

Agenda



Meeting: Joint Public Health Board
 Time: 10.00 am
 Date: 20 November 2017
 Venue: HMS Phoebe Room, Town Hall, Bournemouth, BH2 6DY

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

Beryl Ezzard

Vacancy

Notes:

- The reports with this agenda are available at www.dorsetforyou.com/countycommittees then click on the link "minutes, agendas and reports". Reports are normally available on this website within two working days of the agenda being sent out.
- We can provide this agenda and the reports as audio tape, CD, large print, Braille, or alternative languages on request.

Public Participation

Guidance on public participation at County Council meetings is available on request or at <http://www.dorsetforyou.com/374629>.

Public Speaking

Members of the public can ask questions and make statements at the meeting. The closing date for us to receive questions is 10.00am on 15 November 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

Date of Publication:
 Friday, 10 November 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 5 June 2017.

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 - 14

To receive the Joint Public Health Board's Forward Plan.

8. **Financial Report**

15 - 20

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

9. **Questions from Councillors**

To answer any questions received in writing by the Chief Executive by not later than 10.00am on Wednesday 15 November 2017.

Exempt Business

To consider passing the following resolution:

To agree that in accordance with Section 100 A (4) of the Local Government Act 1972 to exclude the public from the meeting in relation to the business specified in Item 10 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.

10. **Future of LiveWell Dorset (Paragraph 1, 3, 4)** 21 - 26

To consider a report by the Director of Public Health – **Not for Publication.**

- Intermission -

11. **Informal Thematic Session - Prevention at Scale (Paragraph)** 27 - 124

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

- **Prevention at Scale Portfolio – Update**

To receive and discuss a report and a presentation by the Director of Public Health - **Confidential**

- **Prevention at Scale Portfolio – Locality Transformation**

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

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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

24

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

25

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

26

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

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**DRAFT – Joint Public Health Board Forward Plan
(Next Public Health Joint Board Meeting Date – 20 November 2017)
(Publication date – 23 October 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).

|  /SECTION <i>Is this a key decision? Which section of agenda is it in?</i> | Date of meeting of the Cabinet (1) | Matter for Decision/ Consideration (2) | Decision Maker (3) | Consultees (4) | Means of Consultation (5) | Documents (6) |
|--|---|---|---------------------------|---|---|----------------------|
| Current Business | 20 November 2017 | Finance report (including services update report) | Joint Public Health Board | Officers and portfolio holders from each member local authority.. | Internal discussions, separately and jointly. | Board report |
| Current Business (Confidential)  | 20 November 2017 | Update on LiveWell Dorset | Joint Public Health Board | - | - | Board report |
| Prevention at Scale Development | 20 November 2017 | Prevention at Scale Update | Joint Public Health Board | - | - | - |
| Prevention at Scale Development | 20 November 2017 | Locality Transformation (presentation) | Joint Public Health Board | - | - | - |
| Current Business | February 2018? | Finance report | Joint Public Health Board | Officers and portfolio holders from each member local authority.. | Internal discussions, separately and jointly. | Board report |
| Current Business | February 2018? | Commissioning update Including update on LiveWell Dorset contract | Joint Public Health Board | - | - | Board report |
| Current Business | February 2018? | Health visiting and school nursing options appraisal | Joint Public Health Board | - | - | Board report |


| | | | | | | |
|---|----------------|--|---------------------------|---|---|---|
|  | | | | | | |
| Prevention at Scale Development | February 2018? | Prevention at Scale portfolio – update | Joint Public Health Board | - | - | - |
| Prevention at Scale Development | 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, | - | |
| Prevention at Scale Development | To be agreed | Prevention at Scale portfolio – focus on opportunities within one acute network | Joint Public Health Board | Portfolio leads for One Acute Network, | - | - |
| Prevention at Scale Development | 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 | - | - |

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The following paragraphs define the reasons why the public may be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that exempt information would be disclosed and the public interest in withholding the information outweighs the public interest in disclosing the information to the public. Each item in the plan above marked as ‘private’ will refer to one of the following paragraphs.

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the authority proposes:-
 - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Business not included in the Board Forward Plan

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

The above notice provides information required by The Local Authorities (Executive Arrangements) (Meetings and Access to information) (England) Regulations 2012 in respect of matters considered by the Cabinet which were not included in the published Forward Plan.



Joint Public Health Board

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

| | |
|--------------------------|---|
| Date of Meeting | 20 November 2017 |
| Officer | Chief Financial Officer and Director of Public Health |
| Subject of Report | Financial Report |
| 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.</p> <p>There is an update on the forecast for 17/18. This is informed by the commissioning update, included within the paper.</p> |
| Impact Assessment: | <p>Equalities Impact Assessment: An equality impact assessment is carried out each year on the medium term financial strategy.</p> |
| | <p>Use of Evidence: This report has been compiled from the budget monitoring information provided within the Corporate Performance Monitoring Information (CPMI).</p> |
| | <p>Budget: The Public Health budget is currently forecast to be underspent by £1.2m in 2017/18. Further detail is contained in the main body of the report.</p> |
| | <p>Risk Assessment: 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 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> |
| <p>Recommendation</p> | <p>The Joint Board is asked to consider the information in this report and to:</p> <ol style="list-style-type: none"> 1. note the update on business plan developments and use of reserves; 2. agree the distribution of the anticipated £1.2m underspend in 17/18 as per usual formula to each of the three local authorities at year end; and 3. note the preliminary indicative forecasts for 18/19 and 19/20. |
| <p>Reason for Recommendation</p> | <p>Close monitoring of the budget position is an essential requirement to ensure that money and resources are used efficiently and effectively.</p> |
| <p>Appendices</p> | <p>None</p> |
| <p>Background Papers</p> | <p>CPMI – Final 2016/17 and Public Health Agreement Public Health Dorset business plan developments, June 2017</p> |
| <p>Report Originator and Contact</p> | <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. Significant responsibilities for public health were transferred to local councils from the NHS, and locally these are delivered through Public Health Dorset, a shared service across the 3 local authorities. Public Health England was established and is responsible for public health nationally, and NHS England and Clinical Commissioning Groups also have some continuing responsibilities for public health functions.

Public Health Grant

- 1.2 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. The Public Health Grant Allocations and partner contributions are shown in table 1 in the appendix.

2. Commissioning update with financial impact

- 2.1 Following the report on business plan development to the last meeting of the Board, members, this paper includes a brief further update and implications for 17/18 forecast.

Drugs and alcohol

- 2.2 Procurement is now complete and the new providers are mobilising with service commencing 1st November 2017. Where savings are shown these are in addition to savings already made to date. Contracts awarded to a lead provider for each lot:

- **Lot 1 – Dorset Integrated Service**

Awarded to EDP. This will result in an estimated £166k saving in 17/18 and £400k annually thereafter and mitigates against annual dispensing cost risks of £250k. These figures have been incorporated into the 17/18 forecast.

- **Lot 2 – Recovery Oriented Prescribing Service for Bournemouth, Poole and Christchurch**

Awarded to AWP. It will result in an estimated £45k saving in 17/18 and £110k annually thereafter, and mitigates against a risk of £300k annually for dispensing costs. Figures are already incorporated within the 17/18 forecast.

- **Lot 3 – Poole Psychosocial Support Service**

Awarded to EDAS. As part of these arrangements Poole will pass additional commissioning responsibilities to Public Health Dorset. For 2017 this will be accompanied by an in-year transfer to cover these, and in subsequent years this will be reflected in revised contribution to shared service from Poole. Figures will be factored into 17/18 forecast once final figures agreed, but anticipate minimal to no impact on overall forecast.

Sexual Health Services

- 2.3 As agreed at the last Board, the business case continues to be developed to ensure a legally compliant approach. Despite issues highlighted at the June Board the 6.9% saving built into budget assumptions for 17/18 will be achieved. Further savings

planned for 18/19 are likely to be staged over two years rather than one; this will be clarified at Board meeting in February 2018.

Children and Young Person commissioning

- 2.4 As highlighted at the last Board, work continues to bring an options paper to the February meeting. There is no change to 17/18 budget position and future budget implications will be considered as part of the options paper.

Health Improvement including Health Checks

- 2.5 Targetted health checks have now commenced. Overall budget remains unchanged and we hope to see targeted health checks picking up the drop off in core health checks, with improved outcomes.

3. Use of reserve

- 3.1 At the November 2016 meeting the Board agreed that £1m of the accumulated reserve and savings anticipated at 2016/17 year end, were used to invest in expansion of the LiveWell Dorset, improving analysis and modelling and working with localities to improve engagement between local people, and voluntary and statutory services on the ground.
- 3.2 The forecast outturn for 17/18 takes account of a draw down from reserves to cover work to date and planned in 17/18.

4 Forecast Outturn 2017/18

- 4.1 The Public Health budget is currently forecast to be underspent by £1.2m.

| 2017/18 | Budget 2017-2018 | Forecast outturn 2017-2018 | Forecast over/underspend 2017/18 |
|-------------------------------|---------------------|----------------------------------|--|
| Public Health Function | | | |
| Clinical Treatment Services | £9,980,800 | £10,738,332 | -£757,532 |
| Early Intervention 0-19 | £11,366,400 | £11,270,594 | £95,806 |
| Health Improvement | £2,904,200 | £2,637,119 | £267,081 |
| Health Protection | £245,000 | £67,138 | £177,862 |
| Public Health Intelligence | £344,800 | £186,674 | £158,126 |
| Resilience and Inequalities | £1,907,300 | £932,501 | £974,799 |
| Public Health Team | £2,763,500 | £2,418,775 | £344,725 |
| Total | £29,512,000 | £28,251,133 | £1,260,867 |

5 Looking forward

- 5.1 The Autumn Spending review in November 2015 indicated that there would be continued cuts to the public health grant until 2020/21. Final allocations for 18/19 have not yet been released but assuming a further 2.6% cut¹ in each of 2018/19 and 2019/20 estimated allocations are set out in table 2 in the appendix.

¹ Duncan Selbie letter, November 2015

- 5.2 Changes in commissioning responsibilities (including for drugs and alcohol as outlined in section 2.2 above) will result in revised contributions to the public health service from each local authority. Figures are not yet finalised, but should have no impact on long term forecast as they will match costs of areas transferred.
- 5.3 Preliminary forecasts for 2018/19 and 2019/20 have been developed that take account of further anticipated savings and likely impacts of work to date in restructuring public health activity and spend. These are indicative only and may be subject to further change.

Estimated forecast 18/19 and 19/20

| | 18/19 | 19/20 |
|------------------------------------|---------------|---------------|
| Public Health Dorset budget | 27,620 | 26,752 |
| Clinical Treatment Services | 10,409 | 10,233 |
| Health Improvement (adult) | 2,530 | 2,620 |
| Health Improvement (0-19) | 11,038 | 11,038 |
| Health Protection | 67 | 67 |
| Public Health Intelligence | 139 | 139 |
| PAS and advocacy | 482 | 154 |
| Public Health Team | 2,500 | 2,500 |
| Forecast spend | 27,166 | 26,598 |
| Difference (under)/over | (454) | (154) |

6 Conclusion

- 6.1 **The Board are asked to note the update on business plan developments (section 2) and use of reserves (section 3).**
- 6.2 Public Health Dorset recognise the budget challenges both to the central public health grant and the wider local authority budgets, and continue to work to deliver savings. As a consequence, there is an anticipated underspend in 2017/18. **The Board are asked to agree the distribution of the anticipated £1.2m underspend in 17/18 as per usual formula to each of the 3 local authorities at year end.**
- 5.2 To date Public Health Dorset have made substantial efficiency gains through the re-commissioning of services. Further efficiency gains are planned but are likely to be on a smaller scale. Public Health Dorset continues to look at restructuring public health activity and spend to provide as much convergence with other work across the system as practical; any savings as a result of this work are likely to impact more slowly and savings made be made elsewhere in the local authority rather than in public health. **The Board are asked to note the preliminary indicative forecasts for 18/19 and 19/20.**

Richard Bates
Chief Financial Officer

Dr David Phillips
Director of Public Health

November 2017

APPENDIX 1: Public Health Grant Allocations and Partner Contributions

Table 1 - 2017/18 Allocation

| Public Health allocation 2017/18 | Poole £ | Bmth £ | Dorset £ | Total £ |
|---|--------------------|-------------------|---------------------|--------------------|
| 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) |
| 2014/15 Public Health Increase back to Councils | (299,000) | (371,000) | (621,000) | (1,291,000) |
| Joint Service Budget Partner Contributions | 6,165,000 | 7,453,000 | 14,894,000 | 28,512,000 |

Budget 2017/18

28,512,000

Table 2 Estimated allocation 2018/19 and 2019/20

| 2018/19 | Poole £ | Bmth £ | Dorset £ | Total £ |
|---|--------------------|-------------------|---------------------|--------------------------|
| Estimated 2018/19 Grant Allocation | 7,591,000 | 10,499,000 | 15,306,000 | 33,397,000 |
| Less Commissioning Costs | (30,000) | (30,000) | (30,000) | (90,000) |
| <i>Less Pooled Treatment Budget and DAAT</i> | | | | |
| Team costs | (1,300,000) | (2,925,000) | (170,000) | (4,395,000) ² |
| 2014/15 Public Health Increase back to Councils | (299,000) | (371,000) | (621,000) | (1,291,000) |
| Joint Service Budget Partner Contributions | 5,962,000 | 7,173,000 | 14,485,000 | 27,620,000 |

Estimated Budget 2018/19

27,620,000

| 2019/20 | Poole £ | Bmth £ | Dorset £ | Total £ |
|---|--------------------|-------------------|---------------------|--------------------------|
| Estimated 2019/20 Grant Allocation | 7,394,000 | 10,266,000 | 14,908,000 | 32,528,000 |
| Less Commissioning Costs | (30,000) | (30,000) | (30,000) | (90,000) |
| <i>Less Pooled Treatment Budget and DAAT</i> | | | | |
| Team costs | (1,300,000) | (2,925,000) | (170,000) | (4,395,000) ³ |
| 2014/15 Public Health Increase back to Councils | (299,000) | (371,000) | (621,000) | (1,291,000) |
| Joint Service Budget Partner Contributions | 5,765,000 | 6,900,000 | 14,087,000 | 26,752,000 |

Estimated Budget 2019/20

26,752,000

² Please refer to paragraph 5.2

³ Please refer to paragraph 5.2

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

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