

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 Fearn (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.

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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 decided 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 Group 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