

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

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

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 measured 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 as 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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