

Joint Public Health Board

Minutes of the meeting held at the Town Hall, Bournemouth on Monday,
20 November 2017

Present:

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

Officers Attending: Dr David Phillips (Director of Public Health, Dorset, Bournemouth and Poole),
Dr Nicky Cleave (Assistant Director of Public Health), Rachael Partridge (Assistant Director of
Public Health), Dr Jane Horne (Consultant in Public Health), Steve Hedges (Group Finance
Manager), Chris Ricketts (Head of Public Health Programmes) 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, 8 January 2018.**)

Chairman

27 **Resolved**
That Councillor Jane Kelly be elected Chairman for the meeting.

Vice-Chairman

28 **Resolved**
That Jill Haynes be appointed Vice-Chairman for the meeting.

Apologies

29 There were no apologies for absence received from members.

Code of Conduct

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

Minutes

31 The minutes of the meeting held on 28 June 2017 were confirmed and signed.

Public Participation

32 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

33 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 2018, which
had been published on 23 October 2017.

The Board noted that Health Visiting and School Nursing options would be considered
at their next meeting. How the Public Health workforce would be asked to meet the
objectives of the Sustainability and Transformation Plan (STP) moving forward would
also be considered at a future.

Financial Report

34

Consideration of a joint report by the Chief Financial Officer and the Director of Public Health showed that the draft Revenue Budget for Public Health Dorset for 2017/18 was £28.512m, based upon an indicative Grant allocation of £34.288. How this was being allocated and to what services it would be applied was explained. How the budget was set and what it was designed to achieve was explained and how reserves were proposed to be used understood. The forecast outturn for 2017/18 indicating that the Public Health budget would be underspent by £1.2m. The Board were being asked to agree how this underspend should be distributed, based on the usual formula applied between the three authorities. Every effort was being made to use the available money as efficiently as it could be. In addition, indicative budget estimates and potential savings were outlined for the years 2018/19 and 2019/20.

What progress was being made on commissioning services was provided and the effect this would have on the ability for the necessary services to continue to be provided. Procurement of the drugs and alcohol service had now been completed, with changes being made meaning that the Service could continue to be delivered in the most effective way that it could be.

How the Sexual Health Services were being procured was explained, with the mechanism for doing this outlined. The way this was being done meant that it was no need for a formal tendering procedure as there was no meaningful benefit in doing this. The option considered to be in the best interests of maintaining the delivery of the service was by way of a Memorandum of Understanding between Dorset Health Care, the Royal Bournemouth Hospital and Dorset County Hospital NHS Trusts. Agreement on clear objectives and outcomes; the establishment of a lead provider and a commitment to service improvement and changes would ensure that services were able to be delivered in a sustainable way. Significant progress had been made with this, with a VEAT notice ensuring that the process was legally compliant and could be practicably applied. The Director was confident the arrangements could be finalised in the near future.

Significant progress was also being made in how health improvements and health checks were being made. In targeting those who would benefit most from this interaction would achieve more purposeful outcomes and reach those in most need.

In response to the practicalities of how early intervention 0-19 was being implemented, the Board were assured that all three authorities Children's Services' were actively involved in this process, with all three Directors for Children's Services collaborating on this.

An update was provided on what progress was being made in providing a

drugs and alcohol rehabilitation centre for Weymouth - the Weymouth Hub - and what was still necessary for this to be done. The Board recognised that it was in the interests of all that a solution could be found as soon as practicable that was both acceptable and achievable.

Resolved

That the update on business plan developments and use of reserves be noted; that the distribution of the anticipated £1.2m underspend in 2017/18 as per usual formula to each of the three local authorities at year end; and that the preliminary indicative forecasts for 2018/19 and 2019/20 be noted.

Reason for Decision

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

Questions from Councillors

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

Exempt Business

36 **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 37 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 of LiveWell Dorset

37 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 operate effectively, whilst remaining sustainable.

What options had been identified and evaluated as alternative delivery models for LiveWell - so that it could continue to deliver this important service – were outlined. It had been anticipated that the Board would have been asked to appraise a business case for its future delivery. However when the practicalities of doing this had been assessed, it had become clear that it was unlikely this could be achieved as envisaged. Consequently, an alternative option was now being proposed as a more, pragmatic and achievable solution.

Whilst the Board understood that how LiveWell was managed needed to be reformed, they were not necessarily satisfied with the way that this was being done or that they had sufficient information to be able to come to an informed decision on this, based on what was now being proposed. So that progress could be made on resolving this in a meaningful way as soon as practicable, they asked that authority be delegated to the three authority portfolio holders for Health - after consultation with the Director - to make a decision on this to ensure that progress could be made and LiveWell could continue to be delivered as effectively as it had been. The Board also asked that the opportunity be taken to review the possibility of the current contract being extended if necessary.

Resolved

That authority be delegated to the three authority portfolio holders for Health - after consultation with the Director - to make a decision on how Livewell should be delivered in future with the current contract being reviewed as part of this to allow for its extension if necessary.

Reason for Decision

Local authorities have a statutory responsibility under the 2012 Health and Social Care Act to improve the health and wellbeing of local populations, and reduce the differences in health outcome between their populations.

The LiveWell Dorset service has proven effective at not only supporting increasing numbers of people in Dorset, Bournemouth and Poole to improve their health and wellbeing, but supporting a large proportion from the most disadvantaged areas.

The service now needs to be developed to deliver the scale ambitions set out in the Sustainability and Transformation Plan.

Informal Thematic Session - Prevention at Scale

38 The formal business meeting was followed by Prevention of Scale Advisory Board - a thematic session on Prevention at Scale which updated on what was being done on Locality Transformation and by what means this was being achieved. The Board's support and influence was sought to ensure that what was being done and the way it was being done would add value in achieving healthy outcomes.

A PowerPoint presentation showed what Prevention at Scale entailed, how it was being applied and what progress was being made in delivering this, together with its relationship with the Sustainability and Prevention Plan (STP).

The way in which localities were playing their part in applying the principles of Prevention at Scale and what GP practices were doing in delivering this was explained. Dr Simone Yule and Keith Harrison explained that what was being done in the North Dorset Locality was designed to have the greatest benefit and impact on the health of that particular locality and met that community's needs. Emphasis was being placed on encouraging physical activity, with walking groups initiated at surgeries being a means of achieving this. Assured maps showing walking routes were being made readily available, with volunteers being integral to the success of this initiative, which had proved to be popular and was supporting people in North Dorset to lead healthier lives. It was hoped that what was being done there would eventually apply across Dorset.

In mapping locality areas and their relationship with district boundaries and electoral divisions and wards provided the means for services to be applied where they were most needed and beneficial. Public Health working in conjunction with practices, councillors and other service providers was seen to be beneficial in ensuring that health initiatives were accessible as widely as they could be.

Making use of every opportunity to assist in prevention was seen to be fundamental in meeting the objective of achieving a healthy lifestyle. How local councillors could play their part in this was seen to be critical, given that they were more aware than most of their community needs.

The Board recognised the importance of the prevention work being undertaken and found this to be a meaningful session in improving their understanding of how Prevention at Scale was being applied and what it could do to make a positive change.

Meeting Duration: 10.10 am - 12.00 pm