

DORSET COUNCIL - JOINT PUBLIC HEALTH BOARD

MINUTES OF MEETING HELD ON MONDAY 25 NOVEMBER 2019

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

Officers present:

Dr Sam Crowe (Director of Public Health), Dr Nicky Cleave (Assistant Director of Public Health), Rachel Partridge (Assistant Director of Public Health), Sophia Callaghan (Assistant Director of Public Health), Jan Thurgood (Corporate Director, Adults, BCP Council), Mathew Kendall (Executive Director of People – Adults, Dorset Council), 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).

14. Election Of Chairman

Resolved

That Councillor Laura Miller be elected Chairman for the meeting.

15. Appointment of Vice-Chairman

Resolved

That Councillor Lesley Dedman be appointed Vice-Chairman for the meeting on the basis that she would assume the Chairmanship at the next meeting.

16. Apologies

No apologies for absence were received at the meeting.

17. Declarations of Interest

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

18. Minutes

The minutes of the meeting held on 15 July 2019 were confirmed and signed.

19. Public Participation

There were no statements or questions from Town and Parish Councils at the meeting, nor public statements or questions.

20. **Forward Plan**

The Board's Forward Plan was received and discussed and the opportunity provided to amend this, as necessary.

21. **Future of the Joint Public Health Board**

Members were updated on progress with the recommendations made by the Task and Finish Group on the future of Public Health Dorset, designed to improve the shared service model for Dorset, Bournemouth and Poole. The Board was asked to consider the future status of the Partnership and refresh the agreement for the shared service and how it would function going forward.

Officers outlined the progress being made with the recommendations from the Task and Finish Group in how services were being proposed to be delivered and what these would entail. The recommendations around governance and terms of reference for the Board had now been completed and implemented. There was number of longer-term development proposals relating to how the public health shared service worked more effectively with both Councils and an update was provided. The Board recognised the need for a more integrated approach in considering how public health could support the development of new operating models and contribute to transformation in both new Councils. This included longer term opportunities to improve health and wellbeing via the delivery plans of both Council's Corporate Plans. This update also highlighted opportunities for training and development with both Councils, such as The Local Government Association supporting Dorset Council in early 2020 with a workshop to look at what a "health in all policies" approach might mean for the new Council. Similar proposals were being developed for BCP Council.

The Board were pleased to learn what progress had been made and was due to be made as a means of facilitating improved public health outcomes and were satisfied with how this was to be managed. They considered the Partnership played a significant part in ensuring that services were delivered in a coordinated, sustainable and manageable way. The Board proposed that any discussions around refreshing the Partnership agreement should ideally include input from both Monitoring and Section 151 Officers.

Resolved

- 1) That progress in meeting the recommendations made by the previous Task and Finish Group to improve the shared service model be noted.
- 2) That support be given to the recommended timeline and process for renewing a decision on the Partnership agreement for Public health.

Reason for Decision

During local government reorganisation the Public Health Partnership was supported for a further minimum 12 months. This was due to expire in spring 2020. Continuing as a partnership would ensure we could provide the Public

Health services to both unitary councils and the integrated care system in an efficient, effective and equitable way.

To support both new councils in fulfilling their legal duty to improve health and reduce inequalities for their respective populations.

22. **NHS Health Checks Update**

The Board were provided with a summary of performance for the NHS Health Checks programme, what this entailed and what was being done and how this was being delivered.

Officers explained that the new procurement model was working satisfactorily and that uptake of health checks showed signs of improvement, especially in areas where the service had previously been provided by pharmacy only.

The board was updated on the background for the new procurement approach. This was because performance had deteriorated as measured by numbers of checks, delivered partly due to pharmacy providers of NHS Health Checks being unable to access individual level data held by GPs. The new model was more flexible and had improved engagement and take up of the service by providers and users alike. The procurement model agreed was the 'Any Qualified Provider' (AQP) framework, which enabled providers to register themselves for delivery of NHS Health Checks in a more accessible way with the user being integral in choosing where they wish to access the services. As such there has been a rise in delivery of checks in the new Bournemouth, Christchurch and Poole Council area compared to the previous year.

Whilst there was limited opportunity to determine how successful the outcome of these interventions was, the fact that more checks were being undertaken was positive. Public Health Dorset was working to establish better measurement of people referred to LiveWell Dorset following a check to establish if there was indication that this was of some meaningful benefit.

Members were pleased that early indications were that the new model was starting to see consistent increases in the number of NHS Health Checks being delivered. This was to be supported by ongoing stakeholder engagement, especially in the areas where delivery was below expectations, with public awareness of the programme and its benefits continuing to be raised.

Public Health Dorset was now focusing on targeted communications and awareness campaigns; more effective digital support and management for those delivering NHS Health Checks; proactively working with the CCG and Primary Care Networks to improve engagement at both strategic and operational levels; and further engaging the Dorset CCG Primary Care Commissioning Committee and the network Clinical Directors, encouraging the use of NHS Health Checks and subsequent referrals to LiveWell Dorset to improve positive behaviour change outcomes for users.

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.

Decision

That the improving performance on the NHS Health Check programme be noted and welcomed.

Reason for Decision

Close monitoring of performance will ensure that this programme delivers an important element of cardiovascular disease prevention, in line with national recommendations.

23. Finance Update

The Director of Public Health opened the discussion on the finance paper by sharing a presentation on how the Public Health Grant operated and the main programmes it was spent on, as previously requested by Board members.

The presentation also highlighted the change in budgets over time, the main savings that had been achieved and the forecast position for 2019/20. Members were informed that the revenue budget for Public Health Dorset in 2019/20 opened at £27.705M, based on an indicative Grant Allocation of £32.525M, after allowing for movement in and out of reserves, giving a shared service budget of £27.716M in total.

Forecast outturn for 2019/20, showed a £351k underspend. The report also provided detailed information on the amount of the ring-fenced grant retained for use by each Council that did not pass through the partnership agreement. The Spending Round 2019 had announced a real terms increase for public health in 2020/21, but no further details were available since Purdah was announced.

Members were particularly keen to understand how the ring fenced part of the budget was allocated between Dorset Council and BCP Council and the reasoning for why this was the case. Officers explained this was essentially a historic arrangement which had reflected the particular needs of the Dorset, Poole and Bournemouth Councils at that time - when public health had become the responsibility of local authorities in 2013. However, those arrangements were gradually now being rationalised and the allocation of funding realigned to reflect current needs and interventions. Officers explained that the amount of grant spend was not measured in both Councils. However, services were monitored to see how successful the take up of services was, which should closely match population need.

Resolved

That Board members noted and endorsed the:

- shared service 19/20 forecast outturn
- use of retained elements in each local authority
- update on 2020/21 grant allocation
- Proposed use of reserves and or underspend in line with prevention at scale and other priorities.

Reason for Decisions

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

24. **Clinical Services Performance**

The Board were provided with a meaningful summary of performance for drugs and alcohol and sexual health services, with supporting data contained in the appendices. Discussion focused on what the information meant in terms of impact on service delivery, and how outcomes were being successfully delivered, what it entailed; and how this was being applied in practice.

In particular the Board were interested to learn more about the performance of drug treatment services and the explanations for some of the observed variation. Officers reported that one of the recent successes – getting more people into treatment in Bournemouth – had now led to pressure within the Service. A plan was being developed to cope with the additional activity.

Members also recognised the improvements made in interventions like access to Naloxone – a potential lifesaving intervention used in reversing the effects of opiates.

Board members were also interested to note the different position in relation to the proportion of the population in need accessing alcohol treatment which was lower than for drug treatment – this was in line with the national picture. During discussions, officers highlighted that through the NHS Long Term Plan changes, there was a move to join up alcohol treatment across the system more effectively. New money was expected to come to some hospital trusts for alcohol care terms and the Board was interested to hear how this would work alongside existing services.

The director of Public Health agreed to bring a paper to the May 2020 Board on progress with alcohol work at a system level, including any findings from the JSNA process that was underway.

Resolved

That the information on performance in relation to drugs and alcohol, and sexual health and its effectiveness and success be noted and endorsed.

Reason for Decision

Close monitoring of performance will ensure that clinical treatment services deliver what is expected of them and that our budget is used to best effect.

25. **Business Plan Monitoring**

The Board were provided with a quarterly summary of progress in delivering the agreed outputs from the Public Health Dorset business plan for 2019/20. The approach to monitoring delivery was illustrated by RAG rating progress against project milestones, together with an associated narrative. Members

acknowledged the progress being made by Public Health Dorset was making in delivering against its Business Plan during this financial year.

The monitoring report showed that midway through the financial Year, most projects were largely on track for delivery during the year. However, two service areas were experiencing ongoing challenges with delivery :-

- NHS Health Checks programme,
- the delivery of effective substance misuse prescribing services to clients in the BCP Council area. This is due in part to resourcing issues for the provider, compounded by the success of BCP Council in engaging many more people in treatment compared with two years ago. This was putting additional strain on the service, particularly in relation to the need to ensure regular and ongoing review while in treatment.

A mitigation plan was being developed with the provider to ensure adequate capacity within the service, but this might well require additional resources above the contract value in order to provide a safe, effective and sustainable service. Arrangements for this were being formulated and would be formally negotiated as part of a contract variation when finalised.

The Director of Public Health also explained to the Board that there was a statutory requirement to provide assurance over the delivery and effectiveness of public health services commissioned by NHS England - including major cancer screening programmes and immunisation programmes. He asked the Board to support a recommendation that assurance of the delivery of these services would be included in future business plans for monitoring by the Board.

The Board considered this to be a practical and effective way of managing how those assurance capabilities were being monitored and were pleased to see the progress being made in successfully delivering against its Business Plan.

Resolved

1) That the information and overall progress on major projects and deliverables for 2019/20 be noted and endorsed.

2) That the deteriorating position in the substance misuse prescribing service provided by AWP affecting the BCP Council area be noted and that, in order to go some way to alleviating this, the Board support the following recommendations:

- i) delegated authority being given to the Director of Public Health in consultation with the Chairman and Vice-Chairman to agree a mitigation plan, and additional resource for the service via a contract extension;
- ii) the inclusion in future business plan monitoring reports of a summary of the main public health services commissioned from NHS England under Section 7A of the Health and Social Care Act (mainly screening and immunisation programmes).

Reason for Decisions

Close monitoring of the delivery of projects in the business plan is important to enable both Councils and the Integrated Care System achieve Prevention at Scale ambitions in the local health and care system. It also assures the Board that spend through the ring-fenced Public Health Grant is effective and efficient, and complies with the National Grant criteria.

26. **Urgent items**

There were no urgent items for consideration at the meeting.

Duration of meeting: 10.00 - 11.40 am

Chairman

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