



DORSET COUNCIL - JOINT PUBLIC HEALTH BOARD

MINUTES OF MEETING HELD ON MONDAY 3 FEBRUARY 2020

Present: Cllrs Graham Carr-Jones, Laura Miller, Lesley Dedman and Sandra Moore

Officers present:

Mr Sam Crowe (Director of Public Health), Dr Jane Horne (Consultant in Public Health), Sian White (Finance Manager), Clare White (Accountant), Vanessa Read (Director of Nursing and Quality (VR) – Dorset CCG) and David Northover (Senior Democratic Services Officer).

27. Election of Chairman

Resolved

That Councillor Lesley Dedman be elected Chairman for the meeting.

28. Apologies

No apologies for absence were received at the meeting.

29. Minutes

The minutes of the meeting held on 25 November 2019 were confirmed and signed, subject to an alternation to the title of Sam Crowe, from “Dr” to Mr”.

30. Declarations of Interest

No declarations of disclosable pecuniary interests were made at the meeting.

31. Forward Plan

The Board’s Forward Plan was noted and, what was due to be considered over the coming months, accepted.

32. Future of Public Health Dorset - Update

The Board considered a summary on progress with renewing the 2013 partnership agreement for Public Health Dorset, how this would be applied and what this entailed.

Given the current uncertainty over the future financing of public health and lack of information available in the 2019 Local Government Settlement, it had been agreed that there was a need to give some more thought over providing for an extended period to review and invigorate the agreement to ensure it remained fit for purpose and that how it was applied met what outcomes were necessary, for approval by the Board at their May 2020 meeting.

A key consideration would be whether the Government planned to continue exploring alternative funding mechanisms to the public health Grant, including removal of the ring-fence and funding via retained business rates.

The partnership agreement between Dorset and BCP Councils covered the terms under which each Council paid a contribution from its Public Health Grant into the partnership. The combined total paid under this agreement in 2019/20 was £27.7m.

The meeting agreed in principle - and understood the need for – beginning to work towards reviewing and reinvigorating the legal agreement between the Councils governing the shared service, so that it was best placed to meet the necessary objectives and outcomes of Public Health Dorset and could be a basis for accessing and optimising what opportunities there were for health and wellbeing benefits.

Resolved

That the update on progress towards renewing the partnership agreement for the Shared Service be noted, and how this was proposed to be done, endorsed.

Reason for Decision

To keep the Board updated on progress with renewing the partnership agreement for the Public Health Shared Service.

33. Finance Report

With the aid of a visual presentation, Members were provided with an update on the use of each Council's grant for public health, including the budget for the shared service, Public Health Dorset, and the other elements of grant used within each Council outside of the public health shared service. The report described how the funding was being applied and to what services and in what proportion.

The revenue budget for Public Health Dorset in 2019/20 opened at £27.705M, based on an indicative Grant Allocation of £32.525M. There had been movement in from reserves and realignment of the retained elements, giving a shared service budget of £27.716M. Forecast outturn for 2019/20 showed a £321k underspend. Dorset Council retained £617k of their 19/20 ring-fenced grant, with forecast outturn £617k. BCP retained £4.355M of their 19/20 ring-fenced grant.

The Spending Round 2019 had announced a real-terms increase to the overall public health grant in 2020/21. Whilst no further detail had yet been shared as to what this meant for local authority allocations, it was hoped this would be published imminently. Until then, each Council and the Shared Service were working on the basis of the same grants and retained elements being available as 2019/20, leading to a £56k reduction in the Shared Service budget.

As members, at their last meeting, had also agreed to look at how the uncommitted shared service public health reserves was used, it was now being proposed that, after taking anticipated underspend into account, £870k from reserves should be split pro-rata to population, with £426k being returned to Dorset Council and £444k returned to BCP. This would remain ring-fenced in line with the grant conditions and how it was used would be reported at the next Board meeting in May.

It was confirmed that the quality of services being provided was being monitored effectively to ensure standards were maintained and enhanced where practicable. The Board were assured that any concern expressed at how funding for children's needs were being met could be allayed by the processes in place to ensure safeguarding was prioritized in that regard. Moreover, how the drugs and alcohol service commissioned by BCP - which sat outside the ringfenced funding - was performing, should be made available to the Board, as applicable. The Director confirmed that the new Business model now provided for a more transparent mechanism for attaining the information with how funding was categorised and applied now being readily available. Furthermore, any revised Partnership agreement would further address this issue.

The Board recognised that the available funding was being used as efficiently as it could be and was being prioritised so as to optimise the benefits to Public Health Dorset in achieving its objectives.

Resolved

- 1) That the shared service 19/20 forecast outturn; the use of 19/20 retained public health grant in Dorset Council and BCP council respectively and the draft 2020/21 budget and update on grant allocation be noted and duly acknowledged.
- 2) That the return of £426k to Dorset Council and £444k to BCP Council from Public Health Dorset reserves, to support non-recurrent spend in line with the public health grant conditions be approved.

Reasons for Decisions

- 1) The public health grant was ring-fenced and all spend against it must comply with the necessary grant conditions and be signed off by both the Chief Executive or Section 151 Officer and the Director of Public Health for each local authority.
- 2) The public health shared service delivered public health services across Dorset Council (DC) and BCP Council. The service worked closely with both

Councils and partners to deliver the mandatory public health functions and services, and a range of health and wellbeing initiatives. Each Council also provided a range of other services with public health impact and retained a portion of the grant to support this in different ways.

34. **Prevention at Scale (PAS) Strategy**

The Board acknowledged that prevention was integral to Public Health Dorset's Integrated Care System Plans and all that it was trying to achieve, as well as being critical in both local authority's corporate strategy in how these were applied and how their priorities would be delivered.

Members were provided with a Public Health Dorset perspective on progress in transforming the Dorset System approach to prevention over the previous 5 years, which set out a high level strategy for the Service and how it could support what was to be done going forward. Our Dorset - the Dorset Sustainability and Transformation Plan – had been published in 2015 and included Prevention at Scale as a key programme to help reduce demand within the system as well as improving population health and wellbeing: by encouraging healthier lifestyle options before there was a need for more evasive NHS interventions. Although there was ongoing prevention work across the system, this was not able to always be readily coordinated or any degree of consistency, with there being a need for all that was necessary to be readily available and accessible.

The two Authority's respective Health and Wellbeing Boards had given consideration to what was necessary to have a more co-ordinated, sustainable and effective prevention approach across the system, resulting in a portfolio of work, organised into four programmes:

- Starting Well,
- Living Well,
- Ageing Well and
- Healthy Places.

The contribution Public Health Dorset made to this was in being responsible for delivery of key preventative projects, integral to the Business Plan, with them providing a supportive or facilitative role in assisting with the delivery of those services by other partners within the system. Whilst good progress had been made, there had been challenges due to interdependencies with other portfolios of work, shifting timelines and priorities across the system and the inevitably finite resource within the system to deliver change. How this was being applied since the inception of the two new authorities was acknowledged with there being a critical need to embed prevention within the two new councils' ways of working and all that it did. So as to have a strategy that was able to meet the need of the two Unitary Authorities, a rationalisation of the ICS Plan was necessary so that it remained purposeful.

As both Councils were now firmly established, with corporate strategies developed and the ICS plan updated, it was seen to be opportune to take

stock and refresh the approach taken to prevention, with Public Health Dorset identifying three main areas of focus going forward:

- Local authority transformation
- Improvements and transformation within the Public Health Dorset and LiveWell Dorset services
- Support to the Integrated Care System and prevention embedded within the NHS.

Members considered the appendix to the report to be very helpful in their better understanding of what Prevention at Scale entailed in seeing how this was being delivered, the way it was being delivered and why it was being done. With the aim of establishing stronger and healthier communities, members asked that consideration be given to ensuring that health was integral to housing and planning policy considerations. It was acknowledged that the LiveWell initiative was instrumental in what could be achieved and renewed publicity would be given to its benefits. The Board were pleased to see the satisfactory progress being made in how Prevention at Scale was being delivered, and how community based access to this contributed towards this.

Resolved

1) That progress made of the Prevention at Scale initiative to date and that a stocktake of progress made in accordance with the Public Health England suite of interventions and what it had achieved be noted and endorsed.

2) That discussion at the ICS System Leadership Team be supported, so as to clarify how outstanding initiatives identified the stocktake might be addressed under **Our Dorset, Looking Forwards** – the refreshed plan for the system.

3) That a high level strategy be approved for Public Health Dorset that focused on the three broad areas of:

- Local authority transformation
- Internal improvements and transformation within the Public Health Dorset and LiveWell Dorset service
- Support to the Integrated Care System and ensuring prevention continues to be embedded within the NHS

Reason for decision

To ensure the benefits of the Prevention at Scale initiative were realised and maintained so that it achieved what it was designed to do.

35. Health Improvement Performance Update

Members were provided with a high-level summary of performance for LiveWell Dorset; smoking cessation; weight management services; health checks and Children and Young People's Public Health Service (CYPPHS) performance, with supporting data contained in the appendices to the report.

The Service was to deliver additionally on four key local health and wellbeing priorities:

- reducing smoking, particularly in pregnancy and postnatally
- increasing family physical activity
- improving family wellbeing and mental health

- ensuring children arrive at school ready to learn and achieve.

Officers explained that Public Health Dorset and Dorset HealthCare senior leaders were working with partners on a number of phased implementation plans to enable changes to key elements of the new service model and operational delivery namely: workforce, intelligence, communications and digital.

The Board was updated on the performance of each service since the new procurement model had been implemented. It was considered that this was seen to be successful in what was being delivered, how this was being done and the benefits being gained.

Integral to improvements being made in public health and wellbeing was the LiveWell Dorset initiative, being a pan-Dorset integrated health improvement service, delivering consistent, high quality behaviour change support for people wanting to quit smoking, lose weight, be more active and drink less alcohol, having supported almost 30,000 people since April 2015. It was seen to be a successful initiative and was pleasing to see that activity had increased by 43 % in 2019/20 compared with the previous year, and was on track to meet the ambitious target of 10,000 people supported over the year, compared with 6,600 in 2018/19, this being driven by more digital users and by supporting organisations.

The development of the next LiveWell Dorset Service Plan, for 2020/21, was being undertaken with already agreed development priorities being enhanced smoking cessation – with offers for hard-to-reach groups, including vaping - and further development of the digital LiveWell Dorset offer to increase the scale and reach of support.

Weight management - local weight loss services were delivered by two national providers, Slimming World and Weight Watchers, with access managed by LiveWell Dorset to ensure individuals were in receipt of behaviour change support before taking up the service. Access to services was good, with there being a 75 % increase in people accessing weight loss support in 2019, compared with the previous year. Services remained effective at reaching people living in deprived communities. The Board were pleased to see that the impact of services had increased in 2019 following the introduction of a new payment by results contract, with an increase in the percentage of people achieving and sustaining 5% weight loss at 3 months.

Smoking cessation – success was evident from the prevalence for smoking to continue to decline locally in line with national trends, driven by more people successfully stopping, fewer young people taking up smoking and the increasing popularity of vaping products which played a significant part as a popular and moderate alternative.

Health Checks - current performance for the delivery of NHS Health Checks was seen to be improving, but remained variable across Dorset. Since the new programme of provision was put in place following a successful procurement exercise, GP and pharmacy providers were delivering under the

new contract, which showed some encouraging early indications of increased activity compared to the previous year.

Children and Young People's Public Health Nursing Services (0 – 19 years) / Health Visiting – as health visitors and school nurses had a crucial leadership, co-ordination and delivery role within the Healthy Child Programme, this Service, pan-Dorset, was high performing when compared with other services in England and, overall, parents and carers express high levels of satisfaction with the Service.

The Board were pleased to learn of the improvements being made and the way this was being done, seeing the benefits of how the new model was being applied and hoped this progress could be maintained and enhanced where practicable.

Resolved

That the information on what activities there were to complement the Health Improvement agenda and how the performance of health improvement services and children and young people's services was seen to be successful, be acknowledged and noted.

Reason for Decision

To update the Joint Public Health Board on Health Improvement activities and to note their performance.

36. Business Plan Monitoring

The Board was provided with a quarterly summary of progress in delivering the agreed outputs from the Public Health Dorset Business Plan for 2019/20, showing that the public health team was making good progress in delivering this. The process of refreshing the Plan for 2020/21 was now beginning and would be a relatively light touch review of current work, with the major areas of change to be in the Prevention at Scale work, the reasoning for this being explained earlier in the meeting. The approach to monitoring delivery was illustrated by RAG rating progress against project milestones, together with an associated commentary on what was being done, how it was being done and why it was being done.

The Director for Public Health took the opportunity to confirm what Public Health Dorset was doing in response to the Coronavirus/Covid-19 outbreak. He assured the Board that arrangements were in place in preparedness for any cases being confirmed in Dorset, with any need for action to be initiated by Public Health England. As it stood, he confirmed that Dorset remained on alert and watchful of developments.

The Board were pleased to see that the monitoring report showed that Public Health Dorset was making good progress in delivering against its Business Plan in this financial year and hoped this could be maintained, and improved, where practicable.

Resolved

That the progress being made be noted and that the proposal for a light touch review of the current Business Plan for 2020/21 be endorsed.

Reason for Decision

To ensure that what was being done and the way this was happening continued to meet the objectives and outcomes set by Public Health Dorset.

37. Dates of Future meetings

Confirmation of the dates of future meetings in May, July, November 2020 and February 2021 were to be determined in conjunction with the Board's availability.

38. Urgent items

There were no urgent items for consideration at the meeting.

Duration of meeting: 10.00 am - 12.20 pm

Chairman

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