

## Joint Public Health Board

Minutes of the meeting held at County Hall, Colliton Park, Dorchester,  
Dorset, DT1 1XJ on Wednesday, 28 June 2017

### **Present:**

Councillor Jane Kelly (Chairman – Bournemouth Borough Council)  
Councillors John Challinor and Karen Rampton (Borough of Poole) and Councillor Tony Ferrari  
(Dorset County Council)

### Also Attending

David d'Orton-Gibson, Observer (Bournemouth Borough Council)  
Becky Grove (Programme Lead (Research) - NHS Dorset Clinical Care Commissioning Group)

Officers Attending: Sarah Tough (Statutory Director for Adults and Children, as Corporate Director for Children, Adults and Community Services), Dr David Phillips (Director of Public Health, Dorset, Bournemouth and Poole), Dr Sam Crowe (Deputy Director of Public Health), Dr Nicky Cleave (Assistant Director of Public Health), Rachael Partridge (Assistant Director of Public Health), Dr Jane Horne (Consultant in Public Health), Clare White (Finance Officer) 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, 25 September 2017.**)

### **Chairman**

14 Conventionally, the Chairmanship of the meeting would have been from the host constituent authority. However, on this occasion, there was no opportunity for this to happen. On that basis it was

### Resolved

That Jane Kelly be elected Chairman for the meeting.

The Chairman took the opportunity to welcome the new members of the Board to the meeting and to make mention of the new format of the meetings - with the formal Board meeting now preceding a Prevention at Scale Advisory Board - this latter meeting being on an informal basis.

### **Vice-Chairman**

15 Resolved  
That John Challinor be appointed Vice-Chairman for the meeting.

### **Apologies**

16 Apologies for absence were received from Nicola Greene (Bournemouth Borough Council and Jill Haynes (Dorset County Council).

### **Code of Conduct**

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

### **Minutes**

18 The minutes of the meeting held on 6 February 2017 were confirmed and signed.

### **Public Participation**

19 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**

- 20 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 26 May 2017.

The Board agreed that Prevention at Scale was now a fundamental component of all that the Board did and consideration of this should naturally feature at every meeting.

### **Noted**

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

- 21 The Role and Terms of Reference of the Board were received and noted, in providing an understanding of what the functions of the Board entailed.

At the suggestion of the Statutory Director for Adults and Children, as Corporate Director for Children, Adults and Community Services, Sara Tough, it was agreed that the Board would benefit from looking to expand its Terms of Reference to incorporate consideration of strategic and joint commissioning issues within Adult's and Children's to reflect the evolving population statistics and as part of the STP. The Director of Public Health considered that he and the Statutory Director for Adults and Children would prepare a joint for consideration at the board meeting in September 2017.

### **Resolved**

That the Board's Terms of Reference be expanded to include consideration of population level strategic and joint commissioning issues and that a report be considered by the Board at its meeting in September 2017.

### **Financial Report including Budget Outturn 2016/17**

- 22 The Board considered a joint report by the Chief Financial Officer and the Director for Public Health on the Public Health Dorset finances, including the Budget Outturn for 2016/17.

The Board noted that the draft revenue budget for Public Health Dorset in 2017/18 was £28.512m, which was based upon an indicative Grant Allocation of £34.288m. The budget assumptions and the sums to be borne by each constituent partner authority under cost-sharing arrangements were set out in the report.

The report contained 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. The Board's attention was drawn particularly to Paragraph 3.1 and the underspend with in the reserves.

The Director considered that Public Health Dorset's finances were robust, sustainable and manageable and associated with delivering successful outcomes.

The Board agreed that the Public Health Dorset's finances appeared to be being managed satisfactorily, in a sustainably way and by appropriate means.

### **Resolved**

1. That the final outturn for 2016/17 and allocations and budget for 2017/18 be noted.
2. That the underspend referred to in Paragraph 3.1 of the Director's report be transferred into the Public Health reserve and the balance for future commitments be held to mitigate the effect of the central reductions in grant allocation.

### Reason for Decision

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

### **Public Health Dorset Business Plan Developments**

23 The Board considered a report by the Director of Public Health which provided an update on developments of Public Health Dorset's Business Plan for 2017-18 - particularly the ambitions for further efficiencies through re-commissioning - including progress on commissioning of major programmes including drug and alcohol services, sexual health, children and young people, and health checks.

The report summarised progress which had been made since February 2017 against the main objectives of the Public Health Dorset's Business Plan for the re-commissioning of drugs and alcohol services, children's public health services and sexual health services. They noted that for the major commissioning projects, development of commissioning intentions and arrangements for recommissioning were well established to ensure the transformation of services - primarily through aligned commissioning and a move to a more whole systems approach. This approach supported the direction of travel with the Sustainability and Transformation Plan for Dorset.

The Board was asked to note the progress and savings made to date. Where delays had been introduced to original procurement timescales, it was recognised that this was in order to ensure alignment with the rest of the system changes, although the Board noted that several services remained legally 'non-compliant'.

The Board's continuing support was sought for the transformation of public health commissioned services so that they remained 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.

The Board noted the progress made with the Business Plan 2016-18 and were satisfied with what was being achieved and the means by which this was being done.

The Board particularly noted the progress being made since the last Board meeting in February, with commissioners in Bournemouth, Dorset and Poole having agreed to commission services through three lots:-

- Lot 1 – Dorset Integrated Service
- Lot 2 – Recovery Oriented Prescribing Service for Bournemouth, Poole and Christchurch
- Lot 3 – Poole Psychosocial Support Service

Members noted that the Children's commissioning issue decisions were being deferred, given the current position with Local Government Reform, and there would be an opportunity for discussion with the Children's Services groups on the model of care and integrated services.

The opportunity was taken by the Board to ask questions of offices presentations and on what they had heard and took this opportunity to have their understanding of what the this entailed clarified.

From discussion, officers' presentations and the detail contained in the report, the Board considered that the way in which these issues were being addressed was appropriate and sustainable and what was being recommended for each clinical treatment service to ensure progress was maintained was appropriate.

### **Resolved**

That the budget allocation, joint commissioning intentions, arrangements and timelines - as set out in paragraphs 4.6 and 5.6 of the Director's report - be agreed.

### **Reason for Decision**

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 ensure the continuing effective management of the Public Health Grant whilst ensuring compliance with 2015 Public Contract .

### **Exempt Business**

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### **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 25 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.

### **Future Options for the LiveWell Dorset Service**

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The Board considered an exempt report by the Director for Public Health describing the work undertaken to date to identify and evaluate alternative delivery models for the LiveWell Dorset service, so that it was able to continue to grow and innovate whilst remaining sustainable, given the reductions to public health funding.

It described the results of an options appraisal to identify the most appropriate model, with agreement of the Board being sought to approve continuing the work to develop a full business case, with a final option paper being considered by the Board in September 2017.

The Board appreciated that the ambition was to continue the innovative work on health improvement undertaken to date in Dorset, by developing a means by which LiveWell could be delivered in a sustainable, effective and efficient way in the future.

### **Resolved**

That a decision, in principle, to proceed with how LiveWell should be delivered in the future, as set out in the Director's report, be agreed.

That, if agreed at the Board meeting in November 2017, the intention would be to proceed with implementation plans on the basis of the option set out in the Director's report so that a new service model to provide the LiveWell Dorset Service could be implemented from April 2018.

### **Reason for Decision**

To ensure that the best means of delivering the LiveWell Dorset Service was achieved.

### **Questions from Councillors**

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

### **Prevention at Scale Advisory Board**

The formal business meeting was followed by Prevention of Scale Advisory Board -a thematic session on Prevention at Scale, covering:-

- Prevention at Scale Portfolio – Oversight – in receiving a presentation by the Director of Public Health.
- Prevention at Scale Portfolio – Opportunities and Overlaps with other Portfolio areas – in receiving 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 - in discussing how the Joint Public Health Board leadership, working with Portfolio Directors of the STP would explore case studies of promising approaches in delivering Prevention at Scale. The Board's support and influence was sought to identify how best to add value, and scale these approaches as quickly as possible in the Dorset health and care system.

A PowerPoint presentation was made which showed what Prevention at Scale entailed, how it was being applied and by what means; what it was designed to achieve and the way in which this was being delivered.

The Board found this to be a meaningful session and enlightened their understanding of what Prevention at Scale entailed.

Meeting Duration: 2.30 pm - 4.00 pm