

DORSET COUNCIL - JOINT PUBLIC HEALTH BOARD

MINUTES OF MEETING HELD ON THURSDAY 5 NOVEMBER 2020

Present: Cllrs Karen Rampton, Nicola Greene and Laura Miller

Apologies: Cllrs Graham Carr-Jones

Officers present (for all or part of the meeting): Sam Crowe (Director of Public Health), Sophia Callaghan (Assistant Director of Public Health), Nicky Cleave (Assistant Director of Public Health), Sian White (Finance Manager), Clare White (Accountant), Joanne Wilson (Head of Programmes), Vanessa Read (Director of Nursing and Quality, Dorset CCG) and David Northover (Democratic Services Officer).

52. Election of Chairman

Resolved

That Councillor Nicola Greene be elected Chairman for the meeting.

53. Appointment of Vice-Chairman

Resolved

That Councillor Laura Miller be appointed Vice-Chairman for the meeting

54. Apologies

An apology for absence was received from Councillor Graham Carr-Jones.

55. Declarations of Interest

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

56. Minutes

Resolved

The minutes of the meeting held on 21 July 2020 were confirmed and would be signed at the earliest opportunity.

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 was given a presentation outlining the local outbreak management plans, how they were 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. A copy of the presentation is incorporated in these minutes at minute 67.

Public Health Dorset considered that the reduction seen in Covid-19 infection rates was pleasing to see and reflected the efforts made and the means by which this was done. Rural Dorset's seven-day figures were currently just under 100 cases per 100,000 and the Bournemouth, Christchurch and Poole area, just under 200.

Whilst the increase in rates over the past two to three weeks had been concerning, the trend being now seen showed that compliance with the interventions put in place had achieved some considerable success.

Nevertheless, it was of critical importance that compliance with the lockdown rules was maintained to ensure that trend continued and that there should be no place for complacency, or this would contribute to this trend being reversed. Household transmission remained the most significant exposure setting, followed by visiting friends and family.

The local rise in infection rates had coincided with the period when there were local limitations in accessing a test as resources were focused on the north of the country which needed more attention.

The Board were told that many of the recently reported cases were amongst younger people (16-29), although there had been evidence of a spread to over 65's -the group more likely to need medical help in hospital.

The Director said there unfortunately was little which could be done about hospital admission cases over the upcoming couple of weeks because this was already determined by the infection rate circulating already within the community.

It was still hoped that when lockdown ended, the county could resume on the minimum Covid-19 restrictions given how this was being managed and the results being seen from this and there were advanced plans being developed to design a local track and trace system to manage the pandemic in helping to keep local figures down.

The Board expressed its appreciation for what the whole Public Health Dorset team had done in addressing the Covid-19 pandemic and commented that this was a credit to the team, to local councils and their partners and to the residents of Dorset. They commented that this demonstrated the importance of our public health service and that Dorset and its residents were benefitting from the robust response being shown. They hoped this positive response could be maintained and improved upon and looked forward to receiving a further update at their February meeting.

57. Public Participation

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

58. Terms of Reference

The Board's Terms of Reference were noted.

59. Forward Plan

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

60. Future of Public Health Dorset - Partnership Agreement

The Board considered a report by the Director on the future arrangements for the Partnership Agreement between Dorset Council and BCP Council in light of unitary status of the two councils arising from local government reorganisation in April 2019.

Since 2013, Public Health Dorset had provided a range of public health services, advice and expertise to local councils, under a shared service arrangement. During local government re-organisation, the Joint Public Health Board undertook a review of the shared service model, and agreed to continue the arrangements under the two new unitary councils. In the past year, the terms of reference had been updated and agreed by the Board, to ensure a clearer separation between the work of the Joint Public Health Board, and respective councils' health and wellbeing work.

The shared service agreement was also reviewed by both councils in January 2020. Although there was a delay in finalising a new agreement due to COVID-19, both councils were now in a position to agree a new shared service agreement to support delivery of public health.

The renewed shared services agreement and finance agreement was now being presented for agreement to the Board. Renewal of the agreement would

enable the continued functioning of the shared service, as well as providing more certainty over use of the Public Health Grant, both within the shared service, and partner councils.

It was also recommended that a report summarising the performance of the shared services be taken to the Board each year, as part of the continued assurance around provision of public health services within each council.

The Board was in agreement with what was being proposed, and the reasons for this, and agreed that the provisions of the Partnership Agreement should be endorsed on the basis of the Director's report.

Resolved

- 1) That the renewal of the shared service agreement governing the public health service across both Councils be accepted and agreed.
- 2) That the development of a financial annex each year that sets the service budget requirements, and respective contributions from partner councils be supported and endorsed.

Reason for Decision

To enable the continuation of the shared service for public health in the two councils, and have a clearer view of the financial requirements of the service, to support effective use of the public health grant.

61. 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.

The Spending Round 2019 covered a single year planning round. It seemed unlikely that in the midst of a COVID pandemic there would be reductions to the Public Health Grant, so planning for next year was therefore built on an assumption that the Public Health Grant would be the same as 20/21.

In recognition of the difficult and uncertain financial circumstances that both local authorities faced due to the COVID response, discussion continued in regard to any potential change in retained elements or return of any underspend to ensure local authorities could continue to provide and transform their prevention and public health interventions.

Whilst it was acknowledged that the continued 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 and appropriately prioritised to continue to optimise outcomes.

Resolved

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

Reasons for Decision

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.

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 arrange 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.

62. Clinical Services Performance Monitoring

The Board considered a report on clinical services performance monitoring, providing a high-level summary of performance for drugs and alcohol and sexual health services, with supporting data in appendices.

The Board considered that the performance was appropriate and acceptable given the challenges of service delivery during the pandemic. The Board appreciated what the services had achieved so far and expressed their expectation that this would be maintained and enhances where practicable.

Resolved

That the performance in relation to drugs and alcohol, and sexual health be noted, accepted 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.

63. Sexual Health - Mobilisation of new contract, integration progress and changes due to Covid-19 response

The Board considered a report by the director on the Sexual Health Service and the mobilisation of the new contract, integration progress and changes due to Covid-19 response.

During 2020, Dorset Healthcare NHS Foundation Trust was successfully awarded the contract to provide Sexual Health and HIV services, following a collaborative joint procurement exercise undertaken between Public Health Dorset and NHS England.

The new community-based pan Dorset service commenced on 1st October 2020. The new service had simplified fragmented delivery arrangements and brought together a range of services to work together in an integrated model. This new service model, developed over the past two

years, was more equitable, much more straightforward, efficient, effective and, over time had made the required cost savings in line with the national savings made to the Public Health Grant.

This procurement presented an opportunity to improve service delivery, providing the right level of service, by the most appropriate professional (complex and routine care) at the right time and place. Designing a responsive community-based clinical service, where people would be seen efficiently for testing or treatment, but with an added focus on prevention, education, self-care and innovative digital solutions to improve virtual access and meet changing population need were critical in ensuring that need was met.

The new pan Dorset service had mobilised effectively and relatively smoothly, and risks and challenges largely worked through, with additional measures put in place because of COVID-19. In order to comply with guidance, the service was working differently, including using digital service offers, virtual clinics and community pick up points to keep essential services running.

Services had stayed open for emergencies. As recovery began, the service was working to risk assess and reopen the satellite clinics that closed during lockdown. The recovery would be a phased approach due to capacity and change in practice due to COVID-19.

The Board was pleased to see the progress being made and the success being seen with sexual health service improvements. Officers affirmed that Public Health Dorset would remain committed to maintaining and developing these improvements going forward.

Resolved

- 1) That the successful joint procurement award to Dorset Healthcare NHS Foundation Trust and subsequent service mobilisation progress be noted and endorsed.
- 2) That the additional COVID measures and phased recovery planning be noted and endorsed.

Reason for Decision

To update on progress and delivery of the Service during COVID-19.

64. Update on the Children and Young People's Public Health Service (Year 1 implementation)

The Board received a paper which provided a summary of year one progress, achievements and noted the local challenges faced by the Children and Young People's Public Health Service (CYPPHS) during the COVID-19 pandemic.

Of note was the progress and achievements made in mobilisation prioritisation and restoration in the practical application of the service, what it entailed and the reasons for doing what was being done.

The stakeholder engagement process which helped to develop the service specification and procurement process for this service, recognised the important role this service would play within the local children and young people's partnership arrangements and specifically its contribution to improving the outcomes for families, children and young people.

The specification outlined a number of ways in which the service would be expected to demonstrate outcomes and an annual conversation was intended to provide a regular partnership opportunity to review the evidence and develop continuous improvement plans.

The Board was pleased to see what progress had been made, how this was being done and what achievements had been realised and considered this to be beneficial in meeting the needs of service users.

Resolved

- 1) That the progress and achievements in year 1 implementation of the Children and Young People's Service be noted and endorsed.
- 2) That the challenges and restrictions to elements of the service during the COVID-19 pandemic and lessons learned to inform recovery planning be noted.

Reason for Decisions

To update on progress and delivery during the COVID-19 pandemic.

65. Commissioning options for Drug and Alcohol services in BCP Council

The Board considered a report on commissioning options for drug and alcohol services in BCP Council and the reasoning for why this was seen to be necessary.

Since 2015, Public Health Dorset had commissioned most of the core elements of service provision for BCP Council, other than the Psychosocial and Young People/Families contracts for Bournemouth. This included contracts with pharmacies for needle exchange and supervised consumption.

There were several issues with the existing model of commissioning - outlined in the report - and the preferred model moving forward was for all commissioning responsibility to move to a single set of commissioners.

Having considered the options in detail, the preferred option for BCP Council was that they took the responsibility for commissioning drug and alcohol services for BCP Council and BCP area with the aim of tendering for new contract(s) for November 2021. Public Health colleagues would continue to provide appropriate expertise to the commissioning cycle for the BCP area.

The Board understood the reasoning for doing this and considered this to be a pragmatic and practical arrangement that would benefit the efficient and effective means of delivering this service.

There was a discussion about future reporting to the Joint Public Health Board and the Board asked for a further paper outlining a more detailed plan for governance of drug and alcohol services to be brought to the next meeting.

Resolved

1) That the proposal for BCP Council commissioners to take on the core responsibility for commissioning of drug and alcohol services for BCP Council be noted and endorsed.

2) That the impact of this on future oversight of drug and alcohol service performance and commissioning decisions to the Board be noted and accepted.

Reason for Decisions

To resolve the current inherent challenges with the drug and alcohol services commissioned for BCP Council and in particular to achieve an equitable and sustainable service offer for all residents.

Action

Paper outlining a detailed proposal for future governance arrangements for drug and alcohol services to be brought to the next meeting.

66. Urgent items

The following items of business were considered by the Chairman as urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The item was considered to be urgent.

67. Public Health Dorset - Response to and action on Covid -19

COVID-19 summary, BCP and Dorset Councils

As of 1st November – data taken from SW Alert tables

- BCP -197 cases per 100,000 population, testing positivity in pillar 2 is 7.4%
- Dorset –99.9 cases per 100K pop -testing positivity in pillar 2 is 4.5% South West at 145 cases per 100k; England at 228 cases per 100K
- BCP Council 781 cases in past 7 days (26 October to 1 November)
- Dorset Council 378 cases in past 7 days (26 October to 1 November)
- Age profile predominantly 16-29, but also infection rates have risen significantly in the over 65s in past week
- Household transmission is the single most important exposure setting, followed by visiting friends / family

- Also seeing outbreaks now in healthcare settings and workplaces –all being managed by joint work between public health, Council and NHS, but reflects increasing rates in community
- Currently 107 people in hospital with COVID in our local system –need to do all we can to prevent further infection rate rises, and admissions
- SW Region had fastest growing cases last week –reproduction rate R was 1.3 –1.6

Public Health Dorset: summary of recent work

- Delivered local outbreak management plans x 2 in July
- Completed action cards and operating procedures for high risk settings
- Continue to build EpiCell–weekly reports to the system
- Health Protection Board meets weekly –longer term programme of work established under “Contain and Enable”
- Full out of hours rota established 24/7 with consultant cover all the time
- Incident mailbox supported by fully staffed duty desk for acute response
- Working with both Councils and ICS partners on our Contain strategy
- *communications and engagement
- *rapid testing capability
- * localised contact tracing, including welfare calls to all positive cases

Testing

- Around 2,000 people are being tested per day in each Council through the different services, community, healthcare, and via the national portal (including care home testing)
- Roughly 7.5 per cent of people are testing positive in BCP Council –this is higher than 4 weeks ago, and higher than neighbouring Council areas like Dorset, where positivity is 4-5%
- Please use the national testing portal to book your test –this is only required if you have symptoms of coronavirus
- Additional testing capability for people unable to drive to Creekmoor at Lansdown and Talbot campuses
- New rapid tests that give a result in 15 minutes are likely to be rolled out soon to support local test and trace, with further details expected imminently

Outlook for the next month

- When BCP and DC Councils come out of lockdown, we are aiming to emerge under the Tier 1 restrictions –medium risk; cases have levelled off in the past week –need to do all we can to keep cases down so we can balance impact on businesses

- Hospital services remain open for people needing care for non-COVID conditions –and during lockdown we will endeavour to continue to provide services –support will continue particularly for the most vulnerable
- Local outbreak engagement board continues to meet regularly to review the position, and develop clear messaging to our communities where issues are greatest
- Developing clear plans for how we contain the virus when we come out of lockdown –this could include more local test and trace
- Working at regional level on a plan to deliver against the new Contain outbreak management funding of £8 per head

Duration of meeting: 10.00 am - 12.00 pm

Chairman

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