Joint Public Health Board

Minutes of the meeting held at County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ on Monday, 19 September 2016

Present:
Rebecca Knox (Chairman)
Jill Haynes, Drew Mellor, Nicola Greene and Jane Kelly

Members Attending
David Harris, Dorset County Council

Officers Attending: Sam Crowe (Assistant Director of Public Health - Bournemouth), Jane Horne (Consultant in Public Health), David Phillips (Director of Public Health), Rachel Partridge (Assistant Director of Public Health), Sophia Callaghan (Assistant Director of Public Health - Poole), Helen Coombes (Interim Director for Adult and Community Services - Dorset), Katherine Harvey (Consultant), Jane Portman (Executive Director, Adults and Children - Bournemouth), Jan Thurgood (Strategic Director - People Theme - Poole), Clare White (Accountant - Dorset) and Fiona King (Senior Democratic Services Officer - Dorset).

(Note: 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 Board to be held on **Monday, 21 November 2016**.)

Chairman

13 **Resolved**
That Councillor Rebecca Knox be elected Chairman for the meeting, in accordance with the Board's procedures.

Vice- Chairman

14 **Resolved**
That Councillor Drew Mellor be appointed as Vice-Chairman for the meeting.

Apologies

15 An apology for absence was received from Karen Rampton, Borough of Poole.

Code of Conduct

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

Minutes

17 **Resolved**
That the minutes of the meeting held on 6 June 2016 be confirmed and signed subject to two amendments in Minute 8:-

- Paragraph 3, replace 'netter' with better; and
- Paragraph 4, second bullet point amend to read 'Prevention at Scale'.

Matter Arising
Minute12 – Questions
The Director of Public Health advised that the series of briefing notes would be prepared in readiness for the next meeting of the Board in November.

Public Participation

18 There were no public questions or statements received and no requests to present

petitions.

Forward Plan of Key Decisions

19 The Board considered its Forward Plan, which identified key decisions to be taken by the Board at future meetings.

The Director of Public Health suggested additional topics for November, namely:

- More detailed discussion of commissioning intentions for drugs and alcohol, sexual health and health visiting & school nursing.
- The Director of Public Health annual report.
- Air pollution and its impact on health locally.
- Integrated community services part of the Sustainability Transformation Plan (STP).

Resolved

That the Forward Plan be agreed.

National and International Advances in Public Health

20 The Board received a presentation from the Director of Public Health, appended to these minutes for ease of reference.

The Director felt it would be helpful for members to have sight of the 'outside world' in respect of National and International Health.

Following a question from a member from Bournemouth Borough Council regarding the figures displayed in the communicable diseases section, the Director advised they were world-wide figures.

It was highlighted that the drivers for many communicable disease outbreaks were often changes in population & land use and ease of travel.

The Director highlighted the Childhood Obesity Strategy and questioned whether this needed to be accelerated locally. The Cabinet Member for Adult Social Care, Dorset County Council, felt it was important to get children doing things they used to do and not just participating in organised sport.

The Chairman highlighted that the Dorset Physical Activity Strategy was due to be presented to the Dorset Health and Wellbeing Board at their next meeting on 9 November 2016.

Noted

Developing prevention at scale

21 The Board received a report by the Director of Public Health which gave members an update on the work to develop the Prevention at Scale (PAS) programme within the Sustainability and Transformation Plan (STP) for Dorset.

The Assistant Director of Public Health, Bournemouth, summarised some of the work that had developed over the summer months. Officers were working to develop a common story of what prevention at scale would look like.

Included within the report was a presentation which described the context for closing the Health and Wellbeing gap and rationale for Prevention at Scale within the STP. It also illustrated the challenge in Dorset in regard to one of the agreed priorities; i.e. Diabetes and Cardiovascular disease (CVD), along with some ideas about how to move forward.

The differential performances across the County in the management of these conditions between localities and practices were highlighted and members felt that the Health and Wellbeing Boards needed to focus on this.

In response to a question from the Chairman the CCG were in discussions about the variations. In respect of the top performing practices, the Cabinet Member for Adult Social Care, Dorset County Council, questioned whether these practices were contacting patients to offer the services and therefore showing better figures. The Director drew members' attention to a slide which showed a significant number of people were undiagnosed and that an approach based on just finding cases would not be successful due to the scale of the challenge. He illustrated how significant savings might be made to both the NHS and Local Authorities if some of these variations were improved.

Following discussion, members agreed the recommendation as set out below.

Resolved
That the members of the Joint Public Health Board noted the variation between one area and another and that this be taken forward to the seminar on Prevention at Scale on 21 October 2016 and that it also be part of the Health and Wellbeing agenda.

Public Health Dorset business plan developments

22 The Board received a report by the Director of Public Health updating members on developments for Public Health Dorset's business plan 2016-18 in the past quarter.

The Deputy Director of Public Health highlighted some key areas and noted that lengthy discussions had followed as result of a number of service reviews on drugs and alcohol which had now been agreed by the Pan-Dorset Drug and Alcohol Governance Board.

In respect of the NHS Health Checks programme, the Assistant Director confirmed that Boots provided most of the health checks for Poole, Purbeck, North Dorset and the three Bournemouth localities, the other areas of the County were provided by GPs. There were clusters of GPs working together to provide this service on a locality basis. The checks were offered on an open invitation process but it was found that the people who tended to take them up were from the low risk group.

The Assistant Director of Public Health updated members on the outbreak of measles locally, and advised that the numbers had stabilised and since May 2016 there had been 10 confirmed cases. She felt this was a good opportunity to remind parents and young people about their vaccination status.

Resolved
1. That members noted the progress made against the work plan priorities.
2. That the recommended set of treatment target groups, which would underpin the ongoing work to develop future service model options for drug and alcohol services be approved.

Reason for Decisions
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.

Financial Report to end July 2016/17

23 The Board considered a joint report by the Chief Financial Officer and Director of Public Health which updated members on the forecast for 2016/17. This identified indicative savings of approximately £1.2m in 2016/17 and 2017/18 and a current reserve of £2.3m. It was highlighted that the reserve had been held to mitigate any

risks arising from volatility in a) budget changes from the Department of Health (DoH) announced last year and b) cost and volume contracts. The report identified that there was much more stability in these areas and suggested it may be timely to consider redeploying some of these monies to priority areas better reflecting recent developments.

The priority areas which were prescribed by the DoH in the ring fenced grant were described and significantly how many of these were integral to the Prevention at Scale approach in the STP. It was suggested that the reserve in principle be moved to a PAS 'account' that would be enable projects to be developed by the respective Health and Wellbeing Boards to respond to the agreed STP plan. The Chairman reinforced that the monies were ringfenced and there were specific criteria where the monies could be spent.

Members from Bournemouth Borough Council advised that they had been given clear advice by their Section 151 Officer to reconsider these recommendations and to look to return the reserve to the respective authorities accounts.

The Vice-Chairman noted the advice from his Section 151 Officer was to have ultimate security of the money and for the reserve to go back to that authority (Borough of Poole). With regards to the in-year saving, he questioned whether that could be used for any business cases that came forward.

The Director advised that there were real challenges and risks in transferring monies back to general funds whilst reducing the funding of mandatory services many of which were provided by the NHS. He indicated that this was an outline proposal about how we might best use the grant to address priority population health outcomes in line with DoH guidance on the use of the grant.

The Chairman felt that more clarity was needed; the Cabinet Member for Adult Social Care was concerned that other members had received advice from their Section 151 Officers and proposed that the Board accepted the first part of the recommendation but to then bring a report back to the November 2016 meeting following discussions with Section 151 Officers and others.

Cllr Greene from Bournemouth Borough Council seconded the proposal and noted that November 2016 would still be in time in terms of internal budget setting and agreed it would be important to get other partners involved and see what they could bring to the table.

Resolved

That the current budget position be noted and that following discussion with Section 151 Officers a further report be considered at the meeting in November 2016.

Reason for Decision

Close monitoring of the budget position was an essential requirement to ensure that money and resources were used efficiently and effectively and in line with grant criteria.

Questions from Councillors

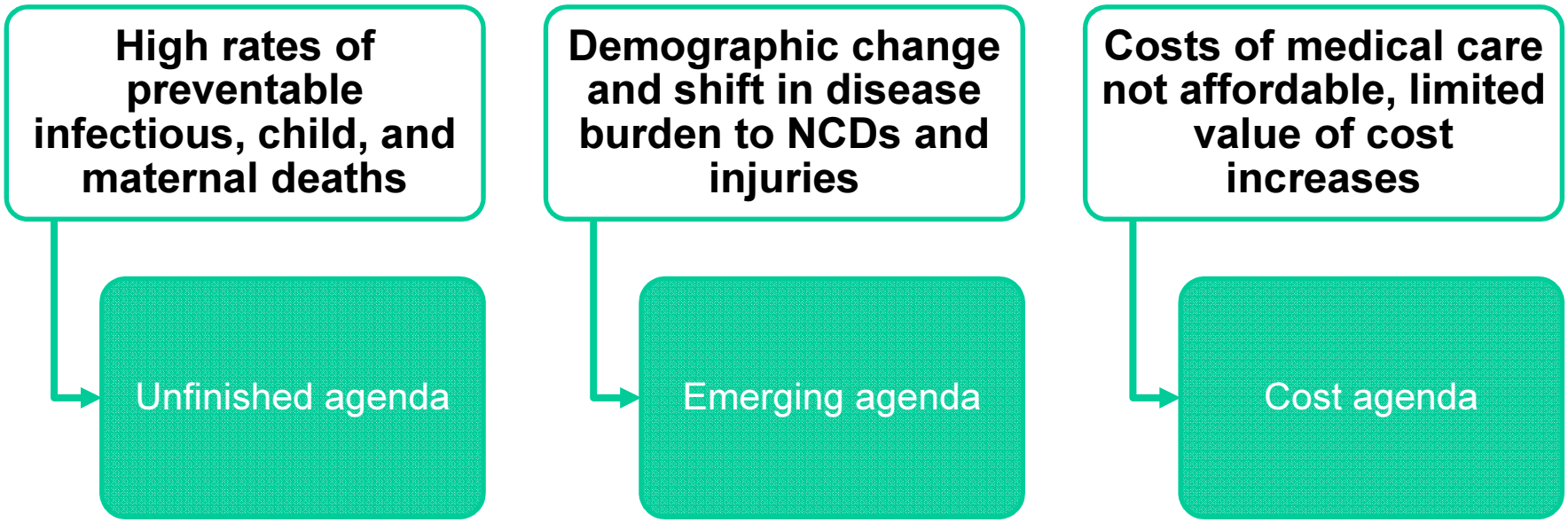
24 No questions were asked by members under Standing Order 20(2).

Meeting Duration: 10.00 am - 12.10 pm

National and International Public Health

A Brief Update

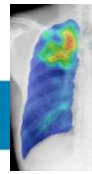
2015-2035: Three Domains of Health Challenges



Domain One: Communicable Disease Pandemics

(in comparison with WW2)

	Black Death	WW2	Spanish Flu	Swine Flu	Seasonal Flu	Ebola	Measles	T
)	1346-53	1939-45	1918-19	2009	Yearly	2014-15	Ongoing	Ongo
on(s)	Europe, N Africa	Europe, N Africa, N America	Europe, Asia, N.America	Worldwide	Worldwide	West Africa	Worldwide	Worl
s	100 million	50-80 million	50 million	284,000	250-500,000	11,310	114, 900 (2014)	1.49 (201



Ebola

Total of 28,616 cases since July 2014 [West Africa]

10,000 survivors, 11,301 deaths

March 2016- public health emergency status lifted

June 2016- end of virus transmission in Guinea and Liberia

Note: lucky a) didn't make to Port Harcourt and

b) very poor human to human transmission.

Zika virus

- Vector borne virus – Aedes aegypti [dengue, yellow fever]
- 67 countries have reported Zika virus since 2015
- 17 countries have reported microcephaly associated with Zika virus

Why and what does it mean for us?

- Poverty, urbanisation & population growth and travel [first Ebola outbreak was 1976]

- Encroaching onto animal's ‘territory’

UK

- Increase in rates of lyme disease and Brucella in UK, similarly pressure on arable land has driven campylobacter rates

- Are our national systems up to it – see recent commons select committee report

Global

- Lot of other organisms as bad as Ebola out there Hanta virus, Lassa fever, which to date have only caused localised outbreaks.

Domain Two: NCDs – Childhood Obesity Strategy

Challenge includes marketing messages- be ‘happy’ in charge of ‘own choices’

‘Start of a conversation not the final word’

Schools – food standards; physical activity - ? Focus on earlier years?

Previously announced levy on sugar content of drinks

Voluntary reformulation; marketing and price promotion not touched

2011 – PH Responsibility deal – little impact

Do we need to accelerate ‘conversation’ locally?

Domain Three: Select Committee Review of PH post 2013 Conclusions & Recommendations

Funding

Cuts to public health are a false economy. Further cuts to public health will threaten the future sustainability of NHS services if we fail to manage demand from preventable ill health.

We recommend that the Government sets out how changes to local government funding and the removal of ring fencing will be managed

Systematically improving public health and addressing unnecessary variation

The Government should set out clear milestones of what it expects public health spending to achieve, and by when.

Politics and evidence

Benchmarking standards for all local authorities' prescribed public health functions should be introduced, and provide reassurance that these functions are being maintained at an appropriate level.

Leadership for public health at a national level

Since Public Health England was established, the interface between it and the DH has lacked clarity.

We urge NHS England and PHE to clarify how the two organisations resources around public health support the local health system and not confuse it.

Access to data

Our inquiry has identified numerous problems with access to data for public health professionals, which is creating barriers to effective joint working.

Select Committee Review of PH post 2013 Conclusions & Recommendations II

The public health workforce

This is particularly important given the potential impact of reduced spending by councils on public health staffing.

Barriers to workforce mobility must be removed, we are concerned that this issue has not been resolved three years after the transfer of public health responsibility to local authorities.

Health protection

More work needs to be done at a national level to support local areas to deliver a seamless and effective response to outbreaks and other health protection incidents.

Health in all policies

We urge the Government to good on its commitment to health in all policies, by enshrining health as a material consideration in planning and licensing law.

The role of the NHS in public health

The system of enhanced public health accountability must be extended into the NHS, forming part of a broader national strategy to systematically and demonstrably implement the radical upgrade in public health called for in the Five Year Forward View.

The NHS has an important role to play in prevention, and developing the skills of its workforce to deliver preventative advice as part of routine care is central to that.

Comments

- States some issues which are ongoing for three years but omits some systemic issues; fails to provide level of analysis to inform next steps.
- Report relies too heavily on individual commentary and too little on any independent review
- Rhetoric++ but reality is we have been here before…..
- Working with PHE to look at ‘one service’ with clear division of functions, tasks and skills.
- Same discussion about LGR – what functions are best performed at what population level etc.