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DORSET COUNCIL - JOINT PUBLIC HEALTH BOARD

MINUTES OF MEETING HELD ON TUESDAY 21 JULY 2020

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

Officers present (for all or part of the meeting): Mr Sam Crowe (Director of Public Health), Sophia Callaghan (Assistant Director of Public Health, Will Haydock (Senior Programme Advisor), Sian White (Finance Manager), Clare White (Accountant) and David Northover (Senior Democratic Services Officer).

39. **Election of Chairman**

Resolved

That Councillor Laura Miller be elected Chairman for the meeting.

40. **Appointment of Vice-Chairman**

Resolved

That Councillor Lesley Dedman be appointed Vice-Chairman for the meeting.

41. **Apologies**

No apologies for absence from Members were received at the meeting. Apologies for absence were received from Jan Thurgood (BCP) and Vanessa Read (Dorset CCG).

42. **Minutes**

Resolved

The minutes of the meeting held on 3 February 2020 were confirmed and would be signed at the earliest opportunity.

43. **Declarations of Interest**

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

44. **Public Participation**

No statements and questions from Town and Parish Councils or public statements or questions were received at the meeting.

45. **Forward Plan**

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

46. **COVID-19 Local Outbreak Management Plans**

The Director of Public Health took the opportunity to inform the Board of what had been done by Public Health Dorset (PHD) - in partnership with other health bodies GP's; Dorset Clinical Commissioning Group; the NHS, emergency services; and Dorset and BCP Councils - to address and manage the Coronavirus pandemic within Dorset over recent months.

The Board were given a presentation illustrating the local outbreak management plan, how it was being applied and managed and what was being done in practice, along with other associated information pertaining to the pandemic, to put what PHD was doing – and had done - in some context, this being:-

National context

- Northern metropolitan areas and cities hit hardest
- Low number of cases in BCP Council area and Dorset Council area
- Impact of COVID-19 bigger in areas with higher multiple deprivation
- BAME groups more at risk of poor outcomes, obesity, diabetes, age, male gender and occupation also key risks, as is poverty
- Enhanced surveillance is key over the next few weeks
- Planning for winter, and return of COVID-19 with potential for seasonal influenza also hitting hard
- Care homes continue to be setting of highest concern nationally

Outbreak management

- Local outbreak plans will be our first line of defence against going back to national lockdown
- Developing key actions for high risk settings through COVID-19 Health Protection Board
- Health and Wellbeing Board in each Council functions as Local outbreak Engagement Board
- Relationships built during crisis and first wave will stand us in good stead if we need to respond quickly
- Capacity planning, scaling testing quickly, good, clear communications and engagement all key actions for an effective plan
- Supported by Test and Trace Grant in each council, worth £1.28M and £1.8M

Outbreak Management Plans

1. **Level 1 (BAU) – day to day outbreak response in specific settings – plus preventive and preparatory activities, training, action cards, communications**

2. Level 2 – where local outbreaks have potential for wider spread into the community requiring additional community engagement, possible LRF involvement and extra resources
3. Level 3 – local outbreak with national significance – most likely to be sustained rise in community cases that exceeds a number of triggers, including testing positivity rate >5%, 7-day case incidence rate of >50 per 100,000 pop

Next Steps

- Regional and local assurance on readiness of plans – exercising, action cards, resourcing and capacity plan
- Re-shaping Public Health Dorset business plan and re-prioritising into two workstreams – recovery (BAU) and response (outbreak preparedness and response)
- Capacity and resourcing within team feels about right – short term investments in modelling capability, backfill for Environmental Health Officer support, community and voluntary sector response to support self-isolating, IPC training, testing

Given the unprecedented circumstances in having to deal with such a pandemic, it was seen to be a credit to PHD in how this had been managed and as a consequence how relatively successful it had proven to be. Relatively low contagion and transmission rates had meant that the success seen in suppressing such an infectious and contagious virus was seen to be largely attributable to how PHD managed it, what had been done in practice to do this; and the preparations they had made to do so. The acts of social distancing, hand washing and isolation - which had been generally well observed in Dorset - had meant that containment of the virus had been relatively successful, compared to if this had not been the case.

Moreover the ability to maintain what PHD services offered and could do throughout this outbreak was to the benefit of Dorset, its residents and visitors in being assured that continuity as far as practicable. Considerable emphasis was placed on what partnership arrangements had achieved in addressing the outbreak, with those organisations identified above - as well as the voluntary sector and individuals – all playing their significant part in contributing to ensuring, firstly, that the ability to maintain satisfactory critical care in the NHS was not compromised or overwhelmed as well as how the prevention of the transmission of the virus might be mitigated and the arrangements put in place to be able to do this.

Having understood all that was explained, the Board took the opportunity to ask a series of questions about other aspects of the pandemic including the coronavirus itself; social isolation; individual personal hygiene measures; transmission rates and dynamics; ethnicity disparity; tracking tracing and testing; PPE; and vaccination prospects to clarify what PHD had done to

address those issues and how this had been achieved and what success it had.

In answer to one particular question the Director explained that the virus was likely to be seen to be more virulent during wintertime - when there was more chance people would be indoors for longer periods, with more people - so there was potentially more opportunity for it being able to be transmitted, as well as coinciding with the period that other viruses were apparent, the cumulative effect of this being that this could prove to be a challenging time for the NHS. Conversely, time being spent outdoors when the weather was warmer and there was greater opportunity to socially distance, meant that this transmission opportunity was lessened.

The Director was confident that lockdown had contributed significantly to breaking the chain of transmission along with the observations of social distancing and individual hand hygiene being applied, observed and complied with had gone a long way to Covid-19 being dissipated as it had.

The Board appreciated what PHD had done in addressing the Covid-19 pandemic and how this had been achieved, being seen to be a credit to how important PHD preventative work was, which demonstrably demonstrated how Dorset and its residents benefitted from it. They hoped this positive response could be maintained and looked forward to receiving a further, positive update at their November meeting.

Resolved

That the Outbreak Management Plans and how these were being applied be welcomed and endorsed and should be maintained and improved, as practicable.

Reason for Decision

To ensure cases of Covid-19 remained as low as they possibly could be in Dorset.

47. Future of Public Health Dorset - Partnership Agreement

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.

Progress made, and that which was due to be made, included:-

- renewed Terms of Reference for JPHB to make a clearer delineation from work of Health and Wellbeing Boards – post LGR
- refreshed Partnership agreement had been developed in conjunction with legal services in each Council
- was due for agreement at the Board before COVID-19 intervened

- scheduled to come back to the Board – and proposed to be agreed formally - at the next meeting in November
- minor amendment to wording being made so that an annual review of the Board's effectiveness is built in and provided for.

The Board were acceptant of what was being proposed, and the reasons for this, and looked forward to assessing the provisions of the Partnership agreement next time, anticipating a positive outcome to benefit what Public Health Dorset was able to continue to offer.

Resolved

That the progress made, being made and how this was proposed to be done - towards renewing the partnership agreement for the Shared Service - be noted, accepted and endorsed.

Reason for Decision

To ensure that progress with renewing the partnership agreement for the Public Health Shared Service was in the best interests of all that Public Health Dorset had to offer.

48. Finance report

The Board received 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.

Of note was:-

- the final 19/20 outturn for the shared service budget, being an underspend of £170k.
- following the Spending Round 2019 announcement of a real terms uplift, details of local authority allocations had been published on 17 March 2020.
- agreed contributions to the shared service budget for Public Health Dorset in 2020/21 give a revenue budget of £28.748M, based on an indicative Grant Allocation of £33.838M.
- Dorset Council retained £617k and BCP £4.472M of their respective 20/21 ring-fenced grants.
- recognised underlying cost pressures, for example in drugs and alcohol, had been met through savings in other areas to date. With COVID-19 it was unclear to what extent this could continue. COVID-19 has also highlighted additional cost-pressures within public health services and for the system. These cost pressures would be met within the uplift to the shared service budget, without making a call on MHCLG additional COVID-19 funding. Tentative initial forecast outturn was therefore a £177k underspend
- work on local outbreak management plans in response to the next phase of COVID-19 began during June. Additional DHSC funding had been allocated nationally to support these plans. Resource and capacity plans would be developed through the COVID-19 Health

Protection Board, chaired by the Director of Public Health, overseen by each Health and Wellbeing Board.

- reserves stood at £617k for Prevention at Scale and £293k uncommitted funds.

Given all that had happened with attention being given to the pandemic, it was acknowledged that there would now be a need to re-evaluate the Prevention at Scale initiative, to ensure that the investments being made in it met practical need and the importance of embedding the principles of PAS in the transformation strategies of each Council was understood.

How there came to be underspend in the budget was explained, in that whilst contractual arrangements with those services commissioned were more readily able to be determined, the budgets of the 2 councils were not so readily distinct being based more on necessity, demand and allocation. The Board had the authority to scrutinise how monies were being spent and this was a fundamental part of their terms of reference. Moreover the Section 151 Officer had the ability to scrutinise how the grant was being used, in ensuring the correct criteria was met.

Nevertheless, there was little room for manoeuvre in allocations made, with savings needing to be made, and it being prudent that reserves were built up because of recommissioning needs and re-procurement: essentially reserves were there to ensure flexibility.

For some assurance it was confirmed that the Board had the opportunity to consider documents in advance of any new tender - to ensure the business case was sound - and ultimately would be asked to agree these.

Whilst it was acknowledged that the interventions needed to address the issues associated with Covid-19 were unprecedented and represented a unique challenge both in financial and practical terms, the Board recognised that the available funding was being used as efficiently as it could be – in the way that it was - and was being prioritised – selectively - so as to continue to optimise the benefits to Public Health Dorset in achieving its objectives.

Resolved

That the content of the Finance report, and what it was designed to achieve, be noted and acknowledged.

Reasons for Decision

1)The public health grant is 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 delivers public health services across Dorset Council (DC) and BCP Council. The service works 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

provides a range of other services with public health impact and retains a portion of the grant to support this in different ways.

49. **Extension of drug and alcohol contracts**

The Board were asked to consider an extension to the three community substance misuse contracts held by Public Health Dorset which were due to expire at the end of October 2020, with them being able to be extended by up to 2 further years. There was seen to be a critical need for continuity in how the interventions and treatments beneficial to drug and alcohol dependencies could be managed effectively and what Public Health Dorset was able to do in providing for this.

It was acknowledged that performance in the Dorset Council area was progressing well, with a mature local partnership and identified areas for improvement. Accordingly, it was now being recommended that the contract for the REACH service be extended for the full two years, available to the end of October 2022. Whilst provision across BCP, inherited from the previous councils, was inequitable, with different approaches, service designs and funding per head, and commissioned by both BCP Council and Public Health Dorset, it was now being recommended that a single commissioning strategy be developed for BCP as a whole, to ensure equity and efficiency, with one organisation responsible for all relevant services. Commissioners advise that at least 12 months should be allocated for a full process of review and re-commissioning.

It was therefore recommended that the contracts for services in BCP held by AWP and EDAS be extended for one year, to the end of October 2021, with the expectation that a new service (or services) would be commissioned by either one of BCP Council or Public Health Dorset in the interim.

Whilst the rebalancing of responsibilities and resources in ensuring a safe, effective and equitable service across the Council area was a priority- and seen to be essential for the treatment initiative – in BCP this was unable to be done within the constraints of the current contractual arrangements, so re-commissioning was therefore required.

As such given the inequity in resource and service provision between different areas in BCP, it was a priority that a consistent approach be developed and implemented for both young people and adults and a re-commissioning of the contracts would provide for this. Although a 12 month period was designed to initiate proceedings to determine how satisfactory the arrangements were, there would then be the opportunity to extend for a further one year.

The Board understood the need for the arrangements to be harmonised across the three BCP towns to meet their particular needs and looked forward to making a meaningful contribution in deciding how this would be achieved.

With options limited, what progress was being made on where the service could be best delivered was explained and members were hopeful this could be satisfactorily resolved in the near future. Members made some suggestion

from their own knowledge of options and officers agreed to investigate these, it being acknowledged that homelessness, mental health and substance dependencies were invariably conjoined and there interventions should be harmonised. It was agreed that the respective Health and Social Care portfolio holders of each Council should, jointly, consider this directly.

The Board considered that what was being proposed was appropriate and acceptable in the circumstances.

Resolved

1) That the contract for the REACH service be extended for the full two years available, to the end of October 2022.

2) That the contracts for services in BCP held by AWP and EDAS be extended for one year, to the end of October 2021, with the expectation that a new service (or services) would be commissioned by either one of BCP Council or Public Health Dorset in the interim.

Reason for Decision

To ensure adequate time for preparation for procurement of services as well as service continuity for service users.

50. Approval Request for LiveWell Dorset Digital Services Sourcing/Commissioning

The Board was being asked to assess the arrangements for a range of LiveWell Dorset IT and digital service contracts which were due to expire on 31 March 2021. These included:-

- provision of IT equipment, infrastructure and support
- LiveWell Dorset digital platform
- LiveWell Dorset Customer Relationship Management system.

A comprehensive options appraisal process was underway to select the most appropriate sourcing model for the services in scope, including in-sourcing and commissioning options. A shortlisting process had been completed based on viability, timescales and business needs. Options involving the in-sourcing of the digital platform and CRM aspects had not been shortlisted due to an inability to meet the gateway criteria. As such, a procurement exercise was likely to be required for these services, whilst it remained feasible to consider Dorset Council IT services to provide equipment, infrastructure and support.

The options appraisal process was shown in detail, including an Appendix which highlights the longlist, shortlisting process and shortlisted options. Once a preferred option had been selected based on this process, a more detailed sourcing plan, including precise budget, would be developed. The Board was being asked to approve the progression of this preferred option based on the information in the report.

Given that it was not possible to shortlist any options that involve the in-sourcing of the digital platform and CRM. Given what was necessary to be able to deliver this, a procurement exercise for these aspects was expected,

to determined whether the IT infrastructure could be in-sourced or had to be commissioned. The precise budget and procurement model will be defined based on the chosen option, further market engagement and other strategic factors. With the approval mechanisms within Public Health Dorset for doing this explained For now, approval was being sought from the Board to progress with the preferred option, including any procurement activity this might require, once the necessary approvals had been made. An update on the chosen option would be provided at the November Joint Public Health Board meeting.

The Director of Public Health considered there to be a need for continuity in this initiative so that the good work achieved continued to be maintained and it was necessary to do this now to ensure this was the case.

Members understood the reasons for this and appreciated what LiveWell had achieved so far and wanted to see this being maintained, and enhanced, where practicable. Given this, they wholeheartedly endorsed what was being proposed as it was appropriate and acceptable in the circumstances.

Resolved

1)That having been reviewed, the sourcing plan outlined in the background paper, noting the strategic context, objectives and shortlisting of options be approved.

2)That Delegated authority be given to the Director of Public Health, in consultation with the Portfolio Holders, to award any contracts required by the sourcing plan to appropriate providers on the best terms achievable and within the budget.

Reason for Decision

The LiveWell Dorset IT and digital service contracts are due to terminate on 31st March 2021. An options appraisal is underway to consider how services will be sourced and delivered from April 2021. The recommendation will enable Public Health Dorset to implement the preferred sourcing option, providing enough time to source, procure and mobilise new arrangements.

51. Urgent items

There were no urgent items for consideration at the meeting.

Duration of meeting: 10.00 am - 12.00 pm

Chairman

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