

## Joint Public Health Board

Minutes of the meeting held at County Hall, Colliton Park, Dorchester,  
Dorset, DT1 1XJ on Monday, 4 February 2019

### Present:

Councillor Jane Kelly (Bournemouth Borough Council)(Chairman)  
Councillor John Challinor (Borough of Poole)(Vice-Chairman)  
Councillors Karen Rampton (Borough of Poole), Nicola Greene (Bournemouth Borough Council)  
Jill Haynes and Andrew Parry (Dorset County Council).

Officers Attending: Nicky Cleave (Assistant Director of Public Health), Sian Critchell (Finance Manager), Sam Crowe (Acting Director of Public Health), Jane Horne (Consultant in Public Health, Public Health Dorset), Rachel Partridge (Assistant Director of Public Health), Jane Portman (Managing Director - Bournemouth), Jan Thurgood (Strategic Director - People Theme - Poole) and David Northover (Senior Democratic Services Officer) and Vanessa Read (Director of Nursing and Quality – Dorset CCG).

(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 3 June 2019.)

### Chairman

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

### Vice-Chairman

58 **Resolved**  
That Councillor John Challinor be appointed as Vice-Chairman for the meeting.

### Apologies

59 Apologies for absence were received from Councillor Steve Butler (Dorset County Council).

### Code of Conduct

60 There were no declarations by members of disclosable pecuniary interest under the Code of Conduct.

### Minutes

61 The minutes of the meeting held on 19 November 2018 were confirmed and signed.

### Public Participation

62 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

63 The Board 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 2019. This had been published on 3 January 2019. The Acting Director of Public Health requested the Forward Plan to be refreshed after Local Government Reorganisation in April 2019 and would bring a revised Forward Plan to members in the spring.

### Noted

## **Financial Report**

- 64 The Joint Board considered a joint report by the Chief Financial Officer and the Acting Director of Public Health on the revised revenue budget for Public Health Dorset in 2018/19, this being £28.292M, based on an indicative Grant Allocation of £33.407M.

The report included an updated forecast for 2018/19. Public Health Grant allocations for 2019/20 had now been published, including new revenue estimates for the new unitary authorities. The Board recognised what the budget was designed to provide for, how it was to be allocated and what it entailed. Members had a clear understanding of the part the new unitary authority arrangements would play in the process and also noted the position of non-recurrent spend on the Prevention at Scale Programme.

The Board noted, and agreed, as necessary,:-

- the updated 2018/19 forecast and supported the transfer of any underspend (projected to be £110k) to reserves,
- the transfer of £228k for Prevention at Scale from reserve,
- the final allocations for the two new authorities for 2019/20,
- Revenue estimates and the opening budget for Public Health Dorset for 2019/20.

The Board recognised that both they and the two Health and Wellbeing Boards would have some part to play in determining where monies were best spent so that the greatest benefits could be achieved. Members recognised that they had a crucial part to play in ensuring that there was close monitoring of the budget position - it being an essential requirement to ensure that money and resources are used efficiently and effectively.

### **Noted**

## **Clinical Treatment Services Performance Monitoring**

- 65 The Board considered a report by the Acting Director for Public Health which provided a detailed summary of performance for drugs and alcohol and sexual health services in how these were being delivered and what results were being achieved.

The Board noted that there was a variation in outcome data for substance misuse services by Local authority area particularly in relation to opiate misuse and that performance appeared to have fallen recently. The relatively small number of people in treatment, particularly in Poole, mean that there was a variation in outcomes when looking at quarterly data. By comparison England data was stable, reflecting the large number of people in treatment across the country. Officers agreed to explore performance data with services through contact reviews and offered to update on performance regarding opiates at their next meeting. The Board noted that presenting data at the level of the two new Unitary authorities would reduce the impact of small numbers on overall performance.

The Board acknowledged the significant progress that has been made particularly with Sexual Health services and that the provider was now working collaboratively through the Lead Provider model.

### **Noted**

## **Task and Finish Group on the Future of Public Health Dorset : Future role and remit of the Joint Public Health Board**

- 66 Having considered the future of Public Health Dorset at their meeting in November 2018, the Board considered a report by the Acting Director of Public Health on proposals for how the Board should be rationalised to better support the creation of

two new unitary Councils from April 2019. This was so that the Board had a clearer focus on oversight, assurance and monitoring of the public health services delivered via the ring-fenced Public Health Grant. This would include the mandated public health programmes and any service commissioned or directly provided through the shared service using the grant. This would ensure a clearer distinction from the wider health and well being policy and strategy work undertaken by the two sovereign Councils and their respective Health and Wellbeing Boards.

The Board agreed that the Joint Public Health Board should focus more on governance and accountability for the delivery of public health services, and the use of the Grant, which would make the Health and Wellbeing Board's strategic role in improving health and wellbeing clearer.

The Board also agreed revised Terms of Reference which set out what its membership, role, responsibilities and remit would be, how these would be governed and what its core purpose and focus was. The Board considered that it would be an advantage for there to be representation on the Board from by a General Practice/Practitioner, in a non-voting capacity. Clarification was provided that substantive members would be drawn from the respective authority's Executive.

The Board accepted and endorsed the proposals for how the Board should operate, in being able to effectively and efficiently deliver continued success in meeting those needs and outcomes identified.

#### **Resolved**

- 1) That the proposed role and remit of the Joint Public Health Board to provide oversight and assurance on public health services delivered via the Public Health Grant be supported;
- 2) That the updated Terms of Reference for the Joint Public Health Board, in particular the revised membership of the Board, be agreed.
- 3) That endorsement of the above proposals be sought via both Shadow Executive Committees, during March 2019.

#### **Reason for Decision**

To ensure that the work of the Joint Public Health Board was more clearly focused on the monitoring and assurance of the ring-fenced Public Health Grant, and delivery of public health services. This would provide assurance that the Councils were meeting their statutory duty to improve health and wellbeing, and reduce inequalities in health.

### **Update on the Whole School approach to Emotional Health and Wellbeing through Physical Activity**

67

The Board considered a report by the Acting Director of Public Health on what initiative was being provided by way of "The Whole School Approach" project as part of Prevention at Scale. This aimed to address rising concerns about children and young people's emotional health and wellbeing, through harnessing the positive impact of a wide range of physical activities when integrated in "a whole school approach".

The aims of the initiative were:-

- Improve mental health of children and young people, with reduced referrals to wellbeing support
- Children and young people who have improved awareness of ways to manage stress and achieve calm
- To transform the wellbeing of children and young people through increased engagement of physical activity, including sport and PE, to become keen

active adults.

Schools had been invited to bid for funding against these three aims and to demonstrate how their project would deliver by engaging children and young people - and if possible families and communities - in physical activity. Applications were evaluated by a Panel comprising both public health and education representatives and an assessment made to determine if the necessary criteria was met and, on that basis, funding had been allocated as necessary.

Whilst a number of schools had been successful in their bids, others had not, with feedback being given as why this was not the case and how they might be successful in the event of this initiative being staged in future. Successful applications had to clearly demonstrate how schools would meet one or more of the project aims; had robust and credible action plans; could identify milestones; and had clear budgets addressing sustainability. For those successful schools, it was determined that a total of 16,251 pupils would potentially receive direct or indirect benefit from the activities or programmes available.

Schools would use the 'Health and Wellbeing Wheel' to monitor the impact on outcomes along with feedback from the Headteacher's Alliance.

The Board were pleased to learn of this initiative and what it was designed to achieve. However they were disappointed that more schools had not taken the opportunity to engage in this and hoped that given greater publicity, particularly in the conurbation, there would be the encouragement for increased interest to be shown. They also considered that efforts should be made to engage with those children who were either home schooled or had been excluded from school to ensure they received the same opportunities and their peers in mainstream schooling.

Officers confirmed that part of the Board's remit was to identify where inequalities might be found and target these, as had been the case. As part of this initiative, participation on the part of the school was a critical part of how successful it was. Allowing for flexibility in how schools wanted to best address their participation and what they wanted from it was integral to how successful it was and what it could achieve.

The Board were encouraged by what progress was being made; how this was being applied and how schools were seen to be embracing this initiative in ensuring that their school children had access to all the opportunities they might to improve and enhance their emotional health and well being through physical activity.

### **Noted**

## **Public Health Business Plan Refresh 2018/19 - Monitoring Delivery**

68

The Board noted that the Monitoring Plan showed that most deliverables were on track to achieve their milestones in 2018/19. The approach to RAG rating had been to consider progress in delivery, not effectiveness or outcomes. The Board took the opportunity to assess the monitoring of how successful the delivery of services was, the way in which this was being done and what it entailed.

In observing how services were being delivered, particular mention was made of the way in which progress was being seen to be made in the delivery of Health Checks. Although what was currently being achieved was not as productive as might be the case, engagement had taken place with GPs, the LMC and LPC and the

current feedback from locality meetings with GPs was that the new approach to procurement should see an increase in activity.

How the soon to be newly awarded contract arrangements governing how services would be delivered would take effect was also integral to improvements being made and what success this brought. The basis of the report was complemented by a presentation - appended to these minutes - covering commissioning, use of the Public Health Grant how the two new unitary Councils would play their part and governance arrangements; Prevention at Scale; and business plan deliverables.

The Board were appreciative of being briefed on what monitoring was taking place; how it was being done; and what this was designed to achieve and considered that in doing this, improvement would undoubtedly result.

**Resolved**

That the Performance update of the 2018/19 Business Plan be noted and the means by which the Public Health agenda was being delivered acknowledged.

**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.

**Questions from Councillors**

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

**Presentation on Planning for 2019/20**

70

Meeting Duration: 10.00 am - 11.05 am

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# Joint Public Health Board: planning for 19/20

Bournemouth Town Hall

4<sup>th</sup> February

Sam Crowe  
Acting Director of Public Health

# Strategic approach

## ICS and New Unitary Councils

- Long term: Developing a public health approach at scale in the Dorset system

## Prevention at Scale

- Medium term: STP and Long Term Plan objectives

## Business plan deliverables

- One-year: project, commissioning and support plans



## Context – leading prevention in 19/20

- Public Health Grant – 19/20 is the final year of reductions before next CSR
  - Fair Funding review, Future of ring fence, BRR
- Two brand new unitary Councils – making the most of the legal duty
- Prevention at Scale – new NHS Long Term Plan and ICS work / population health management



## Business plan 18/19 – systems leadership

- **Prevention at scale** – building resources and supporting new models of care work in localities – **Wave 1 ICS at Level 2 maturity**
  - Locality profiles delivered – locality link worker in each patch
- Support to **population health management** programme – leadership to Clinical Reference Group
- Refreshed **JSNA approach** agreed with Health and Wellbeing Boards and Joint Commissioning Board
- Task and finish group on **future public health model** – successful transition of shared service into new Councils

# Business plan 18/19 highlights: PAS



Developed support via dedicated GP public health fellow to scale The Daily Mile in Dorset, Bournemouth and Poole. Around 36 schools are participating at some level, with an impact evaluation planned.



**Digital platform launched** – 5,000 users per month, leading to 300 new registrations. Service supports 7,000 new people per year

**Visibility and awareness** among GPs extremely high – all practices receiving feedback



Service has trained **600 health and care staff** in 18/19 in low level behaviour change approaches

## Collaborative practice

Working with up to 20 practices to identify and train volunteers from practice list – **260 health champions** now working across 13 practices to support non-medical approaches to helping people

## Healthy Places

Greenspace accessibility model and databased complete – working with Councils to improve access

**Healthy Homes** programme working with GPs to identify poor housing that could improve health

# Business plan 18/19 commissioning

New Any Qualified Provider framework established for public health services (health checks, needle exchange, LARC, smoking cessation)

Good engagement from GP providers to date

Successful delivery of lead provider contract for Sexual Health Dorset (integrated community service)

Tender for children's public health service (0-19) about to go live

Between 40 -75?

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about your  
free 20-minute  
health check



# **Business planning for 19/20: priorities**

## **Systems leadership**

Comprehensive induction with new Councils, developing a whole Council approach to public health (with LGA/ King's Fund)

**Integrated care system:** embedding prevention into integrated primary and community services, supporting NHS Prevention plan

**Reliable system partner:** evaluating scale, reach and impact of prevention interventions, stepping up communications and engagement work, intelligence support to population health management and decision making

# Business planning 19/20: commissioning

- Implement public health nursing 0-19 model
  - Look for opportunities to integrate with other children's services in transformation work of Councils and NHS
- Monitor new AQP framework and improvements to community health improvement services
  - Increase delivery of NHS Health Checks and improve data on outcomes – linking with cardiovascular disease prevention in ICS
- Prepare to tender Sexual health services in 2020
  - Preserve integration, focus on prevention and community working
- Redesign and retender residential detox services

# **Business plan 19/20: PAS priorities**

## **Starting well**

Better Births work – embedding lifestyle support in maternity pathways  
Ensuring prevention focus in new Children’s 0-19 service

## **Living Well**

‘Hard-wiring’ LiveWell Dorset into acute trust pathways in line with NHS  
Prevention plans

## **Ageing well**

Supporting population health management work; putting prevention into  
social care models;

## **Healthy places**

One Council approach to improving access to and use of greenspace,  
scaling walking and cycling, transport measures, health and housing

# PAS budget

£1m non-recurrent spend allocated to Prevention at Scale, 17/18

## Projects funded in 18/19

LiveWell Dorset digital  
Collaborative Practice  
Healthy Places (air  
quality and greenspace  
model)  
Whole School Approach  
to health and wellbeing  
Beat The Street

**Balance £641,000**

## Proposed project funding in 19/20

Collaborative practice  
boost to include extra 6  
practices  
Greenspace accessibility  
projects  
Healthy homes funding  
Project and comms  
support

**Balance £204,000**