

## Joint Public Health Board

Minutes of the meeting held at the Civic Centre, Poole on Monday, 24  
September 2018

### Present:

Councillor John Challinor (Borough of Poole) (Chairman)  
Councillor Jill Haynes (Dorset Country Council) (Vice-Chairman)  
Councillors Karen Rampton (Borough of Poole), Jane Kelly (Bournemouth Borough Council) and  
Steve Butler (Dorset County Council).

Officers Attending: Nicky Cleave (Assistant Director of Public Health), Sam Crowe (Acting Director of Public Health), Sian Critchell (Finance Manager), Jane Horne (Consultant in Public Health, Public Health Dorset), Rachel Partridge (Assistant Director of Public Health) and David Northover (Senior Democratic Services Officer) and Clare White (Finance Manager).

(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, 19 November 2018.**)

### Vice-Chairman

29 **Resolved**  
That Councillor Jill Haynes be appointed as Vice-Chairman for the meeting.

### Apologies

30 An apology for absence was received from Councillor Nicola Greene (Bournemouth Borough Council).

### Code of Conduct

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

### Chairman

32 **Resolved**  
That Councillor John Challinor be elected Chairman for the meeting.

### Minutes

33 The minutes of the meeting held on 4 June 2018 were confirmed and signed.

### Public Participation

34 There were no public questions or public statements received at the meeting under Standing Orders 21(1) and (2) respectively.

### Forward Plan of Key Decisions

35 The Joint Committee considered its draft Forward Plan which identified key decisions to be taken by the Joint Board, and items planned to be considered during the rest of 2018 and 2019. This had been published on 24 August 2018.

### Noted

### Public Health Dorset Business Plan 2018/19 - Monitoring Delivery

36 The Board considered a monitoring report by the Acting Director of Public Health on the delivery of the Public Health Dorset Business Plan for 2018/19, designed to assess progress against the Plan and what it was achieving. The report also highlighted national work underway to provide more publicly available information resources that could be used to compare local authority public health delivery.

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

The report set out a RAG rating for services and projects being provided by Public Health Dorset, which demonstrated to the Board what progress was being made towards achieving those deliverables.

The Board were satisfied with what progress was being made and understood where more attention was needed and the reasons for this. They considered the RAG rating to be helpful in their understanding of progress but asked that future charts indicated the direction of travel for each activity and action. Officers confirmed that it was the intention to provide information in future on outcomes in terms of what practical difference activities and intervention were making on the ground so that information on progress would be more meaningful. It was also agreed that information in respect of reference 1.4.1 and 1.4.3 be disaggregated into Bournemouth, Poole and Dorset.

### **Resolved**

That the proposed approach to monitoring delivery of the Business Plan for 2018/19 be supported.

### **Reason for Decision**

Close monitoring of the commissioned programmes was an essential requirement to ensure that services and resources were compliant and used efficiently and effectively.

## **Future of the Public Health Partnership: Update and Key Issues under Local Government Reorganisation**

37 The Board received a report by the Acting Director of Public Health updating on key issues to consider as the public health partnership prepared for Local Government Reorganisation (LGR) in 2019. This included the work of the Task and Finish Group on the model of service, maintaining the contract and agreement in support of the partnership, and ensuring good governance on key decisions pre- and post- LGR. Members noted that they would receive an update at their meeting in November on the recommendations from the Task and Finish Group.

The proposal was to seek agreement - via the two Shadow Executive Committees of Dorset Council and Bournemouth, Christchurch and Poole Council - to extend the public health partnership for a minimum 24 months post- LGR, along with a continuation of the Board.

The Board considered what the current partnership model offered and how this might look following LGR so that how public health might be best delivered could be maintained. Of particular interest was how the contract would be designed and what length of time this should be; governance arrangements; and the future composition of the Board.

The Board considered that those recipients of GP referrals could access sports/leisure centres more readily so as to make use of what they offered.

The Board were pleased to know that Public Health England were satisfied with the arrangements the partnership had as it stood and the model that was being implemented and felt this would serve to stand them in good stead moving forward. The economies of scale associated with the model allowed for the opportunity for an improvement and enhancement of public health activities, but there was also a need to expand accessibility to other councillors about what the partnership did and how it operated. This could be better achieved by ensuring that any future report included reference to a public health impact assessment, which would draw attention to the integral part public health played in each and every service. Furthermore it was suggested that a seminar for both new Councils should be held on the work of Public Health Dorset and how it linked with the Health and Wellbeing Board, whilst

differentiating between the work of the two Boards.

Whilst it was being recommended that the current partnership arrangements should be maintained for a minimum of 24 months following LGR, the Board considered such a commitment was too prolonged should it be necessary for there to be an opportunity to deliver the public health agenda in an alternative way to suit what needs had to be met. Accordingly, the Board were more inclined to agree to a 12 months limit - to be reviewed thereafter - which would allow sufficient time for the partnership to continue to deliver its agenda in a practical, sustained and managed way, whilst subsequently providing that opportunity for arrangements to be adapted if necessary. On reflection, officers considered that 12 months was a reasonable compromise which would still achieve all that was necessary. Furthermore, this would still provide for the legal basis of the partnership - via the Shared Services Agreement - to be honoured and maintained.

Regarding the composition of Board from the options available, members considered that this could be determined over time whilst allowing for some flexibility in how the partnership continued to operate.

On that basis, the Board considered that support should be given to the way in which progress was being made, to take into account the provisions of LGR and that 12 months would be sufficient to provide for an extension to the partnership arrangements post LGR and - that following consideration by the constituent authorities Executive Committee's - the two Shadow Council's Executive Committees should be asked to endorse this approach.

#### **Resolved**

That progress made to date with establishing the future of the public health partnership under LGR be noted and supported.

#### **Recommended**

That the proposed arrangements for governance in the lead up to LGR and beyond be supported, with endorsement of a commitment being sought in advance of LGR - following consideration by the constituent authorities Executive Committee's - via the Shadow Executive Committees of Dorset Council and Bournemouth, Christchurch and Poole Council, to maintain the partnership for a minimum of 12 months following LGR in April 2019.

#### **Reason for Recommendation**

To maintain the partnership agreement for public health pre- and post- LGR, ensuring good governance and clear decision making as LGR progressed, and the continued effective delivery of the statutory legal public health duties of local authorities.

### **Financial Report**

38 The Joint Board considered a joint report by the Chief Financial Officer and the Acting Director of Public Health on the draft revenue budget for Public Health Dorset in 2018/19, this being £28.592m, based on an indicative Grant Allocation of £33.407m.

The current revised budget was £28.142m, after a return of an anticipated £450k underspend. The Board's attention was drawn to an updated forecast for 2018/19, with a provisional budget for 2019/20 being shared, based on indicative figures published in 2017/18 and taking account of future local authority changes. Final grant figures would be published nationally in November/December 2018.

#### **Resolved**

That the change to 2018/19 budget and the reasons for this; the updated 2018/19 forecast; and the provisional budget allocation for 2019/20 all be noted.

### Reason for Decision

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

### **NHS Health Checks Service Model**

39 The Board considered a report by the Acting Director of Public Health in providing an update on the development of a new model for delivery of the NHS Health Check Programme, and presented a proposed procurement approach. Officers explained that a new model was needed because the previous procurement process had resulted in many fewer people being invited to take part in the programme, which had adversely affected performance. This was largely due to the issue that contracts to offer the free check-ups were divided between pharmacies and GP partnerships across the county when these had been awarded in 2015. However, concern at the ability to successfully achieve all that was hoped had persisted in some areas - particularly those run by pharmacies - because they were unable to readily access patient's data. Consequently, the ability to provide the desired number of health checks had been compromised. The Board understood the need for this to be addressed and a practical means found for doing this.

Accordingly, the Board were informed of the background and rationale for change; updated on the mode of delivery and the recommended procurement model; and what was being recommended as a means to procure and award.

In acknowledging that the take up for health checks was markedly below what was expected or hoped, a new mechanism for improving this was being proposed, being based on the principles that:-

- the NHS Health Check Programme in Dorset needed to have the GP clinical record restored at the heart of the invitation and outcomes recording process;
- the NHS health check was not the end of the process, but rather an opportunity for lifestyle changes to be made;
- there should be plurality of providers to ensure patient choice.

A series of options for the delivery and procurement models had been explored and, based on the three principles agreed above, the procurement method proposed as the best option was - principally - that the contract for health check invitations should be directly awarded to those individual General Practices willing to participate, based upon one negotiated fee. It was considered that this approach would achieve the best results and outcomes. The timescale and budget implications for this were set out in the report too. Public Health Dorset and the Dorset Clinical Commissioning Group had assessed what needed to be done to improve the ability for health checks to be offered as anticipated.

The Board also acknowledged that for this service to be successful, the necessary processes should be complied with and followed in all cases. This in itself was seen to provide for a better understanding of what was being offered and what the take up was. In unifying the invitation for and undertaking of checks should markedly improve the results being seen. There was a need for the benefits of health checks to be better publicised and understood, in being seen not only as a preventive measure but as a means of identifying issues before them became critical. There was a case for these to be incentivised, if necessary, and targeted to ensure the greatest needs were met.

Once again there was a call for all Councillors to be better informed of what was being done, how it was being done and what benefits were being seen as a result of the checks to enhance their understanding.

The Board considered that on this basis it should be

### **Resolved**

1. That the current unacceptable position in relation to delivery of health checks under the current tender arrangements, particularly the inequality in delivery across areas, be recognised and noted;
2. That the work being done to date to re-engage primary care with the Programme be acknowledged;
3. That the proposed health checks delivery model of directly awarding a contract for invitations to GPs, and to use a flexible framework for the delivery of health checks allowing different providers to join, be approved;
4. That the proposed budget for 2019/20 of £600,000 be agreed;
5. That the procurement and award of a new framework agreement for delivery of Health Checks be approved.

### **Recommended**

That those resolutions be endorsed by the three constituent authorities Executive Committees, as necessary.

### **Reason for Decision/Recommendation**

To enable service continuation and transformation through procurement.

## **Clinical Treatment Services Performance Report**

- 40 The Board considered a report by the Acting Director of Public Health which provided a high-level summary of performance for drugs and alcohol and sexual health services, with supporting data set out in the appendices to the report.

The Board discussed the detail provided in respect of drugs and alcohol interventions and sexual health performance and what Public Health Dorset was doing to make improvements to these services to meet needs.

Members asked that they be provided with an age profile of those with alcohol dependency and their related illnesses so that they might have a more meaningful understanding of what might be done to address this and what categories might be better targeted.

The Board considered that although it was recognised that much work still needed to be done, the approach and action being taken on these issues remained satisfactory in addressing those issues and in making improvements towards desired outcomes.

### **Resolved**

That the continuing interventions and actions being undertaken to address drugs and alcohol dependency and sexual health welfare be noted and endorsed.

### **Reason for Decision**

Close monitoring of performance would ensure that clinical treatment services delivered what was expected of them and that the Public Health Dorset budget was used to best effect.

## **Questions from Councillors**

- 41 No questions were asked by members under Standing order 20(2).

## **Exempt Business**

- 42 **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 43 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 paragraph 3 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 Commissioning of Public Health Nursing (Health Visiting and School Nursing) - (Paragraph 3)**

43 The Board considered a report by the Acting Director of Public Health on proposals for the future commissioning of Public Health Nursing - Health Visiting and School Nursing.

This was as a consequence of the Board approving a series of options for the future commissioning of this Service at their previous meeting on:-

- a competitive tender procurement;
- Pan Dorset model;
- 0-19 years integrated Public Health Nursing Service;
- Contract length;
- Maximum annual budget,

The Board discussed the options available, taking into account the procurement strategy development; Service requirements; the contract model; and the procurement process and what would be most beneficial to meet the needs of those using the Service. The new arrangements were designed to provide for a more robust and comprehensive service, more readily meeting the required needs. The Board agreed that this should take into account the balance between quality, price and performance so as to achieve all that was necessary. Further to this, members asked that an assessment of performance should be measured to ensure providers met the necessary specifications.

As an aside, the Board asked that alternative terminology should be arrived at to better describe this Service, to reflect what it had to offer.

#### **Resolved**

That the Market and Stakeholder consultation summaries and recommendations be noted and endorsed.

That the recommendations contained in paragraph 7.1 of the Acting Director's report as a basis to proceed with the procurement approach be supported and endorsed - with Proposal 2 of paragraph 7.1.1 being considered to be the best option - and that delegated authority for the Acting Director of Public Health - after consultation with the three constituent authority Portfolio Holders for Public Health - to award contracts to an appropriate provider following a successful tender and evaluation process, and on the best terms achievable, be agreed.

That the recommendation contained in paragraph 7.1.3 - for an agreement on proportionality - to be delegated to the Acting Director of Public Health to determine – but on the basis that 'quality' should be the defining, integral and fundamental factor in that decision.

#### **Reasons for Decisions**

Public Health Nursing services in Dorset were currently provided by Dorset Healthcare University NHS Foundation Trust. In order to comply with the necessary protocols and regulations, the new arrangements being proposed were seen to achieve this.

This procurement provided the opportunity to develop a pan-Dorset integrated 0–19 service specification for Public Health Nursing which imbedded the principles of Prevention at Scale within a Universal offer for children, young people and their families.

Meeting Duration: 10.00 am - 12.50 pm

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