

# Agenda



---

Meeting: Joint Public Health Board  
Time: 2.30 pm  
Date: 28 June 2017  
Venue: Committee Room 1, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ

---

Bournemouth Borough Council  
Nicola Greene  
Jane Kelly

Dorset County Council  
Jill Haynes  
Tony Ferrari

Borough of Poole  
John Challinor  
Karen Rampton

Reserve Members  
Blair Crawford

Rebecca Knox  
Deborah Croney

Mike White

Observers  
David D'Orton-Gibson

Janet Dover

Vacancy

---

## Notes:

- The reports with this agenda are available at [www.dorsetforyou.com/countycommittees](http://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 23 June 2017, and statements by midday the day before the meeting.

---

**Debbie Ward**  
Chief Executive

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

Date of Publication:  
Tuesday, 20 June 2017

---

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

## 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 disclosable 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 6 February 2017 (attached).

## 6. **Public Participation**

To receive 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 - 16

To receive the Joint Public Health Board's Forward Plan and to consider any amendments required.

## 8. **Role and Terms of Reference of the Joint Public Health Board**

17 - 18

To receive and note the Role and Terms of Reference of the Board and a short presentation on what the functions of the Board entail.

9. **Financial Report including Budget Outturn 2016/17** 19 - 22

To consider a joint report by the Chief Financial Officer and the Director of Public Health.

10. **Public Health Dorset Business Plan Developments** 23 - 30

To consider an update report by the Director of Public Health on commissioning, including health visiting, school nursing and drugs and alcohol.

**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 In Item 11 below as 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.

11. **Future Options for the LiveWell Dorset Service (Paragraph 1, 3, 4)** 31 - 38

To consider an exempt report by the Director of Public Health – **Not for Publication.**

12. **Questions from Councillors**

To answer any questions received in writing by the Chief Executive by not later than 10.00am on Friday 23 June 2017.

-----  
**- Intermission -**

**Prevention at Scale Advisory Board**

The formal business meeting is to be followed by a thematic session on Prevention at Scale as follows:-

- **Prevention at Scale Portfolio – Oversight**

To receive and discuss a presentation by the Director of Public Health.

- **Prevention at Scale Portfolio – Opportunities and Overlaps with other Portfolio areas**

To receive and discuss presentations by the respective Portfolio Directors of the Sustainability and Transformation Plan, highlighting opportunities and overlaps regarding Prevention at Scale.

- **Approach to Prevention at Scale Development and ways of working**

To discuss how the Joint Public Health Board leadership, working with Portfolio Directors of the STP will explore case studies of promising approaches in delivering Prevention at Scale. The Board's support and influence is sought to identify how best to add value, and scale these approaches as quickly as possible in the Dorset health and care system.

## 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.

- 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 recommissioning 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 recommissioning 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.

Meeting Duration: 10.20 am - 12.20 pm

This page is intentionally left blank



**DRAFT – Joint Public Health Board Forward Plan  
(Next Public Health Joint Board Meeting Date – 28 June 2017)  
(Publication date –26 May 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

Page

*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  
Nicola Greene  
Jane Kelly


Dorset County Council  
Jill Haynes  
Tony Ferrari


Borough of Poole  
John Challinor  
Karen Rampton

## 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).

 <b>/SECTION</b>  <i>Is this a key decision? Which section of agenda is it in?</i>	<b>Date of meeting of the Cabinet (1)</b>	<b>Matter for Decision/ Consideration (2)</b>	<b>Decision Maker (3)</b>	<b>Consultees (4)</b>	<b>Means of Consultation (5)</b>	<b>Documents (6)</b>
<b>Current Business</b>	28 June 2017	Finance report	Joint Public Health Board	Officers and portfolio holders from each member local authority..	Internal discussions, separately and jointly.	Board report
<b>Current Business</b> Page 12	28 June 2017	Commissioning update Including updates on Health visiting and school nursing and Drugs and Alcohol	Joint Public Health Board	Drugs and Alcohol Governance Board, Children's Trust Board, Internal officers, partner organisations, providers and potential providers	Range of meetings and discussions, including supplier engagement	Board report
<b>Current Business (Confidential)</b> 	28 June 2017	Options appraisal LiveWell Dorset contract	Joint Public Health Board	Public Health Dorset, Mutual Ventures, corporate support services	Internal meetings	Board report
<b>Prevention at Scale Development</b>	28 June 2017	Prevention at Scale portfolio - oversight	Joint Public Health Board	Health and Wellbeing Board members including council officers, local Councillors, NHS officers, local GPs from Dorset CCG, CCG, voluntary sector partners,	Health and Wellbeing Board meetings. Joint workshop with B&P Health and Wellbeing Board	Briefing papers and discussion at Dorset Health and Wellbeing Board 1 March 2017

				HealthWatch, and the wider public sector.		
<b>Prevention at Scale Development</b>	28 June 2017	Prevention at Scale portfolio – opportunities and overlaps with other portfolio areas	Joint Public Health Board	Portfolio leads for Integrated Community and Primary Care Services, One Acute Network, Digitally Enabled Dorset, and Leading and Working Differently	Range of system wide groups focusing on STP development. Discussions between portfolio and workstream leads	Portfolio maps as background to discussion.
<b>Prevention at Scale Development</b>	28 June 2017	Approach to Prevention at Scale Development and ways of working	Joint Public Health Board	Joint Public Health Board	Previous discussions	None
<b>Current Business</b>	25 September 2017	Finance report	Joint Public Health Board	Officers and portfolio holders from each member local authority..	Internal discussions, separately and jointly.	Board report
<b>Prevention at Scale Development</b>	25 September 2017	Prevention at Scale portfolio – measuring impact	Joint Public Health Board	-	-	-
<b>Current Business</b>	November 2017?	Finance report	Joint Public Health Board	Officers and portfolio holders from each member local authority..	Internal discussions, separately and jointly.	Board report
<b>Current Business (confidential?)</b> 	November 2017?	Update on LiveWell Dorset options progress	Joint Public Health Board	-	-	Board report
<b>Prevention at Scale Development</b>	November 2017?	Prevention at Scale portfolio – achievements and challenges	Joint Public Health Board	-	-	-
<b>Current Business</b>	February 2018?	Finance report	Joint Public Health Board	Officers and portfolio holders from each member local authority..	Internal discussions, separately and jointly.	Board report


<b>Current Business</b>	February 2018?	Commissioning update Including update on LiveWell Dorset contract	Joint Public Health Board	-	-	Board report
<b>Current Business</b> 	February 2018?	Health visiting and school nursing options appraisal	Joint Public Health Board	-	-	Board report
<b>Prevention at Scale Development</b>	February 2018?	Prevention at Scale portfolio – update	Joint Public Health Board	-	-	-
<b>Prevention at Scale Development</b>	To be agreed	Prevention at Scale portfolio – focus on opportunities within integrated community and primary care services	Joint Public Health Board	Portfolio lead for Integrated Community and Primary Care Services,	-	
<b>Prevention at Scale Development</b>	To be agreed	Prevention at Scale portfolio – focus on opportunities within one acute network	Joint Public Health Board	Portfolio leads for One Acute Network,	-	-
<b>Prevention at Scale Development</b>	To be agreed	Prevention at Scale portfolio – focus on opportunities within enabling workstreams	Joint Public Health Board	Portfolio leads for Digitally Enabled Dorset, and Leading and Working Differently	-	-

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**

 <b>Is this item a Key Decision</b>	<b>Date of meeting of the Joint Committee meeting</b>	<b>Matter for Decision/ Consideration</b>	<b>Agreement to Exception, Urgency or Private Item</b>	<b>Reason(s) why the item was not included</b>
		<b>NONE</b>		

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.

This page is intentionally left blank



## **Role and Terms of Reference of the Joint Public Health Board**

### **1. Role**

The Joint Public Health Board (the Board) is a joint executive body and will be responsible for public health functions of an executive nature of Bournemouth Borough Council, Dorset County Council and the Borough of Poole for so long as the three councils are working in partnership.

### **2. Membership**

The Board will consist of two voting members drawn from the executives of each of the three partner councils (a total of six members). Each council may at any time appoint replacement members to serve on the Board provided that any such member must be a member of that authority's executive. Notice of any change should be provided to the Democratic Services Manager of the County Council as host authority for the Partnership.

Each authority may also nominate one non executive member to attend the Board as a non voting member.

### **3. Chairmanship**

The Chairman shall be elected annually from amongst the six executive members by a majority vote. In the event of an equality of votes lots shall be drawn to determine the chairmanship.

### **4. Quorum**

The quorum for meetings of the Board shall be one voting member from each of the three councils.

### **5. Frequency of meetings**

The Board shall meet as a minimum four times a year, usually in July, November, February and May and subject to room availability the venue for meetings will rotate meeting by meeting around the offices of the three partners.

Additional meetings of the Board shall take place as determined by the Board in order to fulfil its work programme.

Further meetings shall be convened if requested by any two members of the Board.

## **6. Officers**

The lead officer for the Board shall be the Director for Public Health and he shall recommend to the Board a proposed scheme of delegation to officers.

As host authority the County Council will convene meetings of the Board and will provide administrative, financial and legal advice.

## **7. Standing Orders**

The business of the Board shall be regulated by the standing orders and procedure rules of the County Council as host authority except to the extent that they are superseded by the Shared Service Agreement between the three partner councils.

## **8. Terms of Reference**

- I. Discharge of the public health functions of the three councils under the Health and Social Care Act 2012 and setting of direction and policy in respect of public health.
- II. Approve and monitor delivery of Public health Business Plan.
- III. Receive and respond to reports from the subgroups of the Board.
- IV. Monitor progress and performance in delivery of mandatory public health programmes across and within the three local authorities.
- V. Monitor progress and performance against local and national indicators and outcome measures.
- VI. Acting within the requirements of the Code of Practice in Local Government Publicity to seek to influence and advise, local and central government and other agencies on public health issues.
- VII. Ensure that NHS and other local authority partners remain informed of developing public health issues, locally, nationally and internationally.
- VIII. Support the host authority and the Director in the performance of their functions.
- IX. To receive and approve the annual budget and monitor budget spend.

# Joint Public Health Board

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

Date of Meeting	28 June 2017
Officer	Chief Financial Officer and Director of Public Health
<b>Subject of Report</b>	<b>Financial Report including Budget Outturn 2016/17</b>
Executive Summary	<p>The draft revenue budget for Public Health Dorset in 2017/18 is £28.512m. This is based upon an indicative Grant Allocation of £34.288m. The budget assumptions and the sums to be borne by each partner under cost-sharing arrangements are set out in the paper</p> <p>There is an update on the final outturn for 2016/17.</p>
Impact Assessment:	<p><b>Equalities Impact Assessment:</b> An equality impact assessment is carried out each year on the medium term financial strategy.</p>
	<p><b>Use of Evidence:</b> This report has been compiled from the budget monitoring information provided within the Corporate Performance Monitoring Information (CPMI).</p>
	<p><b>Risk Assessment:</b></p> <p>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:</p> <p>Current Risk: MEDIUM Residual Risk LOW</p> <p>As in all authorities, financial performance continues to be monitored against a backdrop of reducing funding and continuing</p>

	<p>austerity. Failure to manage within the current year's budget not only impacts on reserves and general balances of the three local authorities but also has knock-on effects for the Medium Term Financial Plan and puts future service provision at risk.</p>
	<p>Other Implications: As noted in the report</p>
Recommendation	<p>The Joint Board is asked to consider the information in this report and to:</p> <ol style="list-style-type: none"> <li>1. note the final outturn for 2016/17 and allocations and budget for 2017/18; and</li> <li>2. agree to transfer the underspend into the Public Health reserve and hold the balance for future commitments and to mitigate the effect of the central reductions in grant allocation.</li> </ol>
Reason for Recommendation	<p>Close monitoring of the budget position is an essential requirement to ensure that money and resources are used efficiently and effectively.</p>
Appendices	<p>None</p>
Background Papers	<p>CPMI – Final 2016/17 and Public Health Agreement</p>
Report Originator and Contact	<p>Name: Steve Hedges, Group Finance Manager          Tel: 01305-221777          Email: s.hedges@dorsetcc.gov.uk</p>

## 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. This includes the creation of a new body responsible for Public Health at national level – Public Health England and the transfer of significant responsibilities to local councils from the NHS. NHS England and Clinical Commissioning Groups have some continuing responsibilities for public health functions.

## 2. Outturn 2016/17

- 1.2 During 2016/17, this Board agreed to release £2.3m of accumulated reserve plus a further £200k of in-year savings back to the three constituent local authorities. After taking this into account, £995k was returned to the reserve. This largely reflects committed spend that has yet to take place.
- 1.3 The table below shows the final outturn position. Further underspend principally reflects further delay and slow uptake in health checks implementation (£300k), and lower than expected spend against accrual for support to STP development (£500k). The total over/underspend reflects the net movement in reserves and not an overspend in budget.

	<b>Budget 2016-2017</b>	<b>Outturn 2016-2017</b>	<b>Over/ underspend 2016/17</b>
	£	£	£
<b>Public Health Function</b>			
Clinical Treatment Services	11,464,100	10,930,169	533,931
Early Intervention 0-19	11,575,500	11,338,298	237,202
Health Improvement	2,984,700	2,385,705	598,995
Health Protection	145,810	94,420	51,390
Public Health Intelligence	244,800	120,816	123,984
Resilience and Inequalities	175,000	(229,079)	404,079
Public Health Team	2,946,130	2,528,051	418,079
<b>Sub-total</b>	<b>29,536,040</b>	<b>27,168,380</b>	<b>2,367,660</b>
Movement to Bmth BC		653,000	(653,000)
Movement to Poole BC		498,000	(498,000)
Movement to DCC		1,375,000	(1,375,000)
<b>Total</b>	<b>29,536,040</b>	<b>29,694,380</b>	<b>(158,340)</b>

## 3. Public Health Grant & 2017/18 Budget

- 3.1 The revenue budget for Public Health Dorset in 2017/18 is £28.512M. This is based on a Grant Allocation of £34.288M, a 2.5% reduction over the grant allocation for 2016/17, and no change in elements retained by local authorities. This Public Health Grant and budget allocations are shown in the table over the page:

<b>Public Health allocation 2017/18</b>	<b>Poole £</b>	<b>Bmth £</b>	<b>Dorset £</b>	<b>Total £</b>
2017/18 Grant Allocation	7,794,000	10,779,000	15,715,000	34,288,000
Less Commissioning Costs	(30,000)	(30,000)	(30,000)	(90,000)
Less Pooled Treatment Budget and DAAT				
Team costs	(1,300,000)	(2,925,000)	(170,000)	(4,395,000)
Public Health Increase back to Councils	(299,000)	(371,000)	(621,000)	(1,291,000)
<b>Joint Service Budget Partner Contributions</b>	<b>6,165,000</b>	<b>7,453,000</b>	<b>14,894,000</b>	<b>28,512,000</b>
<b>Budget 2017/18</b>	<b>6,165,000</b>	<b>7,453,000</b>	<b>14,894,000</b>	<b>28,512,000</b>

3.2 As described previously much of the reduction has been and will continue to be transferred to providers in line with discussions at the Board, as contract arrangements permit. In some areas, it will be achieved by better targeting of existing activity and finally in other situations by a retendering process with reshaping of services.

### 3. Reserves

3.1 The table below shows the use the updated reserve position as at 31 March 2017.

<b>Public Health Reserve</b>	<b>£000's</b>
Opening balance 1/4/16	2,607
Movement of reserves to Poole BC	-498
Movement of reserves to Bmth BC	-653
Underspend	2,367
Movement to DCC	-1,375
<b>Balance in reserve at 31/03/17</b>	<b>2,452</b>
PH Dorset commitment to STP/PAS costs	-1,000
<b>Balance uncommitted in reserve</b>	<b>1,452</b>

### 4. Conclusion

4.1 Public Health Dorset recognising the budget challenges both to the central public health grant and the wider local authority budgets has worked to ensure further significant savings. As a consequence, in 2017/18 and beyond grant reductions should be manageable without compromising existing local authority commitments.

4.2 While continuing to pursue further efficiency gains through re-commissioning the service, we will look to restructuring public health activity and spend to provide as much convergence with other local authority priorities as practical. This is discussed further in other board papers.

**Richard Bates**  
Chief Financial Officer

**Dr David Phillips**  
Director of Public Health

June 2017

# Joint Public Health Board

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

Date of Meeting	28 June 2017
Officer	Director of Public Health
<b>Subject of Report</b>	<b>Public Health Dorset business plan developments</b>
Executive Summary	This report presents an update on developments of Public Health Dorset's business plan for 2017-18. This includes progress on commissioning of major programmes including drug and alcohol services, sexual health, children and young people, and Health Checks.
Impact Assessment:  <i>Please refer to the <a href="#">protocol</a> for writing reports.</i>	Equalities Impact Assessment:  N/A
	Use of Evidence:  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:  The report contains information about Public Health Dorset's progress against the stated intention to release further savings from the Public Health Grant over the next two financial years.
	Risk Assessment:

	<p>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:                  Current Risk: MEDIUM                  Residual Risk MEDIUM  <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p>
	Other Implications: N/A
Recommendations Summary	<p>The Joint Public Health Board is asked to:</p> <ol style="list-style-type: none"> <li>1) Comment on proposals of the three work plan priorities.</li> <li>2) Agree the budget allocation, joint commissioning intentions, arrangements and timelines as set out in paragraphs 4.6 and 5.6 of this report.</li> </ol>
Reason for Recommendation	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. Continue to deliver the required savings in the Public Health Grant while ensuring compliance with 2015 Public Contract Regulations and DCC contract procedure regulations.
Appendices	None
Background Papers	None
Report Originator Contact	Name: Sophia Callaghan, Kate Harvey, Nicky Cleave Email: s.callaghan@dorsetcc.gov.uk

**Director: Dr David Phillips**  
**Director of Public Health**  
 June 2017



## **1. Recommendations**

- 1.1 Members of the Joint Public Health Board are asked to note the progress with the business plan 2016-18, particularly the ambitions for releasing further savings through re-commissioning.
- 1.2 For drug and alcohol services, the Joint Public Health Board is asked to comment on the proposals for the development of a future system design for substance misuse treatment and in doing so, advise commissioners of any potential opportunities or challenges they envisage given their specific perspectives and expertise.
- 1.3 For sexual health services, the Joint Public Health Board is asked to agree the budget allocation for sexual health services for 2017/18 and 2018/19, note the current non-compliant position with the legal requirement to tender, and agree the proposed timeline and proposed way forward for commissioning via a lead provider arrangement.
- 1.4 For health visiting and school nursing, the Joint Public Health Board is asked to agree Health visiting commissioning intentions for 2017/18 and timelines for procurement or potential changes in primary commissioner. The Board is asked to note that key decisions on the commissioning model and investment will be required at the meeting in February 2018.

## **2. Reason**

- 2.1 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. To identify and release further savings to be re-invested by Local Authorities in Dorset in priority outcomes including early intervention and health protection.
- 2.2 This report sets out progress since the February 2017 Board meeting against the objectives for drug and alcohol services, sexual health services and health visiting and school nursing services in accordance with our business plan for 2016-2018.

### **Clinical Treatment Services**

## **3. Drug and Alcohol Services**

### **Background**

- 3.1 At the last meeting in February 2017 the Board approved the commencement of the procurement exercise and the award of contracts to replace a number of existing services for an initial three year period (with the provision to extend for a further two years).
- 3.2 It was agreed that a number of existing services across Bournemouth, Dorset and Poole would be integrated so that the current 10 main contracts and 26 contracts with GP practices could be managed through two or three larger contracts. This delivers savings through:
  - Reduction in service management costs;

- Reduction in building lease costs;
- Greater integration between young people and adult services to improve transition;
- Greater integration between prescribing and non-prescribing elements of service to avoid duplication and reduce relatively expensive clinical input into care pathways;
- Reduction in commissioner contract management costs

3.3 There was also agreement at the Board that services for Christchurch would be aligned where possible to those provided for Bournemouth residents to try and improve access, whilst ensuring appropriate flexibilities in new contracts to allow the arrangement to be amended, if appropriate, without the need for full procurement.

### **Progress to date**

3.4 Since the last meeting commissioners in Bournemouth, Dorset and Poole agreed to commission services through three lots:

- **Lot 1 – Dorset Integrated Service**  
An all age integrated treatment service for both adults and young people to include both prescribing and psychosocial support in the local authority area of Dorset County Council. Residents of Christchurch will receive prescribing support and associated interventions (including some psychosocial work) through the Lot 2 service for the conurbation; this work is therefore not included in Lot 1.
- **Lot 2 – Recovery Oriented Prescribing Service for Bournemouth, Poole and Christchurch**  
An all-age service providing substance misuse prescribing for Bournemouth, Poole and Christchurch.
- **Lot 3 – Poole Psychosocial Support Service**  
An all-age service providing psychosocial support to those with substance misuse issues in Poole.

3.5 The invitation to tender was released in late March, and interviews conducted in late May. The successful tenderers will be announced in mid-June.

### **Next steps**

3.6 All existing contracts have been extended until the end of October 2017 to ensure a full four month period for the mobilisation of new contracts which will be in place from 1<sup>st</sup> November 2017.

3.7 Public Health Dorset will continue to work closely with the new and existing providers as well as commissioners in Bournemouth Borough Council, Borough of Poole and Dorset County Council to develop effective transition and mobilisation plans,

3.8 Commissioners are also alert to the risks to service continuity and quality during the next four months as well as immediately after the start of the new contracts, and will jointly address these as and if they arise.

#### **4. Sexual Health Services**

- 4.1 At the last Board meeting Public Health Dorset set out the vision for a more integrated sexual health commissioning model for 2017 as a way to simplify some of the commissioning complexities of the current system. The paper gave an update on work with the CCG to explore Public Health Dorset transferring the budget for sexual services to the CCG so that it could act as the lead commissioner of sexual health services.
- 4.2 At the same time as contract and budget arrangements were being discussed with the CCG, work continued on ensuring that all the sexual health providers were working together to design and agree a new community-based model. The design that has been agreed – with a central community hub for sexual health served by a number of smaller spokes – should lead to greater efficiency and more effective use of staff. There are also plans for delivering more services online. The model also includes an outreach approach that brings different services together to meet population sexual health needs across Dorset, linking with other frontline staff such as school nursing.
- 4.3 The lead provider model is progressing at pace. Because of the amount of change that the providers have managed to deliver, through an informal lead-provider arrangement, Public Health Dorset is interested in exploring whether this arrangement can be formalised going forwards in any new contract. This would fit with the local direction of travel around building an Accountable Care System in Dorset, through the Sustainability and Transformation Plan.
- 4.4 It has not been possible to agree a joint arrangement through a Section 75 agreement with Dorset CCG. One of the reasons is that the budget would effectively be subject to national NHs financial spending priorities. As the local authorities are facing national reductions in the Public Health Grant this would introduce inequity in the way that the budgets are treated locally.
- 4.5 For this reason, Public Health Dorset believes that it makes most sense to retain both the budget and contract for sexual health services going forwards, and abandon the previous plan to transfer the budget to the CCG. This means that Dorset County Council is currently non-compliant in respect of its legal duty to procure services in accordance with Public Contract Regulations. To ensure future compliance, the public health team will work with legal and procurement colleagues to develop a full business case with options to determine the best possible legally compliant commissioning arrangement going forwards, with a clear timetable.

#### **Recommendation**

- 4.6 The Joint Public Health Board is asked to:
- Agree delegated authority to the Director of Public Health to work with legal and finance colleagues to develop the business case – and if necessary, agree to sign this off before the September Joint Public Health Board with approval of the chair and deputy.

## 5. Children and Young Person Commissioning Update

- 5.1 Discussions at the February JPHB meeting focused on the approach for both strategic commissioning and operational service alignment. This paper provides an update on legal service requirements, budget trajectories, current contract status and anticipated procurement timeline.

### Commissioning strategy

- 5.2 Health visiting and school nursing services are provided by Dorset Healthcare and contracts are due to expire 31st March 2018. There is currently a pause on procurement to consult with partners and in recognition that:
- Future models of provision and subsequent commissioning options are highly dependent on the consequences of Local Government Reorganisation;
  - The service models that will enable joint commissioning are being implemented this year;
  - There is the need to centralise provision in the West (Lyme Regis) and the CCG have aligned their procurement timelines with the Integrated Community and Primary Care Services plan. Public Health Dorset's intention is to terminate the contract elements for school nursing and health visiting from March 2018, to align with commissioning intentions for a pan-Dorset service.
- 5.3 Contract values for each service have reduced by 6.2% in 2016/17 and a further 2.5% in 2017/18 (allocated against performance related activity for this year only). The work to align health visiting service delivery with children's centre models is supporting additional efficiencies to be made in other areas of council services.
- 5.4 Work has been undertaken to ensure health visiting and school nursing services are integrated with local authority and CCG early help provision to ensure the services are fit for purpose and sustainable.
- 5.5 Strategic commissioning decisions will continue to sit with the Joint Public Health Board. The governance of local operational development and alignment of the models with other integrated children's services will rest with the following boards: Bournemouth, Early Help Board/Children's Trust Board; Poole, Developing Children's Services Board/Children's Trust Board; Dorset, FTFC Programme Board/Accountable Alliance for Children.

### Recommendation

- 5.6 The Joint Public Health Board is asked to:
- Agree to support the use of the governance boards in the previous section to oversee operational service alignment;
  - Note the delay to the original procurement timetable, and support this delay given current status of local government reform (health visiting, school nursing);
  - Agree to review the following draft commissioning options at the February 2018 meeting:
    - Commission public health nursing services on a pan-Dorset, Bournemouth, Poole footprint;
    - Commission jointly with other areas of local authorities for a 0-5 service (particularly relevant for children's centres), a 5-19 service or 0-19 service;

- Continue in a non-compliant status for 2018/19.

## **6. Health Checks**

- 6.1 The health checks programme was last reported at the Board in September 2016. Since then there has been progress with both the core and targeted programmes. Public Health Dorset re-commissioned the core NHS Health Checks programme from 1 April, 2016 across 13 localities spanning Bournemouth, Dorset and Poole. ‘Core’ Health Checks are those that have been prompted by an invitation. GP Federations were awarded contracts to deliver core Health Checks across 6 of the localities and in these areas the GP Practices have continued to send out invitations to their patients. In the remaining 7 localities, Boots Ltd were awarded contracts to deliver the service.
- 6.2 Regarding delivery of core services by Boots, which started in October 2016, most of the initial operational issues around invites and delivery, reported at the previous Board, have now been resolved. This has been achieved through the contract management process. Boots are now delivering health checks in all relevant stores. Activity is now relatively consistent and increasing as expected.
- 6.3 The GP federation contracts across the 6 localities are working well, with Mid and West Dorset practices continuing health check delivery following a successful re-procurement earlier this year.
- 6.4 The initial invite issue for Boots with GP practices has now been resolved. The public health team have worked with Boots and have developed an alternative centralised method of inviting people for an NHS Health Checks using a postcard invitation. These postcard invites have been distributed on a monthly basis since October 2016 in the areas that Boots cover. The process is working as well as can be expected through a generic invite approach, to engage local people to take up the offer of a health check. This approach will therefore continue as the invite method for Boots.
- 6.5 The public health team will continue to monitor the effectiveness of these new arrangements, and evaluate the impact of the new arrangements alongside the personal GP invitation being maintained in the areas where GP Federations delivering the service.
- 6.6 The commissioning of the more targeted NHS Health Checks programme in communities where there is higher risk of cardiovascular disease is now complete. The tender process ran from December 2016, and will start in June 2017. The tenderers were all high quality submissions and the successful candidate was North 51, who deliver targeted health checks programmes already in other areas. The public health team are working closely with managers to plan service mobilisation and stakeholder engagement. A six month evaluation of the targeted approach and an evaluation of the core service will take place this year to support future programme planning. The funding of the service will be from within the existing budget for health checks, the intention being to shift more resource from universal to targeted Health Checks over time.

## **7. Conclusion**

- 7.1 This paper summarises progress since February against the main objectives of the Public Health Dorset business plan for re-commissioning of drug and alcohol, children’s 0-5 services and sexual health services. For the major commissioning

projects, development of commissioning intentions and arrangements for re-commissioning are well underway to ensure the transformation of services, in many cases through aligned commissioning and a move to a more whole systems approach. This supports the direction of travel with the Sustainability and Transformation Plan for Dorset.

- 7.2 Joint Public Health Board members are asked to note the progress and savings made to date. Where delays have been introduced to original procurement timescales, recognise that this is in order to ensure alignment with the rest of the system changes, although it should be noted that several services remain legally 'non-compliant'. The Board is asked for its continuing support in the transformation of public health commissioned services so that they remain effective, efficient and equitable, and above all, sustainable in preparation for the removal of the ring fence to the public health grant in 2019/20.

By virtue of paragraph(s) 1, 3, 4 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank