

Joint Public Health Board

Minutes of the meeting held in HMS Phoebe Room at the Town Hall,
Bournemouth on Monday, 6 February 2017

Present:

Councillor Jane Kelly (Chairman – Bournemouth Borough Council)
Councillor Rebecca Knox (Vice-Chairman – Dorset County Council)

Borough of Poole

Councillor Drew Mellor

Dorset County Council

Councillor Jill Haynes

Members Attending

David d'Orton-Gibson, Observer (Bournemouth Borough Council)

Officers Attending:

Sam Crowe (Deputy Director of Public Health (Bournemouth)), Dr Nicky Cleave (Assistant Director of Public Health (Dorset)), Dr Jane Horne (Consultant in Public Health), Rachel Partridge (Assistant Director of Public Health), Helen Coombes (Interim Director for Adult and Community Services, Dorset County Council), Katherine Harvey (Consultant in Public Health), Dr Jane Horne (Consultant in Public Health), Clare White (Finance Officer, 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 13 February 2017.**

(2) 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.)

Chairman

1 **Resolved**

That Councillor Jane Kelly be elected Chairman for the meeting.

Vice- Chairman

2 **Resolved**

That Councillor Rebecca Knox be appointed Vice-Chairman for the meeting.

Apologies

3 Apologies for absence were received from Councillors Nicola Greene (Bournemouth Borough Council), Karen Rampton (Borough of Poole), Dr David Phillips (Director of Public Health), Jane Portman (Executive Director Adult and Children's Services, Bournemouth Borough Council) and Steve Hedges (Group Finance Manager, Dorset County Council).

In hearing that the Director was currently in poor health, the Board asked that their best wishes be made known to him for a speedy recovery.

Code of Conduct

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

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

Minutes

- 5 The minutes of the meeting held on 21 November 2016 were confirmed and signed.

Matter arising - Air Pollution

Arising from minute 35, the Board asked that a briefing note be made available to the 3 constituent councils on the research undertaken into air quality and pollution and what perceived effect this had on public health. This could in turn help shape future town centre planning considerations.

Public Participation

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

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

Forward Plan of Key Decisions

- 7 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 2017, which had been published on 6 January 2017.

Noted

Future Direction of Public Health in Dorset

- 8 The Board considered a report by the Director of Public Health proposing 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 (STP). Given this, changing the format of future JPHB meetings to incorporate a 'Part 2' - to function as an Advisory Board for Prevention at Scale - was being recommended.

The Board was informed that the reasoning for this proposed approach was to ensure that Public Health Dorset continued to focus its work in support of the wider health and care system challenges, including the delivery of Prevention at Scale and associated STP programmes. It was also designed to complement the Local Government Reform process as discussions continued on how best to deliver place-based improvements to health and wellbeing through the STP.

It was envisaged that the proposed changes to how the Board operated would support parallel recommendations going to each Health and Wellbeing Board (HWB), which recommended that they start to function as local delivery boards for Prevention at Scale and other STP programmes.

Integral to the success of the future Health and Wellbeing Board arrangements was a emphasis being placed on prevention - so that there would be a lesser need for, or reliance on, clinical care - and integration - with public health and social care both playing a part in how interventions were made and in a coordinated and complementary way. The Board recognised the benefits to be gained for health care and social care integration.

Operating the Joint Public Health Board as a Prevention at Scale Advisory Board was considered to be beneficial in delivering the necessary changes and the Board acknowledged the reasoning for the way in which arrangements for future meetings were now being proposed and that the JPHB had a fundamental and important part to play in setting the scene and influencing the direction in which the two H&WBs might go. Members considered this to be a pragmatic and practical means of addressing the issues and challenges which lay ahead. However, in order for the Board to be able to

be seen to be playing its full part in contributing to the process and, particularly, to the work of the H&WBs, there was a need for its role to be on a more formal footing, as an integral component of how the H&WB's were run.

In order that CCG's were made aware of this approach the Vice-Chairman intended to make the Chairperson of the Dorset CCG, Dr Forbes Watson, aware of this direct and the Deputy Director of Public Health agreed that further would be undertaken in carrying out the Board's considerations, with Phil Richardson, Director of Transformation at the CCG. In order to help in the better understanding of the relationship between health bodies, a diagram would be provided for this purpose.

Resolved

That 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 - be endorsed.

Recommended

That the format of Joint Public Health Board meetings be revised so that future meetings are held in two parts – a formal part one, followed by a part two meeting to advise on the delivery of the Prevention at Scale Programme for Dorset, linking with the respective Health and Wellbeing Boards, taking into account the views of the Board on the part it was to play, as set out above.

Reason for Decision/Recommendation

To provide more public health to support transformation and ensure the people and place-based view of how best to meet differing population challenges within the STP footprint was achieved.

2016/17 Budget Monitoring and Draft Estimates 2017/18

9 The Board considered a joint report by the Chief Financial Officer and Director of Public Health which updated on the outturn forecast for 2016/17, which currently stood at £1.377m underspent. However, potential volatility of around £100,000 remained. The draft revenue estimate for Public Health Dorset in 2017/18 was £28.51m. The sums to be borne by each partner under cost sharing arrangements were set out in Appendix 2 of the report. 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 report explained the main drivers and factors influencing the estimates and the opportunities that there might be to redistribute the underspend in the budget to support early years and health protection.

Councillors understood the need to achieve further significant savings during 2017/18 and beyond as a consequence of the funding allocation and the implications of Local Government Reform.

Recommendation

That the draft estimates for 2017/18 be endorsed by the three partner constituent authorities.

Reason for Recommendation

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

Update on Development Projects

- 10 The Board received a visual presentation from Sam Crowe, Deputy Director of Public Health, on development projects within Public Health, covering:-
- The growing voluntary sector involvement in the Primary Care project - How a network of Practice champions could play their part in community development, this being designed to contribute towards what services general practice were able to provide to deal with demand by better understanding what mattered to people to help them with their care and support. The importance of the voluntary sector within patient and public engagement was recognised and how this approach would help ease the pressure on GP's and the practices they ran. Person and Community centred approaches to health were seen to be a practical solution to the demand being faced by GP's and it was anticipated that this positive step would be appreciated by GPs in providing for maintaining a sustainable system of care.
 - Prevention at Scale and the Dorset STP – Designed to recognise the importance of preventative work in addressing public health issues at an early stage before there was a need for the intervention of clinical and acute services. The Board's attention was drawn to NHS England's principles for new models of care and what these entailed and were designed to achieve.

The Board recognised the part that volunteers played was critical to the success of the delivery of care. Members highlighted the importance of not diluting the current pool of volunteers identified for other activities. They recognised existing schemes in Dorset such as care navigators within adult care, as a means of integrating social care and clinical care provision in a coordinated and complementary approach. There was need to take this into consideration for commissioning issues for Adult Social Care and that the work being done by Dorset Partnership for Older People Programme (PoPPs) could be aligned with this. They considered that it was in the interests of all for this approach to be successful and that all parties should play their part in ensuring this was the case. It was anticipated that all participating practices could be encouraged to embrace this and realise its value.

The Board endorsed the approach being taken and would watch with interest the progress being made. More information would be circulated in due course.

Members thanked Mr Crowe for this useful insight into what was being done within the Service.

Noted

Questions from Councillors

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

Exempt Business - Exclusion of the Public

Resolved

That under Section 100(A)(4) of the Local Government Act 1972 the public be excluded from the meeting for the business specified in minute 17 because it was likely that if members of the public were present there would be a disclosure to them of exempt information as defined in paragraphs 1, 3 and 4 of Part 1 of Schedule 12A of the Act and the public interest in withholding the information outweighed the public interest in disclosing that information.

Health Visiting and School Nursing Future Commissioning

- 12 The Board considered a report by the Director of Public Health which summarised commissioning model arrangements for Health Visiting and School Nursing and what these entailed. The report set out the service transformation timelines and outlined three possible future commissioning options – with Option 3 being the preferred option. What the role of the school nurse entailed was outlined and the need for any commissioning arrangements to take this into account were acknowledged.

It was felt that Option 3 was, on balance, the most appropriate option as it provided the means for flexibility and scope in addressing the necessary responsibilities and in a pragmatic way. The Integration of Health and Social Care was fundamental to any successful commissioning arrangements. Consideration was given to how the nursing arrangements should be described, with “Children’s Nursing” considered to be more appropriate terminology.

Resolved

That further scoping work on Option 3 be approved as a means of delivering a sustainable service.

Reason for decision

To ensure that the health visiting and school nursing arrangements were fit for purpose and designed to be sustainable.

Drugs and Alcohol Services Re-commissioning

- 13 The Board considered a report by the Director of Public Health which described the proposed collaborative approach for re-commissioning the Drugs and Alcohol Services across Bournemouth, Dorset and Poole to meet the changing needs, demands and commissioning priorities of the three local authorities in a more focused way.

The Assistant Director of Public Health explained what the Plan entailed, the rationale for re-commissioning and the proposed procurement model. The proposals were designed to achieve efficiencies, maintain effectiveness and deliver equity of service provision across the geographic County. Emphasis was now being placed on addressing integrated services and how these were best applied, so that all needs of an individual could be met at one source and in one appointment, if practical.

The report contained proposed arrangements for the way in which the provision of services for Christchurch should be progressed and the Board considered this to be the right approach.

The Board noted what progress had been made with the Drug and Alcohol Programme and considered that these new commissioning arrangements would provide the means for the Service to be managed in a sustainable way and meet the needs of those it was designed to assist.

Resolved

1. That the commencement of the commissioning process, as set out in the Director’s report, be approved.
2. That the proposed approach for the provision of services in Christchurch be approved.

Reason for Decisions

To achieve efficiencies, maintain effectiveness and deliver equity of service provision.