, over time, may have a positive impact on council budgets.</p>

	<p>Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk LOW</p>
	<p>Other Implications:</p>
<p>Recommendation</p>	<p>That Board considers and approves the development of a generic Health and Wellbeing Framework pan-Dorset.</p>
<p>Reason for Recommendation</p>	<p>To improve the health and wellbeing of residents; To ensure that health and wellbeing concerns are considered in all council decisions;</p> <p>To ensure legal duty the to improve population health is adopted strategically in all the council's areas of influence;</p> <p>To ensure the impact of policy development and service planning on residents HWB is meaningfully assessed.</p>
<p>Appendices</p>	<p>Appendix A: Examples of public health working with three councils aligned with the areas of influence likely to have the greatest impact on health as per the King's Fund reckoner.</p>
<p>Background Papers</p>	<p>N/A</p>
<p>Report Originator and Contact</p>	<p>Name: Sam Crowe, Deputy Director of Public Health Tel: 01202 451422 / 01305 225884 Email: sam.crowe@bournemouth.gov.uk / s.crowe@dorsetcc.gov.uk</p>

1. Recommendation

- 1.1 This paper sets out a proposal for the development of a generic Health and Wellbeing Framework across agencies in Dorset. The recommendation is that the Board approve this proposal.

2. Reason

- 2.1 If Dorset is to make a step change in improving the health and wellbeing of its residents, then it will be important to ensure that the legal duty to improve public health is adopted strategically within all areas of influence of councils across Dorset.
- 2.2 Our health is primarily affected by factors other than health care service. A clear Framework for improving health and wellbeing would help members and officers identify more clearly how policy development and service planning impacts on the health and wellbeing of residents, improve consistency of decision making, and ensure health concerns are considered appropriately in all council work.

3. Background

- 3.1 Since the introduction of the 2012 Health and Social Care Act, councils have a legal duty to improve the health and wellbeing of residents and reduce inequalities. Since then, the public health partnership has successfully provided a safe landing of public health staff in to local authorities, generated efficiencies in service delivery and has been transforming important public health programmes including health improvement and drug and alcohol services.
- 3.2 While services commissioned by public health can have a measurable impact on local health and wellbeing, further gains may be possible through adopting a strategic approach across all areas of the councils' influence. This is an opportunity to consider how the legal duty for councils can best be met by taking full advantage of the many influences across councils.
- 3.3 The two tier model of Local Authority in Dorset also highlights the need to work effectively with colleagues working at the district and borough level. Although the legal responsibility for population health sits with the three top tier authorities, the second tier authorities play a vital role and significantly influence the wider determinants of health and hence the health and wellbeing of the residents, e.g. housing and environmental health.
- 3.4 Such an approach would help guide councils as to how best to work alongside other local authority initiatives to ensure a more effective and efficient approach to improving health and reducing inequalities – an approach that is key to future challenges such as reduced funding.

4. What is the Health and Wellbeing Framework

- 4.1 The Framework will detail key public health issues and provide links to relevant corporate and service level plans. It will also be a central resource with guidance and support for action to improve outcomes. The aim will be to develop a Framework that identifies the areas across councils where a more integrated approach is likely to have the greatest impact on health and wellbeing.

- 4.2 The Framework will build on the experience of public health working with all three top tier Local Authorities as well as the district and borough councils in Dorset and will select the best examples to put together a resource for all to share. Appendix A illustrates selected examples of these.

5. Benefits and Risks

- 5.1 Adopting a Health and Wellbeing Framework for each Local Authority will give a clear understanding across the council of how best to incorporate health and wellbeing opportunities and to access appropriate support and guidance. The Framework would demonstrate (the ‘story’) how health and wellbeing are being incorporated into the work of the council.
- 5.2 In addition, much of the work to improve health and wellbeing is already being done within the existing work across councils. The Framework would make the links with health and wellbeing outcomes more explicit and ensure that the impacts on health and wellbeing are clearly communicated.
- 5.3 The biggest risk to adopting this framework is that it is viewed by service directors and Members as requiring additional work, thereby constraining the council’s capacity to deliver its core business. The Framework is aimed at maximising effectiveness, not starting substantial new activities requiring additional resource. Appendix B illustrates work by The King’s Fund that summarises where the greatest potential for directly or indirectly improving health lies within spheres of influence for councils.
- 5.4 However, not integrating health and wellbeing consideration with council activities will have greater financial risks over the medium term. If local authorities do not manage to improve health and wellbeing of populations in a way that is significantly more effective, this could contribute to rising demand for some council services.
- 5.5 An additional clear benefit of a health and wellbeing framework would include clearly articulating the significant role that Local Authorities already play to addressing the Health and Wellbeing gap as set out in the Sustainability and Transformation Plan.
- 5.6 Finally, as local authorities in Dorset consider their future configuration, alongside the development of proposals for devolution, the generic framework proposed supports ways of improving health and wellbeing that are consistent across existing councils, and fit for different potential future geographies and populations.

6. Financial and Legal Implications

- 6.1 Costs in developing such a framework are in terms of staff time invested in development and maintenance of the framework.
- 6.2 The legal implications of this proposal are that it will ensure that councils are meeting statutory obligations to improve residents’ health and wellbeing, and reduce inequalities in health.
- 6.3 There may be further financial impacts arising from the ability of councils to use information in their frameworks to consider more clearly what they should continue to invest in to deliver the greatest population health gains.

7. Conclusion

- 7.1 Adopting an agreed framework for improving health and wellbeing of residents that allows each council to make clearer links between priorities, national and local primary public health outcomes and existing policy and service planning work is crucial to the next phase of development of public health in local authorities.
- 7.2 It will lead to better decision making in the interests of the legal duty to improve health and wellbeing, improve access to public health advice and support for existing work being done in other service directorates, and put the legal duty to improve health and wellbeing more firmly into the councils' corporate planning.

Dr David Phillips
Director of Public Health
June 2016

Appendix A: Examples of public health working with three councils and likely impact on health

Improving health and wellbeing and reducing inequalities has been a corporate priority in all three Upper Tier authorities in Dorset, reflecting the legal duty conferred on Councils in England by the 2012 Health and Social Care Act. In 2015 Public Health Dorset had an aspiration in its locality plan for Bournemouth to work with officers and Members on a health and wellbeing framework (see table below) to help focus the wider Council's efforts to improve health and wellbeing where they are most likely to have an impact. This work was based on a framework developed by the King's Fund in its 2013 report, [Improving the Public's Health – a Resource for Local Authorities](#).

Area	Scale of problem in relation to public health	Strength of evidence of actions	Impact on health	Speed of impact on health	Contribution to reducing inequalities
Best start in life	Highest	Highest	Highest	Longest	Highest
Healthy Schools and pupils	Highest	Highest	Highest	Longer	Highest
Jobs and work	Highest	Highest	Highest	Quicker	Highest
Active and safe travel	High	High	High	Quicker	Lower
Warmer and safer homes	Highest	Highest	High	Longer	High
Access to green spaces and leisure services	High	Highest	High	Longer	Highest
Strong communities, wellbeing and resilience	Highest	High	Highest	Longer	High
Public protection	High	High	High	Quicker	High
Health and spatial planning	Highest	High	Highest	Longest	Highest

Table 1. Framework to guide interventions that have most impact in improving health and wellbeing

The current systems leadership challenges in Dorset include being clearer and more systematic about developing prevention at scale. There is an increasing requirement for Councils in Dorset to be able to describe and quantify how the work they do on the wider determinants of health leads to improvements in health and wellbeing, and reduces inequalities in health. Being able to set this out more clearly supports the Sustainability and Transformation Plan, the work of both Health and Wellbeing Boards and the Joint Health and Wellbeing Strategies, as well as fulfilling the

requirement to report back on progress being made in corporate plans around the public health legal duty. For this reason, Public Health Dorset proposes to adopt the framework used in the table above to set out and describe the work of Councils in Dorset. The following table shows examples of work in each area undertaken to date across all three upper Tier Councils, by way of example. It is intended to be illustrative not exhaustive.

Area	Pan-Dorset work (unitaries, County and Districts)	Examples from Unitary Councils
<p>Best start in life</p> <p><i>Key messages</i></p> <p>Ensuring children thrive in the ‘golden years’ (0-5s) can have long and short term impacts on their health and wellbeing</p>	<p>Integrating provision of 0-5 services in Poole and Bournemouth, and in Dorset helping with the development of Children’s Zones. Having health visitors working more closely with children’s centres ensures early help can be delivered in a joined up way that provides help at an early stage.</p>	<p>Borough of Poole Early Years Services have expanded the provision of parenting, parent champions, literacy programmes for 0-5 years across Poole to include a new 0-1years switching on programme and improving the home learning environment.</p>
<p>Healthy Schools and pupils</p> <p>Whole school approaches to emotional health and wellbeing support better attainment, and better health outcomes in the long term</p>	<p>Implementing the Emotional Health and Wellbeing Strategy to ensure a whole school approach to the emotional well-being and mental health of pupils. This will result in early intervention being focused on children and young people at greatest risk of developing mental health conditions and those considered socially vulnerable.</p> <p>Training teachers and staff in mental health first aid and Five Ways to Wellbeing to promote resilience and reduce stress.</p>	<p>Bournemouth Borough Council and public health is developing Kings Park playground (located in a deprived urban ward and adjacent to the largest primary school in the Borough) – nature inspired (with the planting of more trees, plants, bird boxes and bug hotels), this is designed to give children more contact with nature and encourage higher levels of physical activity</p> <p>Borough of Poole are working with teachers who are leading the development of approaches to improve the health and wellbeing of schools aged children during school transition</p> <p>Poole Borough Councillors are championing and linking the importance of physical activity with educational attainment in schools</p>
<p>Jobs and work</p> <p>Employment strongly linked with health outcomes, quality of employment with wellbeing</p>	<p>Establishing Combined Authority for Dorset with an emerging devolution deal emphasising the importance of sustainable, economic growth and creation of high quality jobs – recognises importance of economic growth for future health and wellbeing of residents.</p> <p>Regeneration of priority neighbourhoods in all Upper Tier Council areas (Poole Quay, Bourne Valley in Poole,</p>	<p>Borough of Poole’s work to improve the skills of people in key groups at risk of unemployment or low value work, through the Tomorrow’s People programme which identifies people by working alongside GP surgeries and provides support for them to get back to work or education .</p> <p>Bournemouth Borough Council’s Town Centre Vision is enabling the town to thrive and compete, providing a range of high quality</p>

	Boscombe and West Howe in Bournemouth, Melcome Regis in Weymouth and Portland).	housing, social regeneration, and employment sites. This is helping to build a sustainable future which places health and wellbeing at its core.
<p>Active and safe travel</p> <p>Core of all physical activity strategies to get people moving more – build it into everyday activity – not elite sport</p>	Bournemouth Borough Council, Borough of Poole and Dorset County Council, have a £1m bid in to help us to deliver a range of projects to employers (and employees), apprentices, job seekers, students and pupils that will increase levels of physical activity through walking and cycling. This should result in physical activity benefits exceeding £4m. Public Health Dorset is a key partner in this bid, which will see provision of behaviour change advice on travel provided through LiveWell Dorset.	Both Councils have an ongoing programme of infrastructure improvements designed to promote walking and cycling. This includes developing shared space, reallocating road space to cycle lanes, and improving provision of 20 mph zones.
<p>Healthy Homes</p> <p>Warmer homes reduce risk of mortality and sickness due to respiratory and cardiovascular disease –</p>	The Dorset Healthy Homes programme is an example of collaborative working across the District, Borough and Unitary Authorities in Bournemouth, Poole and Dorset. The programme utilises Public Health funding but is delivered by working across many directorates to improve the quality of homes occupied by vulnerable people. Older, less energy-efficient houses can be more difficult to keep warm and cold homes are linked with health problems such as respiratory disease, circulatory problems and increased risk of poor mental health. Across Dorset 121 homes have been insulated up to April 2016	<p>In partnership with Public Health Dorset and the Dorset CCG, Bournemouth Council undertook targeted work providing ‘insulation on prescription’ for people with long term conditions at risk of hospital admission. To date, this work has benefitted patient and health service budgets by over £288,000.</p> <p>The Borough of Poole has successfully delivered a range of home support and ‘handy man’ schemes to improve safety in the home and prevent falls.</p>
<p>Access to green spaces and leisure services</p>	Public Health Dorset is working with LiveWell Dorset, our health improvement service provider, to direct and refer people wanting to be more active to green space and leisure opportunities across all three Councils. They are building up a database of activities that includes opportunities to access green and outdoor space across all three Councils, plus newly developed schemes including Park Run, Good Gym, the Coastal Activity Park in Bournemouth and the Natural Choices scheme in Weymouth and Portland.	<p>Both Unitary Councils have strategic priorities to improve use of open spaces, and to continue to develop high quality parks, play areas, culture and leisure opportunities and public realm.</p> <p>The Borough of Poole have a Poole Park legacy fund called Active Poole, which seeks to engage people living with cancer and receiving radiotherapy treatment at Poole Hospital in physical activity through outdoor exercise in Poole Park. Guided group walks, group exercise sessions using natural, open space and green-gym group sessions using the apparatus installed in the Park formulates the core offer.</p>

<p>Strong communities, wellbeing and resilience</p>	<p>Public Health Dorset supports regeneration and community development approaches in priority neighbourhoods across all three Council areas. In addition, our health improvement service LiveWell Dorset is incentivised to offer support in the most disadvantaged communities across Dorset, Bournemouth and Poole. Currently 60 per cent of people using the service are from areas ranked as in the most deprived 40 per cent. This approach has only been successful because the coaches working in these communities do so alongside local authority services and officers who understand these communities.</p>	<p>In West Howe (a Bournemouth Council priority area), through the resident-led West Howe Community Enterprises, we are recruiting and supporting Health Helpers, who bridge the gap between health professionals and the community. Over 40 residents to date have been assisted directly to change their unhealthy behaviours.</p> <p>The Borough of Poole supports and develops sustainable community engagement and network neighbour approaches so that people can participate more in their communities and to improve resident’s wellbeing priority areas include: Bourne Valley, engaging Turlin moor and Poole Town. As part of year two of the health helpers project in Bournemouth work will be undertaken to develop similar approaches in Poole</p>
<p>Public protection</p>	<p>Pan-Dorset work jointly between Public Health Dorset and environmental health officers to develop a plan to proactively address important infectious diseases, as well as understanding how to respond and work with Public Health England South West in outbreaks.</p>	<p>Although public health is not a licensing objective in law, Bournemouth and Poole Councils consider public health impacts arising from e.g. consumption of alcohol to be relevant when making licensing decisions. The impact of alcohol is explicitly stated in statements of licensing policy across the two Councils.</p>
<p>Health and spatial planning</p> <p>Ensure health is considered in spatial planning decisions such as impact of design on propensity to walk and cycle</p>	<p>Public Health Dorset has supported pan-Dorset bids for funding for projects to improve the built and natural environment to improve health and wellbeing.</p> <p>Health Impact Assessment carried out on new plans for a large housing development in Gillingham, working with planners in North Dorset District Council.</p>	<p>Bournemouth Council’s work in West Howe (a council priority area) is an exemplar in ‘active by design’ – the ‘Vision for Physical Regeneration’ was resident-led, and supported by the Design Council. The Design Council provided a framework to assess every element of the physical environment, their findings being translated into a deliverable and sustainable plan. The assessment of the estate took on board the issue of how the physical environment can support health and wellbeing and in particular, physical activity.</p> <p>Through Education, Engineering and Enforcement the Borough of Poole is embedding cycling and walking friendly initiatives into spatial plans, increasing cycle ways and cycle links to encourage safe commuting by bike, expanding Upton Park trails, improving networks to Holes Bay and Poole Quay.</p>

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Joint Public Health Board

Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	6 June 2016
Officer	Director of Public Health
Subject of Report	Performance Update & Overview of Commissioning Plans 2016/17
Executive Summary	<p>This paper provides the Board with:</p> <ul style="list-style-type: none"> a quarterly update on progress against the current Public Health Dorset workplan.
Impact Assessment:	<p>Equalities Impact Assessment: Equality and diversity implications were considered in developing and agreeing the commissioning intentions plan. There are no further equality or diversity implications arising from this report.</p>
	<p>Use of Evidence: Evidence was used to underpin the development of the agreed commissioning intentions. This report makes use of internal performance monitoring information as well as information derived from public consultations and provider engagement events to provide evidence of progress against these intentions.</p>
	<p>Budget: Budgetary implications were considered in developing and agreeing the commissioning intentions plan. There are no further budget implications identified as a result of this report.</p>
	<p>Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the</p>

	<p>level of risk has been identified as: Current Risk: LOW Residual Risk LOW</p>
	<p>Other Implications: Nil</p>
Recommendation	<p>That the Board notes:</p> <ul style="list-style-type: none"> • brief updates from each function area; • the progress against agreed milestone.
Reason for Recommendation	<p>Assurance of performance and progress for the Board</p>
Appendices	
Background Papers	<p>Previous performance updates Previous commissioning updates</p>
Report Originator and Contact	<p>Name: Dr Jane Horne Tel: 01305 225872 Email: j.horne@dorsetcc.gov.uk</p>

1. Background

- 1.1 At each meeting of the Board there has been a performance update. These have covered progress against the commissioning work plan, and increasingly against our wider work plan.
- 1.2 This report provides a further update on progress, focusing on areas that are still in progress or have changed since the last report. The report has been merged with the commissioning update as there are no key decisions required and there is significant overlap between these two papers.
- 1.3 The main section of the report provides a brief narrative update on key elements of the work plan and how this is evolving, in line with the functions based approach that we are now taking.
- 1.4 In the previous paper, on our 2016-18 work plan, we discussed the shifts we are implementing in the medium term and this paper should be read against that backdrop.

2. Clinical Treatment Services

- 2.1 The design work on the Bournemouth, Poole and Dorset Alcohol and Drug Strategy 2016-2020 is now complete, and a launch and communications plan is being organised by the Drug and Alcohol Governance Board. This plan will offer individual organisations the opportunity to tailor their messages and emphasis to suit their strategic and communications priorities.
- 2.2 Following the transfer of services from Dorset County Council and Bournemouth Borough Council to Public Health Dorset, to ensure consistency terms and conditions, new contracts commencing 1 April 2016 have been issued to incumbent providers (shown below).

Service	Provider
Drug & Alcohol (CADAS, BBV etc)	Dorset Healthcare University NHS Foundation Trust
Drug Intervention Programme	Turning Point (Services) Ltd
Aftercare Services	Essential Drug & Alcohol Services (EDAS)
Direct Access (Drop in Services)	EDP Drug & Alcohol Services
GP Prescribing – own patients	Providence Surgery
GP Prescribing – other patients	Providence Surgery
Community Action Service	Providence Community Action
Recovery Orientated Prescribing	Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)

- 2.3 These contracts are non-compliant (unlawful) as they represent spend that has yet to be subject to competitive tender as required under Public Regulations 2015 and EU Legislation. This has been reflected in a monitoring officer report.
- 2.4 The review and recommissioning of substance misuse treatment services across Bournemouth, Poole and Dorset is currently underway, with initial consultation now completed with staff, service users and the general public. Design options are to be discussed by the Lead Commissioning Officers Group in June 2016, prior to consideration by the Governance Board in July 2016.

- 2.5 This will then inform our future re-commissioning and will be subject to competitive tender with potentially new provision in place by 1 October 2017.
- 2.6 At the last meeting the Board received an update on sexual health procurement with information on risks, non-compliance, finance and progress. The report highlighted that all relevant provider services were continuing under an interim contract (Dorset County Council Contract terms and conditions). The contractual period runs from January to December 2016 as a block contract and the financial reductions of 6.2% have now been agreed and applied. In February, the Board agreed to stop the planned re-tender process for 2016/17 and for consideration to be made for future commissioning options.
- 2.7 In the meantime, the interim sexual health contract in place remains non-compliant (unlawful) as it is and has not been secured following competitive tender. The current position's rationale and associated risks have been documented and a monitoring officer report has been submitted to Dorset County Council in respect of sexual health services.
- 2.8 When looking at potential options, it is important to note that even though the Department of Health issued guidance for sexual health services, the new commissioning arrangements have raised major questions about responsibilities and finance for different elements of these services, stifling service transformation.
- 2.9 As a result, when looking at future commissioning options, there are important financial and risk constraints that need to be considered. Public Health Dorset did not transfer the impact of the in year grant reduction last year and the ring fence will be removed in April 2017/18. So the contract value in this and subsequent years will need to, as a minimum, to align with the grant reduction.
- 2.10 In addition to the saving requirements, no funds can be committed to other agencies longer than this term, as the impact of removing the ring fence is yet unknown. It therefore remains a business risk to change responsibility for a large contract area for such a relatively a short period and has significant transaction cost implications. The CCG are also now subject to procurement law (EU Legislation and UK Law) and would have to tender the service and are subject to similar risks associated with the process.

3. Health Improvement

Children and Young People [Early Intervention 0-19]

- 3.1 Joint work is underway with local authorities to develop the future service models for both health visiting and school nursing. This includes work to embed the provision of health visiting and other local authority early years services (including Children's Centres) and builds on the 2015 Memorandum of Agreement between services. Commissioners from across Bournemouth, Poole and Dorset are currently developing a shared vision and approach to improve the effectiveness, equity and efficiency of their joint offers.
- 3.2 Public Health Dorset is leading a health visiting service review to inform the development of the future service model, including undertaking extensive engagement with families, health visitors, school nurses, other services and commissioners. A systematic review of the effectiveness of public health nursing team interventions is also being undertaken by Bournemouth University.

- 3.3 The new pan-Dorset breastfeeding peer support service started in April 2016. Twelve month Health visiting and school nursing contracts have been issued for 2016/17, including the 6.2% reduction on 2015/16 baselines agreed by the Joint Public health Board.

Adults

- 3.4 Public Health Dorset completed the tender a number of contracts for community public health services ready for the start of the new financial year, as discussed in previous papers to the Board. Of these, the tender for NHS Health Checks was one of the most important. For the first time, we asked providers to bid to provide the service for a whole geographic locality in Dorset. Previously there were more than 150 separate contracts with providers of checks for the programme.
- 3.5 As a result of the tender, two main types of providers were successful; namely, four GP Federations (GPs working together as a single provider) won the contract to provide health checks in six localities in Dorset. Secondly, Boots PLC were successful in the remaining areas, including Bournemouth, most of Poole, Purbeck and North Dorset. All general practices were offered a contract to continue to provide services to invite the population for a health check. Unfortunately in areas where Boots will be providing the new service practices have been reluctant/slow in signing up to invite people to the programme. We are in discussions with GP leaders, practices and Boots as to how to find an acceptable solution to enable people to be called to the programme for a health check.
- 3.6 There will be a further tender to identify suitable providers of health checks on an outreach basis, working alongside community organisations to find people who may be most at risk of cardiovascular disease. As a priority the first opportunities will be advertised in Bournemouth and Poole to ensure that the programme continues to be effective in identifying those most at risk, and offering support to reduce those risks.

4. Place-based - Health Protection

- 4.1 Public Health England South West office have assumed the lead responsibility for supporting Bournemouth, Poole and Dorset Local Authority areas with scientific advice and support since 1st April 2016. There was a very smooth transition from the arrangements with the Wessex area team. As part of the transition, PHE plan to co-locate two dedicated members of staff, a Consultant and a senior practitioner with Public Health Dorset for at least 3 days per week, in addition to their offices in Devon.
- 4.2 Public Health Dorset has provided a small amount of project funding and support to a pan Dorset group of environmental health officers to develop a series of initiatives to refine the arrangements for proactive work to prevent and respond to outbreaks of infectious diseases. This includes a programme of activities with schools and nurseries as well as working with Public Health England South West on establishing an agreed and consistent approach to outbreaks locally.
- 4.3 Public Health Dorset has been a member of a task and finish group looking at variations in immunisation rates across Bournemouth, Poole and Dorset and identifying key actions to tackle those GP practices with lower rates of immunisations, particularly in the universal childhood immunisations. As a result of this work NHS England has a programme of training set up for all practices nurses across Bournemouth, Poole and Dorset as well as an agreed pathway for immunisations across the Wessex region. We will continue to monitor the impact of these interventions in the rates of immunisations.

- 4.4 In March 2016, Public Health Dorset set up a programme of 3 days training for Home Safety staff from Dorset and Wiltshire Fire and Rescue Service in preparation for the launch of a joint initiative of “Safe and Well” visits. The training was very well evaluated by the staff group and Safe and Well visits began on 18th April 2016. This project will be evaluated closely as a potential model for organisational and workforce development and promoting a significant focus on prevention across public services.
- 4.5 The pan-Dorset Healthy Homes programme has completed phase 1 of the programme and has resulted in 121 homes of some of the most vulnerable residents across Bournemouth, Poole and Dorset receiving insulation and associated remedial works to reduce the number of cold and damp houses. Residents completed a questionnaire as part of the evaluation of this programme. Preliminary findings suggest real benefits to their self-reported health and wellbeing. Phase 2 is currently being finalised and procured as a referral programme, building on the experience from Phase 1, and other evidence.

5. Public Health Intelligence/Health Care Public Health

- 5.1 Public health support to the NHS is a key area of the Public Health Dorset workplan, and this now focuses more on providing the population focus, information and wider support to help the development of the Sustainable Transformation Plan. This links to the evolving models from the Clinical Services Review, and ongoing developments as part of Better Together where we provide some advice and support.
- 5.2 Public Health also chair the Health and Wellbeing Commissioning Group which co-ordinates the Joint Strategic Needs Assessment (JSNA) for the two Health and Wellbeing Boards. Products of the JSNA are now being published on the Public Health website at: www.publichealthdorset.org.uk/understanding/jsna
- 5.3 The JSNA and other intelligence work also supports the Joint Health and Wellbeing Strategy refresh for both Dorset and Bournemouth and Poole, and the Annual Public Health Report.
- 5.4 In 2016/17 the public health intelligence team will be working to develop a data warehouse that will ensure easier access to the information we pull together. This will then help us to streamline our processes so that key information and reports can be delivered automatically to support our work.

6. Recommendation

- 6.1 The Joint Public Health Board is asked to note:
- Brief updates from each function area, in particular the remaining areas of non-compliance in respect of contracts; and
 - progress in function areas.



Joint Public Health Board

Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	6 June 2016
	Chief Financial Officer and Director of Public Health
Subject of Report	Financial Report including Budget Outturn 2015/16
Executive Summary	<p>The draft revenue budget for Public Health Dorset in 2016/17 is £28.96M. This is based upon an indicative Grant Allocation of £35.177M. The budget assumptions and the sums to be borne by each partner under cost-sharing arrangements are set out in an appendix 2.</p> <p>There is an update on the position for 2015/16, including the final outturn for 2015/16.</p>
Impact Assessment:	<p>Equalities Impact Assessment: An equality impact assessment is carried out each year on the medium term financial strategy.</p>
	<p>Use of Evidence: This report has been compiled from the budget monitoring information provided within the Corporate Performance Monitoring Information (CPMI).</p>
	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council’s approved risk management methodology, the level of risk has been identified as:</p> <p>Current Risk: MEDIUM Residual Risk LOW</p> <p>As all authorities financial performance continues to be monitored against a backdrop of reducing funding and continuing austerity. Failure to manage within the current year’s budget not only</p>

	<p>impacts on reserves and general balances of the three local authorities but also has knock-on effects for the Medium Term Financial Plan and puts future service provision at risk.</p>
	<p>Other Implications: As noted in the report</p>
	<p>The Joint Board is asked to consider the information in this report and to:</p> <ul style="list-style-type: none"> (i) agree the approach to managing reductions in the budget, based on the principles described in the report; (ii) note the allocations and budget for 2016/17 and for final outturn for 2015/16; and (iii) agree to transfer the underspend into the Public Health reserve and hold the balance to mitigate the effect of the central reductions in grant allocation.
<p>Recommendation</p>	<p>Close monitoring of the budget position is an essential requirement to ensure that money and resources are used efficiently and effectively.</p>
<p>Reason for Recommendation</p>	<p>Appendix 1 – Budget Outturn 2015/16 Appendix 2 – Budget 2015/16 and 2016/17</p>
<p>Appendices</p>	<p>CPMI – Final 2015/16 and Public Health Agreement</p>
<p>Background Papers</p>	<p>Name: Steve Hedges, Group Finance Manager Tel: 01305-221777 Email: s.hedges@dorsetcc.gov.uk</p>
<p>Report Originator and Contact</p>	

1. Background

- 1.1 The Health and Social Care Act 2012 established new statutory arrangements for Public Health which came into effect on April 2013. This includes the creation of a new body responsible for Public Health at national level – Public Health England and the transfer of significant responsibilities to local councils from the NHS. NHS England and Clinical Commissioning Groups have some continuing responsibilities for public health functions.
- 1.2 The nationally mandated goals of public health in local authorities are to:
- Improve the health and wellbeing of local populations;
 - Carry out health protection and health improvement functions delegated from the Secretary of State;
 - Reduce health inequalities across the life course, including within hard to reach groups;
 - Ensure the provision of population healthcare advice.
- 1.3 The agreed aims which underpin the work of Public Health Dorset are to:
- Address Inequalities;
 - Deliver mandatory and core Public Health programmes in an equitable, effective and efficient manner;
 - Improve local and national priority public health outcomes as defined by the Health and Wellbeing strategy and national Public Health Outcomes Framework;
 - Transform existing programmes and approaches to population health to include better coordination of action across and within all public service agencies.
- 1.4 The agreed principles underpinning our commissioning to deliver the above aims are improving effectiveness, efficiency and equity. This has been reflected in our on-going re-procurement and overall work-plan to date.
- 1.5 In addition to the 2015/16 grant reduction of 6.2%, the Public Health Grant, akin to all other local authority funding, will be subject to further reductions over the next three years, which will be an average real terms saving of 3.9% each year to 2020/21. This translates into an effective cash reduction for 2016/17 of 9.6% from the original 15/16 allocation plus further savings of 2.5% in 17/18, 2.6% in each of the two following years, and flat cash in 20/21.

2. Public Health Grant; 2015/16 Outturn & 2016/17 Budget

- 2.1 The final outturn figure for 2015/16 was an underspend of £563,547 after accounting for an in year grant reduction of 6.2%. This is shown in appendix 1. Please note that the 15/16 budget included only half year of health visitor grant while the 2016/17 budget includes the full year effect.
- 2.2 The draft revenue budget for Public Health Dorset in 2016/17 is £28.96M. This is based upon an indicative Grant Allocation of £35.177M. This is an effective 9.6% reduction over the starting position in 15/16. As described in other papers this reduction has been transferred to providers where contract arrangements permit and where feasible. In some areas it will be achieved by better targeting of existing activity and finally in other situations by a retendering process.
- 2.3 The budget assumptions and the sums to be borne by each partner under cost-sharing arrangements are set out in an appendix 2.

3. Reserves

3.1 The table below shows the use the updated reserve position.

Public Health Reserve	£000's
Public Health Underspend 2013/14	1,447
DAAT Underspend 2013/14 one off (DCC)	111
PTB Underspend 2013/14 one off (DCC)	177
Use of 2013/14 underspend Poole	(287)
Use of 2013/14 underspend Bournemouth	(356)
Use of 2013/14 underspend Dorset	(700)
Public Health Underspend 2014/15	1,381
PTB Underspend 2014/15 one off (DCC)	20
Public Health Underspend 2015/16	564
Transfer from other PH reserve	250
Total	2,607

4. Conclusion

- 4.1 Public Health Dorset recognising the budget challenges both to the central public health grant and the wider local authority budgets has worked to ensure further significant savings. As a consequence in 2016/17 and beyond grant reductions should be manageable without compromising existing local authority commitments.
- 4.2 While continuing to pursue further efficiency gains through re-commissioning the service, we will look to restructuring public health activity and spend to provide as much convergence with other local authority priorities as practical. This is discussed further in other board papers.

Richard Bates
Chief Financial Officer

Dr David Phillips
Director of Public Health

June 2016

Final Outturn 2015/16 – Public Health Operating Budget

	Actual budget 2015-2016	Outturn 2015-2016	Underspend 2015/16
Public Health Function			
Clinical Treatment Services	£12,489,700	£11,195,577	£1,294,123
Health Improvement (C&YP)	£6,890,000	£6,622,000	£268,000
Health Improvement (Adults)	£3,599,600	£2,710,160	£889,440
Health Protection	£145,000	£52,964	£92,036
Public Health Intelligence	£271,600	£716,553	£-444,953
Resilience and Inequalities	£205,000	£29,499	£175,501
Public Health Team	£2,752,600	£2,488,811	£263,789
Reduction in grant projection		£1,974,389	-£1,974,389
Total	£26,353,500	£25,789,953	£563,547

Public Health Grant And Budget – 2016/17

Public Health allocation 2016/17	Poole £000's	Bmth £000's	Dorset £000's	Total £000's
2016/17 Grant Allocation	7,991	11,051	16,112	35,154
Less Pooled Treatment Budget and DAAT Team costs	(1,300)	(2,925)	(170)	(4,395)
Public Health Increase back to Councils	(299)	(371)	(621)	(1,291)
Joint Service Budget Partner Contributions	6,392	7,755	15,321	29,468
Budget 2016/17	6,392	7,755	15,321	29,468