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# Agenda

Public Health Dorset

Meeting: Joint Public Health Board

Time: 10.00 am

Date: 6 February 2017

Venue: HMS Phoebe Room, Town Hall, Bournemouth, BH2 6DY

| Bournemouth Borough Council | Dorset County Council | Borough of Poole |
|---|---|---|
| Nicola Greene | Jill Haynes | Drew Mellor |
| Jane Kelly | Rebecca Knox | Karen Rampton |
| **Reserve Members** | | |
| Blair Crawford | Colin Jamieson | Mike White |
| **Observers** | | |
| David D'Orton-Gibson | Janet Dover | Vacancy |

**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.

  **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 February 2017, and statements by midday the day before the meeting.

**Debbie Ward**
Chief Executive

Date of Publication:
Friday, 27 January 2017

Contact: David Northover, Senior Democratic Services Officer
County Hall, Dorchester, DT1 1XJ
01305 224175 - n.r.northover@dorsetcc.gov.uk

1. **Chairman**

To elect 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**

Members are required to comply with the requirements of the Localism Act 2011 regarding discosable pecuniary interests and you should therefore:

- Check if there is an item of business on this agenda in which you or a relevant person has a disclosable pecuniary interest.
- Inform the Secretary of the Group in advance about your disclosable pecuniary interest and if necessary take advice.
- Check that you have notified your interest to your own Council's Monitoring Officer (in writing) and that it has been entered in your Council's Register (if not this must be done within 28 days.
- Disclose the interest at the meeting 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** 5 - 10

To confirm the minutes of the meeting held on 21 November 2016 (attached).

6. **Public Participation**

Public speaking

To consider any public questions and/or public statements or requests for public speaking in accordance with standing Order 21(2).

7. **Forward Plan of Key Decisions** 11 - 14

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 January 2017 and includes items that will be considered either on or following the Board's meeting on 6 February 2017 (attached).The next Forward Plan will include items to be considered on or following the Board meeting on Monday 5 June 2017 and will be published on 5 May 2017 and what is due to be considered at that meeting is indicated too.

8. **Future Direction of Public Health in Dorset** 15 - 20

To consider a report by the Director of Public Health (attached) and to take the opportunity to discuss the future of Public Health in Dorset and how it might be best delivered – (30 minutes scheduled).

9. **2016/17 Budget monitoring and draft estimates 2017/18** 21 - 26

To consider a report by the Chief Financial Officer and the Director for Public Health (attached) – (10 minutes scheduled).

10. **Update on Development Projects** 27 - 42

To receive a PowerPoint presentation from Sam Crowe, Deputy Director of Public Health (attached)– (20 minutes scheduled).

11. **Questions from Councillors**

To answer any questions received in writing by the Chief Executive by not later than 10.00am on Wednesday 1 February 2017.

## Exempt Business

To consider passing the following resolution:

To agree that in accordance with Section 100 A (4) of the Local Government Act 1972 to exclude the public from the meeting in relation to the business specified below it is likely that if members of the public were present, there would be disclosure to them of exempt information as defined in the paragraphs detailed below of Part 1 of Schedule 12A to the Act and the public interest in withholding the information outweighs the public interest in disclosing the information to the public.

12. **Health Visiting and School Nursing Future Commissioning (Paragraph 1, 3, 4)** 43 - 56

To consider a report by the Director for Public Health (attached) – **Not for publication** - (15 minutes scheduled).

13. **Drugs and Alcohol Services Re-commissioning (Paragraph 1, 3, 4)** 57 - 64

To consider a report by the Director for Public Health (attached)) – **Not for publication** - (15 minutes scheduled).

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# Joint Public Health Board

Minutes of the meeting held at the Civic Offices, Borough of Poole, BH15 2RU on Monday, 21 November 2016

**Present:**
Councillor Drew Mellor (Borough of Poole) (Chairman)
Councillor Jane Kelly (Bournemouth Borough Council)(Vice-Chairman)
Councillors Jill Haynes and Rebecca Knox (Dorset County Council)

Officers Attending: Dr David Phillips (Director of Public Health), Sam Crowe (Deputy Director of Public Health – Bournemouth), Dr Nicky Cleave (Assistant Director of Public Health), Rachel Partridge (Assistant Director of Public Health), Steve Hedges (Group Finance Manager), Katherine Harvey ( Consultant in Public Health) and David Northover (Senior Democratic Services Officer).

(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, 6 February 2017**.)

**Chairman**

25 **Resolved**
That Councillor Drew Mellor be elected Chairman for the meeting, in accordance with the Boards' procedures.

**Vice-Chairman**

26 **Resolved**
That Councillor Jane Kelly be appointed Vice-Chairman for the meeting.

**Apologies**

27 Apologies for absence were received from Councillor Karen Rampton, Borough of Poole and Councillor Nicola Greene, Bournemouth Borough Council.

**Code of Conduct**

28 There were no declarations by members of disclosable pecuniary interest under the Code of Conduct.

**Minutes**

29 The minutes of the meeting held on 19 September 2016 were confirmed and signed .

**Matters arising**

Minute 21 – Developing Prevention of Scale

The Director summarised how he considered the Prevention of Scale seminar held at the Springfield Hotel on 21 October 2016 had proven to be a success. Arising from this, further definition of actions under the agreed themes were being prepared for Health and Wellbeing Board consideration.

Those members who had attended this event considered it to be positive and provided a sound basis on which to build. The Board considered that analysis of the success of the Prevention of Scale seminar should be added to its Forward Plan for further consideration at the next meeting in February.

**Public Participation**

30 There were no public questions or statements received .

**Forward Plan of Key Decisions**

31 The Board considered its draft Forward Plan, which identified key decisions to be taken by the Joint Board and items planned to be considered during 2017, which had been published on 24 October 2016.

The Board was being asked to agree the draft Plan as a means of identifying items for the year ahead and in providing commitment to what issues should be considered and what decisions needed to be taken.

The Board agreed to include reference to the following items to the February 2017 agenda:-

- Outcomes from Prevention of Scale seminar and progress being made" - an invention to be extended to the NHS to attend for this item
- Drugs/Alcohol recommissioning plan
- Health Visitor School nursing recommissioning plan
- Update on development projects as contained in the Director report - how Livewell/ behavioural change, intelligence capacity, NHS/ Social Care relationship was effecting this.
- Where we are going with Public Health? - in light of local government reform /STP - how public health can best make a contribution to the various developing agendas. Initial thoughts on this would be circulated in advance of the meeting so that the Board might be able to give it some early consideration and come to the meeting with their thoughts.

The part that the Board played in distilling the issues and helping to shape the way in which issues could be addressed and prioritised was critical to providing the Health and Wellbeing Boards with an indication of what was considered to be of importance. The role of the use of evidence was highlighted as an approach that added value to discussions.

**Resolved**
That the bullet points set out above be added to the Board's Forward Plan for consideration at the next meeting in February 2017.

Reason for Decision
To ensure the work programme remained topical and relevant.

**Public Health Dorset business plan developments**

32 The Board considered a report by the Director which presented an update on developments for Public Health Dorset's Business Plan 2016-18 since September 2016. This included progress of commissioning models, priorities and proposed future contract values.

The Board were being asked to assess proposals of the three work plan priorities and agree the indicative budget allocation, outline commissioning intentions, arrangements and timelines in respect of the following: clinical treatment function: drugs and alcohol and/sexual health and for health improvement function of health visiting and school nursing.

In relation to clinical treatment services, members were updated on progress and proposed next steps to see what was being achieved and the benefits these brought. In addition, in respect of the health improvement function, the commissioning model was outlined as well as future service models and financial considerations.

From discussion the Board considered that the way in which these issues were being addressed was appropriate and sustainable and what was being recommended for each to ensure progress was maintained was appropriate.

Resolved
1. That in respect of Drug and Alcohol Services:-
   (a) the proposals for the development of a future system design for

substance misuse treatment be noted and endorsed;
(b) awareness of any potential opportunities or challenges be maintained;
(c) the key decisions on the commissioning model and investment that would be required at the next meeting in February 2017 be noted.

2. That in respect of Sexual Health Services:-
(a)the budget allocation for sexual health services for 2017/18 and 2018/19 be agreed;
(b)the joint commissioning arrangements and timeline between Public Health and the Clinical Commissioning Group be agreed.

3. That in respect of Health Improvement Function:-
(a) the Health visiting and school nursing commissioning intentions for 2017/18 be agreed;
(b) the timelines for procurement and potential changes in primary commissioner be agreed.
(c) the key decisions on the commissioning model and investment that will be required at the next meeting in February 2017 be noted;
(d) the discussions of strategic commissioning gaps for school aged children being raised with the Joint Commissioning Board be noted.

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.

**Public Health Finances**

33 The Board considered a joint report by the Director of Public Health and the Chief Financial Officer which explained in detail public health finances and how these were allocated. The Director explained that the revenue budget for Public Health Dorset in 2016/17 was £29.378m, which was based upon a Grant Allocation of £35.154M. The Section 151 and other executive officers from each of the constituent authorities had been given an opportunity to contribute to the report and all had endorsed it. The joint report provided an understanding about the outturn forecast for 2016/17, which currently stood at £1.529m underspent. The final outturn was likely to be lower given the delay in delivery of key projects, in particular, health checks.

The Board was informed that recommendations contained in the report included proposals that the reserve and projected savings should be combined for accounting purposes and redistributed along previously agreed lines, with oversight of how this should be allocated being through the respective constituent Health and Wellbeing Boards. The reasoning for these recommendations was set out in the report and expanded upon by officers.

As it was considered important that the Board had greater understanding of the history and future of the grant, a series of tables depicted:-

- the history of the overall grant including future projection;
- changes in the grant's core elements;
- the spend, by authority, on public health compared with other authorities and value for money considerations between functions.

The Board appreciated the explanation of the management of the Directorate's finances, what monies were available, how they were being allocated, comparisons of how outcomes were measures against spend and where it was considered this was being best spent in terms of achieving a return on that investment. In this regard it demonstrated how the optimum benefit could be improved by reallocation within existing NHS service budgets.

The per capita spend for all three authorities was markedly lower than average - the

Board was able to determine that how the finances were being managed and the outcomes being realised was a positive achievement and one which it was hoped would be maintained and that prevention of scale could help in this.

The Board that the report demonstrated that value for money was being achieved in terms of delivering positive health improvements and in achieving national outcomes.

**Resolved**

1. That the current and projected budget out-turn position be noted;
2. That the value for money of public health spend in achieving national outcomes be noted;
3. That from the accumulated reserve and savings in 2016/17, totalling approximately £3.5m, it be agreed to:-
    - invest £0.4m in further expansion of the Livewell Dorset scheme to include expanding services for other age groups with an improved digital process for all potential service users.
    - invest £0.2m in improving analysis and modelling of patient flow and resource out of hospital care system to better understand the impact of any changes in the system.
    - invest £0.4m in developing services in localities, particularly around improving the engagement of patients and service users by training colleagues from the community and voluntary sector to better signpost people in need of care away from high cost acute services and statutory social care services.
    - redistribute the remaining £2.5m to the three local authorities by the usual formula for their investment in early years' and health protection services.
    - redistribute any further savings in 16/17 and 17/18 based on discussion at the JPHB.
    - endorse the principle that the respective Health and Wellbeing Boards provide oversight to ensure alignment with the respective health and wellbeing strategies.

Reason for Decisions

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

**Integrated Community Services part of the Sustainability Transformation Plan (STP)**

34 The Board considered a report by the Director in respect of developing integrated community services (ICS) as a core part of the Sustainability and Transformation Plan (ST) for Dorset, setting out current plans, progress and potential opportunities for improving prevention and population health from improving community services. First and foremost, it set out the importance of how getting integration right in localities could form the foundation for a place-based approach to health and wellbeing.

Officers explained in detail the principle of the development of the integrated community services as an important part of the STP for Dorset, to meet more people's health and care needs would be met outside of hospital by larger, more integrated teams of professionals working across organisations, focusing on people's needs and helping them to better manage their conditions.

There was a need to raise awareness of what this principle entailed, how it was envisaged to be delivered, and by whom. Progress to date and potential opportunities were detailed in the report and how these might be achieved.

So that the Board might be able to play a meaningful part in how the ICS might be developed within the STP and be beneficial in meeting the needs of those for whom it was targeted, the report detailed several lines of questioning to ascertain if the ICS was achieving what it was designed to do and the means by which this might be delivered.

It was considered essential that those partners with which the Board worked - whether the NHS, CCG, GP's, Local Authorities, schools or Health and Wellbeing Boards - all played their part in ensuring this was a success. For this to be achieved, it was recognised that there was a need to transcend the arrangements individual organisations had and how services were traditionally provided in future should show more flexibility and evidence of meeting health care needs, with resources being managed accordingly.

The Board discussed the part they could play in influencing matters and how this might be achieved. It was recognised that in order for the principle of Prevention of Scale to succeed there was a need for the Health and Wellbeing Boards to determine what priorities there should be. It was recognised that whilst GP surgeries operated on a business footing, how GPs operated their practices in future was a fundamental part in making the ICS successful. Constructive dialogue with GP's in all localities and communities was core to this. Many people and agencies had a role to play in this including local communities and politicians.

The Director explained that the Primary Care Strategy, needed to address:-

- an acceptable business model for how GPs might operate,
- how these could be tailored to meet specific needs in specific communities,
- how new models of care might be developed and could happen on an incremental basis as there was no "one size fits all" and some areas and GPs were in a better place, and had the wherewithal, to make changes than others,
- the need for political leadership and stability in contributing to this process at a local level.

**Resolved**
That the commitment towards the development of integrated community services be noted and endorsed and that the implications for moving to a more place-based model of care be recognised.

Reason for Decision
To ensure the Board was aware of plans for community services within the Sustainability and Transformation Plan that could help deliver a place-based and more preventive approach to health and care in Dorset.

**Air pollution and its impact on health locally**

35 The Board received a presentation from the Assistant Director of Public Health on the effect that air quality was having on public health and how this was being monitored and understood. It had been recently determined that much smaller airborne particulates were increasingly recognised has being the principal contributory factor in many important human health outcomes. Importantly current monitoring schemes did not effectively measure these small particles and differing approaches might well be needed for a focus on human health.

The Board found the presentation very interesting and how the analysis of the data might be interpreted to be of some challenge but was worth pursuing nonetheless.

**Noted**

**Questions from Councillors**

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

Meeting Duration: 10.00 am - 12.10 pm

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Dorset County Council

**DRAFT – Joint Public Health Board Forward Plan**
**(Next Public Health Joint Board Meeting Date – 6 February 2017)**
**(Publication date – 6 January 2017)**

**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 | Dorset County Council | Borough of Poole |
|---|---|---|
| Nicola Greene | Jill Haynes | Drew Mellor |
| Jane Kelly | Rebecca Knox | Karen Rampton |

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Agenda Item 7

**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: d.r.northover@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) |
|---|---|---|---|---|---|
| **Part One: Development Plans and Projects** | | | | | |
| 6 February 2017<br><br>***30mins*** | **The Future of Public Health in Dorset Discussion** | Joint Public Health Board | N/A | N/A | Board Report |
| 6 February 2017<br><br>***30mins*** | **STP - Governance of PAS Roles and relationships of JPHB, H&WB boards and SLT**<br><br>Director for Public Health Report | Joint Public Health Board | Health & Wellbeing Boards | N/A | Board Report |
| **Part Two: Current Business** | | | | | |
| 6 February 2017<br><br>***10mins*** | **Finance Report**<br><br>Chief Financial Officer<br>Director of Public Health | Joint Public Health Board | Internal and other LA Dept | Internal discussion within LAs | Board Report |
| 6 February 2017<br><br>***10mins*** | **Update on development projects**<br><br>Director for Public Health Report | Joint Public Health Board | Various | Informal consultation processes | Board Report |
| | | | | | |

| Part Two: Current Business (CONFIDENTIAL SESSION) | | | | | |
|---|---|---|---|---|---|
| 6 February 2017<br><br>***15mins*** | **Health Visitor/School Nursing Recommissioning Plan**<br><br>Director for Public Health Report | Joint Public Health Board | Various NHS & LA personnel. | n/a | Board Report |
| 6 February 2017<br><br>***15mins*** | **Drugs/Alcohol Re-commissioning Plan**<br><br>Director for Public Health Report | Joint Public Health Board | Drugs and Alcohol Governance Board | Structured & informal consultation processes | Board Report |

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.

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Agenda Item 8

Public Health Dorset

# Joint Public Health Board

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

| | |
|---|---|
| Date of Meeting | 02 February 2017 |
| Officer | Director of Public Health |
| **Subject of Report** | **Future direction of public health in Dorset** |
| Executive Summary | This discussion paper proposes a future focus for the work of Public Health Dorset given budget uncertainties, the requirement to deliver prevention at scale and integration as part of the Sustainability and Transformation Plan. It recommends changing the format of future JPHB meetings to incorporate a Part 2, to function as an advisory board for Prevention at Scale. |
| Impact Assessment: | Equalities Impact Assessment:<br><br>N/A |
| | Use of Evidence:<br><br>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:<br><br>The Public Health Grant is reducing, and national policy is for the Grant to be fully funded from local retention of business rates by 2020. This has implications for our future role as a pure commissioner. |

| | |
|---|---|
| | Risk Assessment:<br><br>N/A |
| | Other Implications: N/A |
| Recommendations | 1) Members of the Joint Public Health Board are asked to endorse the internal re-focusing of Public Health Dorset to meet the requirements of the priorities of the new Local Authority restructure in tandem with the Sustainability and Transformation Plan (STP), especially Prevention at Scale and the integration agenda.<br><br>2) Board members are also asked to agree to change the format of Joint Public Health Board meetings so that future meetings are in two parts – a formal part one, followed by a part two meeting to advise on delivery of the Prevention at Scale programme for Dorset, linking with the respective Health and Wellbeing Boards. |
| Reason for Recommendation | To provide more public health support transformation and ensure the people and place-based view of how best to meet differing population challenges within the STP footprint is achieved. |
| Appendices | None. |
| Background Papers | None. |
| Report Originator and Contact | Name: Sam Crowe<br>Tel: 01305-225884<br>Email: s.crowe@dorsetcc.gov.uk |

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

## 1. Recommendations

1.1 Members of the Joint Public Health Board are asked to endorse the proposed internal re-focusing of Public Health Dorset so that it is better able to meet the requirements of the Sustainability and Transformation Plan (STP), especially Prevention at Scale and Integrated Community Services.

2.1 Board members are also asked to agree to change the format of Joint Public Health Board meetings so that future meetings are in two parts – a formal part one, followed by a part two meeting to advise on delivery of the Prevention at Scale programme for Dorset, linking with the respective Health and Wellbeing Boards.

## 2. Reason

2.1 To ensure that Public Health Dorset continues to focus its work in support of the wider health and care system challenges including delivery of Prevention at Scale and associated STP programmes. It will also support Local Government Reform as discussions continue on how best to deliver place-based improvements to health and wellbeing through the STP.

2.2 The proposed changes will improve our internal efficiency and ensure we have a clearer direction of travel around commissioning, given the external pressures described in this paper.

## 3. Background and current focus

3.1 Public Health Dorset has had a successful first four years since transferring from the NHS to local authorities. In that time, the focus has been twofold:

- Delivering mandatory and core public health programmes. This includes transforming effectiveness and equity of commissioned services, delivering savings and efficiencies, including reducing the transaction costs and numbers of contracts inherited from the NHS;
- embedding public health in local authorities including supporting the wider health and care system.

3.2 Notable successes have included transformation of health improvement services, development of new locality models for children's universal public health nursing services, integrated governance and commissioning of drug and alcohol services, increasingly on a pan-Dorset basis, and development of joint commissioning arrangements for sexual health services.

## 4. National policy and external drivers

4.1 We are now at the point where as a team we need to refocus our future efforts. The future of the Public Health Grant in particular remains unclear. Public Health Dorset can continue to make savings in line with the projected 20 per cent reduction by 2019/20. However, beyond this time period it is less clear how and to what extent the Grant will be funded. The stated intention is to remove the ring-fence and move to the Grant being fully funded from business rates.

4.2 Greater Manchester, Birmingham and a number of other councils announced that they would be piloting this approach for the financial year 2017/18. However, for an area like Dorset, Bournemouth and Poole, it is not clear whether full business rate retention would be adequate to cover the Public Health Grant and other central grants currently received by local authorities at current expenditure levels. This uncertainty over the sustainability of future public health grant funding has prompted Public Health Dorset to consider its role as a 'pure' commissioner of public health services.

4.3 Sustainability and Transformation Plans and the requirement to deliver prevention and integration at scale are national policies where there seems to be more certainty in the medium term. Regardless of local progress on the STP, the challenges of rising demand and an ageing population faced by the health and care system are not going to go away. Transformation of the NHS is helpfully coinciding with further local authority transformation, through the proposals for Local Government Reform.

4.4 Given the above policy drivers Public Health Dorset has identified a need to focus senior public health team members increasingly on helping to address the emerging priorities of the STP, especially prevention at scale and integration.

## 5. Current focus and actions

5.1 Last year the Public Health Dorset business plan made clear our intention to identify ways of releasing more senior capacity to support systems leadership, and in particular the STP. This includes improving our input to providing intelligence and analysis to support better understanding of the system pressures around health and social care.

5.2 To some extent this has happened, but much of the team's current workload is still concerned with commissioning and contracting on a day to day basis, including preparing for some fairly complex re-commissioning exercises in children's public health nursing and drug and alcohol services. While the overall number of contracts for public health services has reduced considerably there is still a large amount of the team's capacity taken up with managing contracts for relatively small scale public health provision (community providers including GPs and pharmacy).

5.3 With this challenge in mind, we are working internally to identify the future destination for these commissioning responsibilities, including where services might be solely commissioned by public health, co-commissioned with local authorities and or Dorset CCG. This work is also looking at where there might be opportunities for generating income from activities undertaken by Public Health Dorset in the future.

5.4 As part of the systems leadership agenda there has been good progress made with developing Prevention at Scale plans, and supporting the STP. However, there will be an increasing work programme connected with delivering Prevention at Scale that we do not see diminishing. This will involve direct delivery of 4-5 projects for which Public Health Dorset has the lead, and ensuring leadership to influence other players in the system to step up and lead on additional actions that contribute to prevention at scale.

5.5 Finally, Public Health Dorset has been playing an increasing role supporting the development of Health and Wellbeing Boards, both by aligning and refreshing the Joint Health and Wellbeing Strategies with Prevention at Scale, and the emerging place-based approach to improving Health and Wellbeing across the populations of both boards.

## 6. Proposed changes for 2017/18

6.1 The major commissioning activity as set out in the Business Plan for children's public health nursing services and drug and alcohol services will continue as planned. However, there will be an increasing focus to reduce the transaction costs of commissioning and contracting as we move into 2017/18.

6.2 The senior team's efforts will be re-organised so that there is a clearer division of responsibilities around supporting Prevention at Scale, and wider health and social care integration in support of the STP. In particular, we are exploring how best to

organise the governance and oversight for delivery of the Prevention at Scale agendas in the next year. Recognising the growing importance of the people and place agenda, and Local Government Reform, one option would be to develop a place-based delivery board for Prevention at Scale reporting to the two Health and Wellbeing Boards.

6.3 To support each delivery board, Public Health Dorset is recommending the establishment of a Prevention at Scale Advisory Board. Joint Public Health Board members are ideally placed to carry out this role, alongside the portfolio directors of other relevant STP programmes, including Integrated Community Services / Primary Care. Having a JPHB meeting in two parts, with a formal part 1 reserved for the core business of assurance over how the Grant is being used, and part 2 used as the advisory board would provide a ready and knowledgeable forum for oversight of delivery of the PAS programme without the need to establish additional meetings or programme boards.

## 7. Conclusion

7.1. Public Health Dorset is seeking the Board's support to re-organise internally to better support the priorities outlined in the discussion paper above. Namely:

- Prevention at Scale
- Health and social care integration
- Reduce the transactional costs of commissioning and contract management
- Leadership to support the role of Health and Wellbeing Boards in developing clear place-based prevention at scale and integration plans, guided by the advisory board as set out in 6.3.

7.2. In addition, Public Health Dorset is seeking the board's approval to establish a part 2 within the JPHB meeting, to function as a Prevention at Scale advisory board.

**David Phillips**
**Director of Public Health**
**17 January 2016**

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Agenda Item 9

Public Health Dorset

# Joint Public Health Board

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

| | |
|---|---|
| Date of Meeting | 6 February 2017 |
| Officer | Chief Financial Officer and Director of Public Health |
| **Subject of Report** | **2016/17 Budget monitoring and draft estimates 2017/18** |
| Executive Summary | This report contains an update on the outturn forecast for 2016/17 which currently stands at £1.377M underspent. Potential volatility of around £100k remains.<br><br>The draft revenue estimate for Public Health Dorset in 2017/18 is £28.51M. The sums to be borne by each partner under cost-sharing arrangements are set out in appendix 2. |
| Impact Assessment: | Equalities Impact Assessment: An equality impact assessment is carried out each year on the medium term financial strategy. |
| | Use of Evidence: This report has been compiled from the budget monitoring information provided within the Corporate Performance Monitoring Information (CPMI). |
| | Budget: The forecast outturn figures currently show a projected underspend for Public Health Dorset at the end of the financial year of around £1.377M. |
| | Risk Assessment:<br><br>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:<br><br>Current Risk: LOW<br>Residual Risk LOW / strategic priorities / health and safety / reputation / criticality of service.) |

| | |
|---|---|
| | Other Implications: As noted in the report Close monitoring of the budget position is an essential requirement to ensure that money and resources are used efficiently and effectively. |
| Recommendation | The Joint Board is asked to consider the information in this report and:<br><br>(i) note the updated 2016/17 forecast out-turn<br>(ii) recommend the draft estimates for 2017/18 to Partner Councils, for consideration. |
| Reason for Recommendation | Close monitoring of the budget position is an essential requirement to ensure that money and resources are used efficiently and effectively. |
| Appendices | Appendix 1 – Forecast Outturn 2016/17<br>Appendix 2 – Public Health Grant and Pooled Budget 2017/18 |
| Background Papers | CPMI – September 2015 and Public Health Agreement |
| Report Originator and Contact | Name: Jane Horne<br>Tel: 01305 225872<br>Email: j.horne@dorsetcc.gov.uk |

## 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 and included the transfer of significant responsibilities to local councils from the NHS. Local authorities currently receive funding to discharge their public health functions in the form of a ring-fenced public health grant.

1.2 The public health grant, like other local authority funding, has been cut, and continues to reduce further in line with the 2015 Comprehensive Spending Review. Looking ahead the ring fence will be removed in 2018, and it is expected that the public health grant will end in 2020.

1.3 Local authority responsibility for public health will continue, with the following mandated public health goals:

- 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.

1.4 Public Health Dorset has agreed aims and principles in how we work to ensure that public/population health gain is embedded within broader plans and processes, whilst ensuring effectiveness, efficiency and equity. This has been reflected in our on-going re-procurement and overall work-plan to date, and in our significant contribution to the development of the prevention at scale programme in the STP.

**Public Health Forecast Outturn 2016/17**

1.5 The Public Health Budget is forecast to be underspent by £1.377m at the end of 2016/17. This updated out-turn figure reflects spend in those contracts that had seen initial delay, in particular Health Checks. Potential volatility of around £100k remains. More detail is set out in appendix one.

1.6 At the Board in November it was agreed that the 2016/17 underspend would be added to the Public Health reserve of £2.35M, with £2.5M returned to the respective authorities to support 'early years and health protection', and £1.0m be retained by PHD to invest in better intelligence, better behaviour change programmes and better community engagement.

**Public Health Budget 2017/18**

1.7 The revenue budget for Public Health Dorset in 2017/18 is £28.512M. This is based upon a Grant Allocation of £34.288M, and no change in elements retained by local authorities. More detail can be seen in appendix 2.

Richard Bates
Chief Financial Officer

Dr David Phillips
Director of Public Health

**APPENDIX 1**

## Updated forecast outturn 2016/17 – Public Health Operating Budget

**Forecast outturn 2016/17**

| 2016/17 | Budget 2016-2017 | Outturn 2016-2017 | Underspend 2016/17 |
|---|---|---|---|
| **Public Health Function** | | | |
| Clinical Treatment Services | £11,464,100 | £11,010,380 | £453,720 |
| Early Intervention 0-19 | £11,575,500 | £11,314,594 | £260,906 |
| Health Improvement | £2,984,700 | £2,453,996 | £530,704 |
| Health Protection | £145,000 | £94,000 | £51,000 |
| Public Health Intelligence | £244,800 | £201,936 | £42,864 |
| Resilience and Inequalities | £175,000 | £75,000 | £100,000 |
| Public Health Team | £2,786,300 | £2,848,194 | -£61,894 |
| **Total** | **£29,375,400** | **£27,998,100** | **£1,377,300** |

**APPENDIX 2**

## Public Health Grant And Pooled Budget – 2017/18

| Public Health allocation 2017/18 | Poole £000's | Bmth £000's | Dorset £000's | Total £000's |
|---|---|---|---|---|
| 2017/18 Grant Allocation | 7,794 | 10,779 | 15,715 | 34,288 |
| 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) |
| Less Children's commissioning costs for HV | (30) | (30) | (30) | (90) |
| Joint Service Budget Partner Contributions | **6,165** | **7,453** | **14,894** | **28,512** |
| **Public Health Dorset Budget 2017/18** | **6,165** | **7,453** | **14,894** | **28,512** |

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# Growing voluntary sector involvement in primary care project

Joint Public Health Board

6 February 2017

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# What if ... we could grow a network of Practice champions in Dorset?

- Grow a ***community development*** arm of general practice
- Practice champions and volunteers in primary care
- 'Housed' and mentored by paid voluntary sector co-ordinators
- Co-ordinators would work from within the Patient and Public Engagement Groups in practices or networks of practices
- And … by 2018 to have a sustainable network of volunteers working in each locality to support GPs to 'deal with demand' in a totally different way … by better understanding what matters to people to help them with their care and support.

# Vision

- To grow more support in primary care by increasing the role of the voluntary sector
- Recognise that Patient and Public Engagement groups provide a natural home for this work
- Build on success of employing voluntary sector co-ordinators to identify, train and host people from ordinary communities to support people informally with a range of needs

This sort of model has been variously described as ... Practice champions, health helpers, community navigators, social prescribing, recovery champions, practice volunteers



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# New models ... person centred care



How do we move from a culture of

**"What's the matter with you?"**

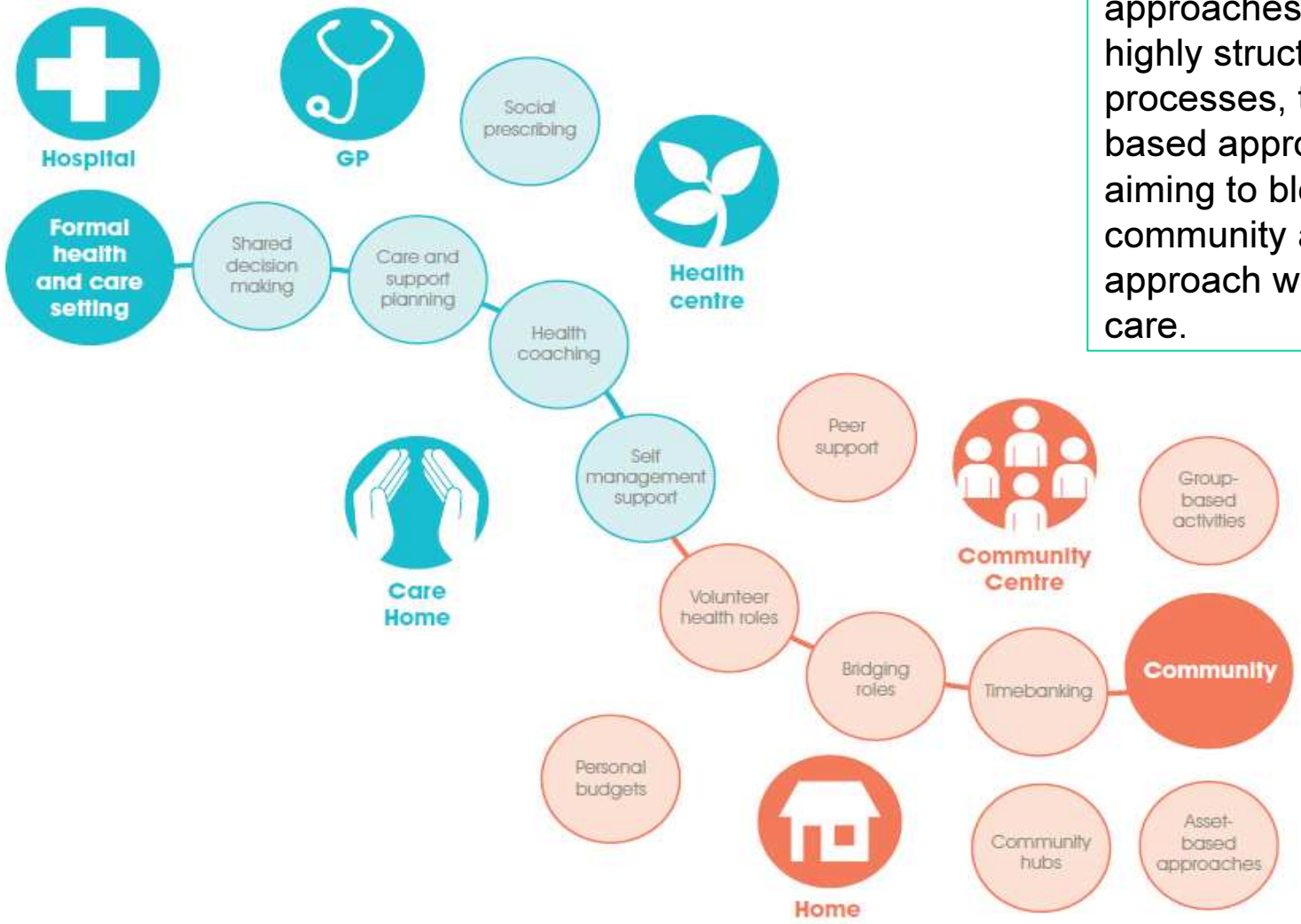
**to**

**"What matters to you?"**

Some of this work overcoming barriers to formal care provided by professionals can best be done by ordinary people working as peers, volunteers, helpers

# Person and community centred approaches to health

There is a spectrum of different approaches, ranging from formal, highly structured care and processes, to more community-based approaches. We are aiming to blend more of the community and person centred approach with formal primary care.




Source: At the Heart of Health: Realising the value of people and communities

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# Prevention at scale, and the Dorset STP

1. Prevention challenge facing public sector is vast – how do we effectively scale efforts to work more upstream?

2. Sustainability and Transformation Plan, Integrated Community Services and Prevention at Scale – what does this mean in practice?

3. Integrated community services – how can we support organisational and cultural change required including new primary care models



# 5 Year Forward View (NHS)

1. Recognised challenge facing NHS – more demand, leading to **finance and efficiency gap**
2. More people living longer, with more complex, chronic disease – increases demand but also not equally spread, hence **health and wellbeing gap**
3. Need for new models of care, and move to population-based systems of care – to reverse the growing **care and quality gap**

*Across Dorset, there is huge variation in the care that people receive from primary care services – especially for long term conditions like CVD, diabetes. The NHS is very good at designing set pathways and processes for these conditions, but doesn't always know how best to offer care in different ways to respond to different people's needs, particularly their social circumstances. This project is about developing more informal roles within primary care to help overcome some of these barriers to effective care.*

NHS England's principles for new care models – should be at the heart of changes in the STP ...


**House of Care supportive care planning approach to LTCs**

**Social enterprise / community interest approach to Multi-specialty Community Providers**

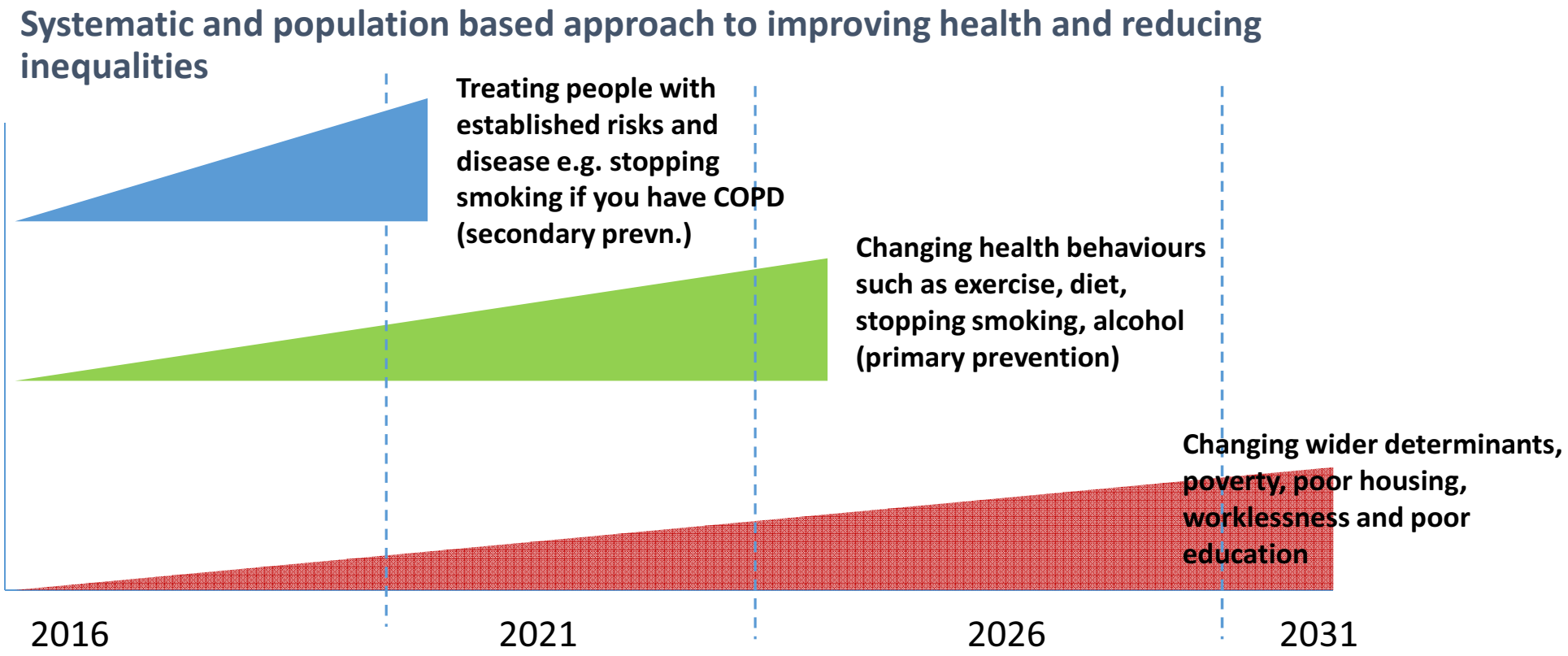
**Peer support / Health Helpers built in to model**

**Integration of community early help services, not just community nursing**

**Co-location of services from all partners seen as key**

**Robin Lane Medical Practice champions**

# Short, medium and long term prevention



# NESTA Realising the Value of People and Communities Programme

This programme has identified five focus areas which demonstrate a commitment to the principles of person and community centred approaches for health and wellbeing. They are:

- Peer Support
  Support between people who share a similar condition

- Self-management education
  Education or training for people with long term conditions

- Health Coaching
  Helping people to set goals and take action on their health

- Group activities to support health and well-being
  Can contribute to wellbeing, feelings of social inclusion and can change behaviour

- Asset based approaches in a health and wellbeing context
  Promote and strengthen factors that support good health and wellbeing and protect against poor health

# Health helpers in West Howe: volunteers to help you live a healthier life

Health Helpers are local people who are trained as volunteers to work within their own communities. They carry out their volunteering in an informal manner as part of their everyday interactions to 'champion the health needs of their communities'. Acting as peers, they use their own life experiences and knowledge to influence their friends, families, neighbours and colleagues to make positive health choices.

In West Howe, the first four Health Helpers qualified earlier this year, and are now helping local people make healthier choices. With their support, more than 40 people have contacted the health improvement service LiveWell Dorset for support to make changes to their lifestyle such as quitting smoking or losing weight.

The one-year pilot programme aims to recruit around 20 health helpers across the area as part of our health improvement work. In time, the network of helpers could become more closely linked with local services like GPs.

## What are peer supporters?

Peer supporters have the potential to improve a range of wellbeing outcomes, including self-management of long term conditions, physical and mental health and wellbeing, including social engagement.

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# Personalised care planning in Tower Hamlets

***Based on the House of Care model:***

In a 6 year period practices in Tower Hamlets changed from being in the bottom 10% nationally for people receiving good quality diabetes care processes to being the best in England

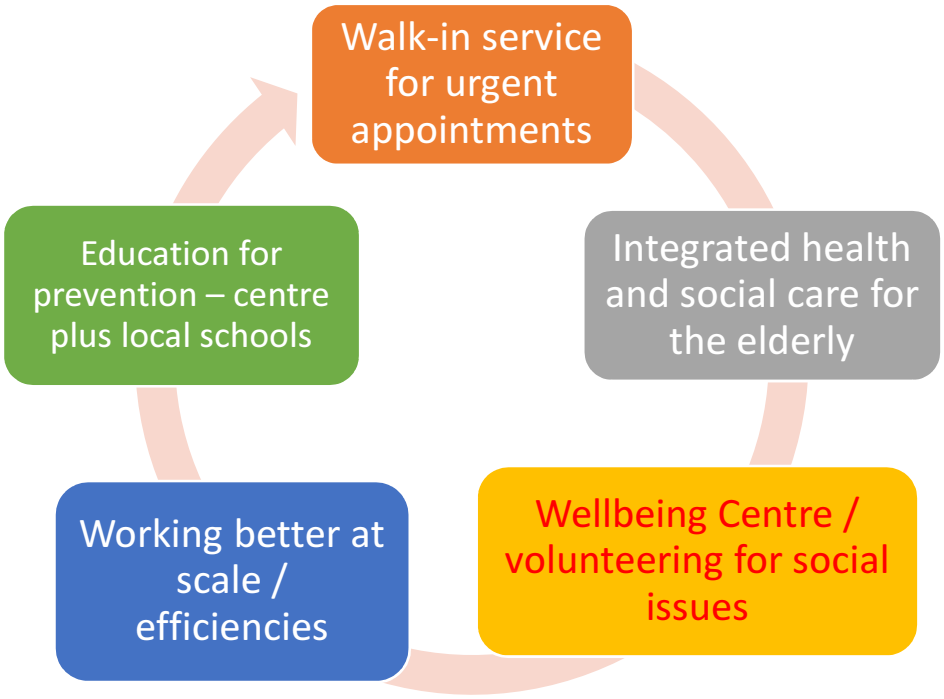
| 2009 diabetes results | | 2012 diabetes results | |
|---|---|---|---|
| Blood sugar | 37% | Blood sugar | 55% |
| Blood pressure | 70% | Blood pressure | 90% |
| Cholesterol | 65% | Cholesterol | 83% |

**More people felt involved in their care planning and this was personalised – rose from 52% to 82%**

**There were also measurable improvements in self-care and holistic health and wellbeing**

# Re-imagining primary care

**Robin Lane Medical Centre** focuses on five areas in providing GP services.




The practice has a wellbeing centre next door which it uses as a base from which to run volunteer led groups that focus on the health and wellbeing of the community.

The practice is popular with more people joining its list. However, the rate at which people request to see a GP is also below the level before the practice started growing its practice volunteer network.

## Role of practice volunteers

50 volunteers run more than 35 groups each week. The absolute consultation rate with GPs is falling, while the practice list is growing. A and E attendances last winter were at their lowest for 5 years.

# How do we get there?

- November 2016: JPHB approves investment in a scheme to mentor and develop patient and public involvement groups
- Tender for organisation(s) to work with PPGs in each locality to grow their ability to find, train and host networks of volunteers
- Non-proscriptive approach – to focus on needs of community
- Two-year trajectory, working with a paid, voluntary sector co-ordinator in each locality to develop identity of volunteers and practice champions
- By end of year 2, PPGs should have demonstrated value of investment in VSC to make case for mainstream, sustainable funding

# Timescales

| | |
|---|---|
| January to April 2017 | Task and finish group formed to better understand requirements of tender, barriers, and engagement with practices and localities |
| April to June 2017 | Market engagement and supplier events to communicate requirements and opportunity |
| July 2017 | Tender release |
| September 2017 | Award first contracts |
| October to December 2017 | Mobilisation of first Voluntary Sector co-ordinators |
| December 2018 | Interim evaluation of first year's milestones |
| December 2019 | Final evaluation and sustainability test |

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# Further reading / resources –

*NB – these are embedded hyperlinks to save space so will only work when you click on the links in slide show mode*

1. NESTA realising the value report and economic model –
2. NHS England Framework for patient involvement in primary care commissioning
3. NHS England case study on Robin Lane Medical Centre
4. National Association for Patient Participation website – home of PPGs with many supporting resources



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