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Joint Public Health Board

Date: Thursday, 5 November 2020

Time: 10.00 am

Venue: MS Teams with Outside Broadcasting

Membership: (Quorum 2)
Karen Rampton, Nicola Greene, Graham Carr-Jones and Laura Miller

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Chief Executive: Matt Prosser, South Walks House, South Walks Road, Dorchester, Dorset DT1 1UZ (Sat Nav DT1 1EE)

For more information about this agenda please telephone Democratic Services on 01305 or David Northover 224175 david.northover@dorsetcouncil.gov.uk

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MS Teams Outside Broadcasting Service Virtual meeting link – https://youtu.be/l3o6hSTdTek

Members of the public are invited to make written representations provided that they are submitted to the Democratic Services Officer no later than **8.30am on Tuesday 3 November 2020**. This must include your name, together with a summary of your comments and contain no more than 450 words.

If a Councillor who is not on the Board wishes to address the Board, they will be allowed 3 minutes to do so and will be invited to speak before the applicant or their representative provided that they have notified the Democratic Services Officer by **8.30am on Tuesday 3 November 2020.**

Please note that if you submit a representation to be read out on your behalf at the committee meeting, your name, together with a summary of your comments will be recorded in the minutes of the meeting.

Please refer to the guide to public participation at committee meetings for general information about speaking at meetings included as part of this agenda (see agenda item 4 - Public Participation).

Using social media at virtual meetings
Anyone can use social media such as tweeting and blogging to report the meeting when it is open to the public.

A G E N D A

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1 ELECTION OF CHAIRMAN

To elect a Chairman from amongst the BCP Council representatives

2 APPOINTMENT OF VICE-CHAIRMAN

To appoint a Vice-Chairman for the meeting from amongst the Dorset Council representatives.

3 APOLOGIES

To receive any apologies for absence.

4 DECLARATIONS OF INTEREST

To receive any declarations of interest.

5 MINUTES 5 - 14

To confirm the minutes of the meeting held on 21 July 2020.

6 PUBLIC PARTICIPATION 15 - 16

To receive questions or statements on the business of the committee from town and parish councils and members of the public.

7 TERMS OF REFERENCE 17 - 18

To note the Terms of Reference of the Board.

8 FORWARD PLAN 19 - 22

To receive and note the Board's current Forward Plan.

9 FUTURE OF PUBLIC HEALTH DORSET - PARTNERSHIP AGREEMENT 23 - 38

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To consider a joint report by the Chief Financial Officer and the Director for Public Health

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12 SEXUAL HEALTH - MOBILISATION OF NEW CONTRACT, INTEGRATION PROGRESS AND CHANGES DUE TO COVID-19 RESPONSE 61 - 66

To consider a report by the Director for Public Health.

13 UPDATE ON THE CHILDREN AND YOUNG PEOPLE'S PUBLIC HEALTH SERVICE (YEAR 1 IMPLEMENTATION) 67 - 72

To consider a report by the Director for Public Health.

14 COMMISSIONING OPTIONS FOR DRUG AND ALCOHOL SERVICES IN BCP COUNCIL 73 - 78

To consider a report by the Director for Public Health.

15 URGENT ITEMS

To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes.

Dorset Council

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 heath 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 a seen to be a credit to PHD in how this ad 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 recommissioning.

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 his 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 March2021. 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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Dorset Council
Covid-10 Pandemic – Addendum to the Guide to Public Speaking Protocol for Board meetings

Due to the Covid-19 pandemic the Council has had to put in place measures to enable the Council's decision making processes to continue whilst keeping safe members of the public, councillors and council staff in accordance with the Government's guidance on social distancing by applying new regulations for holding committee meetings from remote locations.

The following procedures will apply to Board meetings until further notice:

1. While Board meetings are held remotely during the Coronavirus outbreak public participation will take the form of written statements (and not public speaking) to the committee.

2. If you wish to make a written statement it must be no more than 450 words with no attached documents and be sent to the Democratic Services Team by 8.30am two working days prior to the date of the committee – i.e. for a committee meeting on a Wednesday written statements must be received by 8.30am on the Monday. The deadline date and the email contact details of the relevant democratic services officer can be found on the front page of the committee agenda. The agendas for each meeting can be found on the Dorset Council website

3. During this period the council can only accept written statements via email and you should continue to bear in mind the guidance in the public speaking guide when preparing your representation.

4. The representations made by members of the public will be read out, in the order in which they were received, by the Chairman or an officer (but not the case officer), after the officer has presented their report and before the matter is debated by members of the Board. It may be that not all of your representation will be read out if the same point has been made by another representation and already read to the Committee. The time period for public participation (i.e. reading out public representations) will remain at 15 minutes for each item, although the Chairman of the Committee will retain discretion over this time period as she/he sees fit.

5. This addendum applies to members of public and town and parish councils.

6. As necessary and where appropriate, local Ward councillors, will continue to be able to make oral representations to the Board on matters within their ward in order to represent local residents, the Council will ensure that the technology is in place to enable this to happen from remote locations. Local ward members, who are not members of the Board, are required to advise

Democratic Services two working days in advance of the meeting of their intention to speak.

Democratic Services March 2020

JOINT PUBLIC HEALTH BOARD

(a) **Role**

The Joint Public Health Board (the Board) is a joint executive body for the delivery of the public health functions carried out by the shared public health service (known as Public Health Dorset) on behalf of Dorset Council and Bournemouth, Christchurch and Poole Council. The Board will continue to be the joint executive for so long as the two councils are working in partnership.

(b) **Membership**

The Board will consist of two voting members drawn from the executives of each of the two partner councils (a total of four members), plus a nominated Director from Dorset Clinical Commissioning Group. Each council may at any time appoint replacement members to serve on the Board provided that any such member must be a member of that authority's executive. Notice of any change should be provided to the

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Democratic Services Manager of Dorset Council as the host authority for the shared service.

Each authority may also nominate one non-executive member to attend the Board as a non-voting member.

(c) **Chairmanship**

The Chairman shall rotate each meeting and it will be usually an executive from the Council hosting that particular meeting.

(d) **Quorum**

The quorum for meetings of the Board shall be one voting member from each of the two councils.

(e) **Frequency of meetings**

The Board shall meet as a minimum four times a year, usually in July, November, February and May and subject to room availability the venue for meetings will rotate meeting by meeting around the offices of the two partners.

Additional meetings of the Board shall take place as determined by the Board in order to fulfil its work programme.

Further meetings shall be convened if requested by any two members of the Board.

(f) **Officers**

The lead officer for the Board shall be the Director of Public Health. As host authority Dorset Council will convene meetings of the Board and will provide administrative, financial and legal advice.

(g) **Standing Orders**

The business of the Board shall be regulated by the standing orders and

Version 6

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procedure rules of Dorset Council as the host authority except to the extent that they are superseded by the Shared Service Agreement between the two partner councils.

(h) **Terms of Reference**

I. Discharge of the public health functions of the two councils under the Health and Social Care Act 2012 through the shared service.

II. Approve, monitor and provide assurance on the delivery of the functions referred to in I. (above) via an annual Public Health Business Plan.

III. Receive and respond to reports from any subgroups of the Board.

IV. Monitor progress and performance in the delivery of mandated public health programmes across and within the two local authorities. In doing so, draw on local and national indicators and

outcome measures.
V. Acting within the requirements of the Code of Practice in Local Government Publicity, seek to influence and advise, local and central government and other agencies on public health issues.
VI. Ensure that the shared service (Public Health Dorset) provides effective and timely public health advice to the NHS and local Councils.
VII. Support the host authority and the Director of Public Health in the performance of their functions.
VIII. Receive and approve the annual budget; monitor budget spend in accordance with the Ring-fenced Grant conditions as set out by Public Health England.

Joint Public Health Board Forward Plan
For the period NOVEMBER 2020 to FEBRUARY 2021
(publication date – 8 OCTOBER 2020)

Explanatory Note:
This Forward Plan contains future items to be considered by the Joint Public Health Board. It is published 28 days before the next meeting of the Committee. The plan includes items for the meeting including key decisions. Each item shows if it is 'open' to the public or to be considered in a private part of the meeting.

Definition of Key Decisions
Key decisions are defined in Dorset Council's Constitution as decisions of the Joint Public Health Board which are likely to -

(a) to result in the relevant local authority incurring expenditure which is, or the making of savings which are, significant having regard to the relevant local authority's budget for the service or function to which the decision relates (***Thresholds - £500k***); or
(b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the relevant local authority."

In determining the meaning of *"significant"* for these purposes the Council will have regard to any guidance issued by the Secretary of State in accordance with section 9Q of the Local Government Act 2000 Act. Officers will consult with lead members to determine significance and sensitivity.

Private/Exempt Items for Decision
Each item in the plan above marked as 'private' will refer to one of the following paragraphs.

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the shadow council proposes:-
   (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
   (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
DPH Briefing	Joint Public Health Board	5 Nov 2020	Officers and portfolio holders from each member local authority	N/A	Verbal Update	Sam Crowe
Future of Public Health Dorset – Partnership Agreement	Joint Public Health Board	5 Nov 2020	Officers and portfolio holders from each member local authority	N/A	Board report	Sam Crowe
Finance report	Joint Public Health Board	5 Nov 2020	Officers and portfolio holders from each member local authority	N/A	Board report	Jane Horne, Sian White, Anna Fresolone
Clinical Services Performance Monitoring	Joint Public Health Board	5 Nov 2020	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan, Jo Wilson, Stuart Burley
Commissioning Options for Drug & Alcohol Services in BCP Council	Joint Public Health Board	5 Nov 2020	Officers and portfolio holders from each member local authority..	N/A	Board report	Nicky Cleave, Will Haydock
Public Health Nursing – Reflection on Year 1 of contract and COVID-19 response	Joint Public Health Board	5 Nov 2020	Officers and portfolio holders for each member	N/A	Board report	Jo Wilson

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
			local authority			
Sexual Health – mobilisation of new contract, integration progress and changes due to COVID-19 response	Joint Public Health Board	5 Nov 2020	Officers and portfolio holders for each member local authority	N/A	Board report	Sophia Callaghan
Annual Review of the Joint Public Health Board	Joint Public Health Board	9 Feb 2021	Officers and portfolio holders from each member local authority	N/A	Board report	
Finance report	Joint Public Health Board	9 Feb 2021	Officers and portfolio holders from each member local authority	N/A	Board report	Jane Horne, Sian White, Anna Fresolone
Health Improvement Services Performance Monitoring	Joint Public Health Board	9 Feb 2021	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan, Jo Wilson, Stuart Burley
Business Plan Monitoring	Joint Public Health Board	9 Feb 2021	Officers and portfolio holders for each member local authority	N/A	Board report	

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact

Joint Public Health Board

5 November 2020

Renewal of the shared service agreement for Public Health Dorset

For Decision

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr N Greene, Covid Resilience, Schools and Skills, Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Authors: Sam Crowe
Title: Director of Public Health
Tel: 01305 225891
Email: sam.crowe@dorsetcouncil.gov.uk

Report Status: Public

Recommendations:

- To accept the renewal of the shared service agreement governing the public health service across both Councils
-
- To support the development of a financial annex each year that sets the service budget requirements, and respective contributions from partner councils

Reason for Recommendation: To enable the continuation of the shared service for public health in the two councils, and have a clearer forward look at the financial requirements of the service, to support effective use of the public health Grant.

1. Executive Summary

Since 2013 Public Health Dorset has 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 have 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 Councils in January 2020. Although there was a delay in finalising a new agreement due to COVID-19, both Councils are now in a position to agree a new shared service agreement to support delivery of public health.

2. Financial Implications

There are no direct financial implications arising from the shared services agreement. However, it has been agreed that a financial annex will be developed and agreed by the Joint Public Health Board in advance of each financial year, setting out the agreed contributions to the public health service. This will support better financial planning, and use of the public health Grant to improve outcomes in partner Councils, as well as through the shared service.

3. Climate implications

No direct implications.

4. Other Implications

N/A

5. Risk Assessment

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW
Residual Risk: LOW

6. Equalities Impact Assessment

An Equalities Impact Assessment is not considered necessary for this agreement.

7. Appendices

Shared services agreement for the public health service.

8. Background Papers

None

1. Background

1.1 Public Health Dorset has provided a range of public health services, advice and expertise to local councils, under a shared service arrangement. This arrangement has been in place ever since 2013, on the transfer of public health responsibility to councils, under the Health and Social Care Act 2012.

1.2 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. A minimum 12 month agreement was reached, which was reviewed in November 2019.

During 2019, the terms of reference were also 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 Board supported an outline work plan and timeline for renewing the partnership agreement at the November 2019 board meeting. This is shown below.

Date	Action	Comments
25 November – Joint Public Health Board	Review background and context to the shared service, and progress made against recommendations	Assume that Board wishes to continue the current model, with a chance to make additional recommendations
November / December 2019	Meet with Monitoring officers to review and refresh a draft partnership agreement	Technical refresh of the legal agreement

3 February 2020	Share draft partnership agreement, with recommendation to Board for a continuation of the partnership	Final decision by Joint Public Health Board to renew agreement, including timescales.

2. Current position

2.1 The first two stages of work were completed, with the board agreeing in November to support the refreshed partnership agreement. The existing agreement was also considered, and refreshed following a meeting between the Monitoring officers, and Section 151 officers of each Council.

2.2 However, due to the COVID-19 pandemic, the February Board meeting was unable to consider and agree the final shared services agreement.

2.3 The shared services agreement has now been finalised. Following discussions with each Section 151 officer about how the Public Health Grant contribution to the shared service could be made clearer in the agreement, it is proposed to develop a finance annex each year, setting out the contributions to be made to the partnership by each Council.

2.4 This will support better financial planning, and use of the public health Grant to improve outcomes in partner Councils, as well as through the shared service. It is proposed that this should be agreed in advance of each financial year.

3. Conclusion and recommendations

3.1 The renewed shared services agreement and finance agreement is presented for agreement to the Joint Public Health Board. Renewal of the agreement will 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.

3.2 It is also recommended that a report summarising the performance of the shared services is taken to the Joint public Health board each year, as part of the continued assurance around provision of public health services within each Council.

Sam Crowe
Director of Public Health

Dated 2020

SHARED SERVICE AGREEMENT

between

DORSET COUNCIL

and

BOURNEMOUTH CHRISTCHURCH AND POOLE COUNCIL

THIS AGREEMENT is dated 2020

Parties

(I) **DORSET COUNCIL** of South Walks House, South Walks Road, Dorchester, DTl lUZ ("Dorset").

(2) **BOURNEMOUTH CHRISTCHURCH AND POOLE COUNCIL** of Town Hall, Bourne Avenue, Bournemouth, BH2 6EB ("BCP").

Background

(A) The Parties exercise the Functions pursuant to the Act.

(B) The Parties are committed to the effective and comprehensive provision of the Functions across their Areas and have agreed to the shared provision of the Functions with Dorset as the lead authority, and therefore propose to enter into the arrangements as set out in this Agreement.

Agreed Terms

1. DEFINITION AND INTERPRETATION

1.1 The definitions and rules of interpretation in this clause apply in this Agreement:

Act: Health and Social Care Act 2012

Areas: the geographical areas of the Parties

Arrangements: the arrangements for the shared exercise of the Functions by the Parties described in this Agreement

Commencement Date: 1 April 2020

Financial Contributions: the annual Public Health grant allocations less any retained amounts as reviewed and agreed annually by the Joint Public Health Board as set out in Appendix 2.

Financial Year: 1 April to 31 March

Functions: the public health functions which are to be discharged in relation to their Areas by the Parties pursuant to the Act or Regulations made under the Act

Joint Public Health Board: the joint executive body established by the Parties as described in clause 7

Parties: the parties to this Agreement

Pooled Fund: a pooled fund comprising the Parties' Financial Contributions for the Functions, out of which payments may be made by Dorset towards expenditure incurred in the exercise of the Functions

TUPE: the Transfer of Undertakings (Protection of Employment) Regulations *2006 (SI 2006/246).*

1.2 Clause headings shall not affect the interpretation of this Agreement.

1.3 Words in the singular include the plural and vice versa.

I.4 A reference to one gender includes a reference to the other genders.

1.5 A reference to a statute or statutory provision is a reference to it as it is in force for the time being, taking account of any amendment, extension or re-enactment and includes any subordinate legislation for the time being in force made under it.

1.6 A reference to a document is a reference to that document as varied or novated at any time.

I.7 References to clauses are to the clauses of this Agreement.

2. **ARRANGEMENTS**

2.1 The Parties enter into these Arrangements to exercise the Functions on a shared basis to better discharge the Functions in their respective Areas than if the Parties were operating independently.

2.2 The Arrangements shall comprise:

(a) the operation and management of a Pooled Fund for the Functions in accordance with the Arrangements set out in this Agreement;

(b) the operation of a Joint Public Health Board comprising elected members of the Parties to oversee the exercise of the Functions in the Areas, in accordance with the Terms of Reference set out in Appendix 1.

2.3 The lead officer for the Joint Public Health Board will be the Director for Public Health for Dorset and BCP. It is intended that the Joint Public Health Board will meet as a minimum four times a year. The Director will recommend to the Joint Public Health Board a proposed scheme of delegation to officers.

2.4 Dorset shall host and provide the financial and administrative systems for the Pooled Fund, although BCP will make desks available at their offices for staff involved in the exercise of the Functions. Provided that the Parties agree such amendments in advance and in writing; the Parties may agree an appropriate charge in respect of IT, equipment or other administrative support provided by one Party to the other under these

Arrangements.

2.5 Dorset shall be responsible for:

(a) managing the Pooled Fund on behalf of the Parties;

(b) managing expenditure from the Pooled Fund within the budgets and plans set by the Parties.

2.6 This Agreement shall apply from the Commencement Date until it expires or is terminated in accordance with clause 9.

3. DELEGATION OF FUNCTIONS

For the purposes of the implementation of the Arrangements, BCP shall delegate the exercise of its Functions to Dorset to exercise alongside Dorset's Functions.

4. PROVISION OF FUNCTIONS

4.1 Dorset shall be the host authority for the Functions and shall act as lead provider of the Functions.

4.2 Dorset shall provide the Functions across the Areas:

(a) to ensure the proper discharge of the Parties' Functions;

(b) with reasonable skill and care, and in accordance with best practice guidance and all applicable laws and regulations;

(c) in accordance with the decisions of the Joint Public Health Board;

(d) in accordance with its standing orders and other rules (except to the extent that these are superseded by the provisions of this Agreement); and

(e) in accordance with applicable laws.

4.3 The Joint Public Health Board will review the operation of the Arrangements on an annual basis as part of its work programme and in particular will ensure that discussions take place at the appropriate time in order to agree the financial basis of the Arrangements.

5. FINANCIAL CONTRIBUTIONS

5.1 BCP shall pay its Financial Contribution to Dorset to allocate to the Pooled Fund.

5.2 Dorset shall contribute its Financial Contribution to the Pooled Fund.

5.3 The Parties shall pay the Financial Contributions into the Pooled Fund quarterly in advance.

5.4 The Parties shall contribute all Financial Contributions, grants or other allocations that are intended to support the provision of the Functions. Amounts retained by the individual Parties shall be reviewed and agreed annually by the Joint Public Health Board.

6. OVERSPENDS AND UNDERSPENDS

6.1 Dorset shall use all reasonable endeavours to arrange for the discharge of the Functions in the Areas within the Financial Contributions available in each Financial Year.

6.2 Dorset shall use all reasonable endeavours to manage any in-year overspends within its commissioning arrangements for the Functions.

6.3 Dorset by notice from its Section 151 Officer to the BCP Section 151 Officer shall make them aware of any potential overspend as soon as it becomes aware of this possibility. Dorset will highlight reasons for the overspend, both current and projected, and make recommendations for action to bring the Pooled Fund back to balance.

6.4 If, at the end of the Financial Year or on termination or expiry of the Arrangements, it becomes apparent that there has been an overspend of the Pooled Fund, the Parties shall meet the overspend proportionately to their respective Financial Contributions and BCP shall indemnify Dorset accordingly.

6.5 Dorset shall make BCP aware of any potential underspend in relation to Financial Contributions prior to the end of the Financial Year. Dorset shall highlight reasons for the underspend and identify any part of that underspend which is already contractually committed.

6.6 To the extent that the Parties are not required to return any underspend to the Department of Health, and in recognition of national grant conditions that determine how public health grant is intended to be used and the Parties acknowledging and agreeing to act in good faith at all times with respect to this Agreement, the benefit of any net underspend at the end of the Financial Year or on termination or expiry of the Arrangements shall:

(a) if the Parties agree, be applied to the Functions, as the Joint Public Health Board shall determine; or

(b) if the Parties agree, be deducted proportionately from the Parties' Financial Contributions for the following Financial Year; or

(c) if the Parties cannot agree, be returned to the Parties in proportion to their Financial Contributions for the Financial Year.

6.7 In the event that there is a need for Dorset to make redundancies from amongst the Public Health staff in order to remain within the Pooled Fund budget then Dorset shall consult with BCP and use all reasonable endeavours to minimise the need for any redundancy or other cost falling upon the Parties. If there is a need for redundancies to be made then, consistent with clause 6.4 and the treatment of overspends, costs will be shared by the Parties proportionately to their respective financial contributions and BCP shall indemnify Dorset accordingly.

7. GOVERNANCE

7.1 The Joint Public Health Board shall discharge the Functions in accordance with its Terms of Reference at Appendix 1.

7.2 Each of the Parties shall appoint two voting members to the Joint Public Health Board who shall be members of the Parties' executives.

7.3 Each of the Parties may also nominate a member to attend the Joint Public Health Board as a non-voting member. A non-voting member shall be entitled, subject to the relevant rules of procedure and the decision of the chair, to take part in meetings of the Joint Public Health Board

7.4 Membership of the Joint Public Health Board shall also comprise a nominated director from NHS Dorset Clinical Commissioning Group who shall be a non-voting member.

7.5 The quorum for meetings of the Joint Public Health Board shall be one voting member for each Party. The chair shall rotate between the Parties and will usually be member of the executive of the Party hosting the meeting.

7.6 The Joint Public Health Board shall where appropriate liaise with the Health and Wellbeing Boards operating in the Areas in the performance of its Functions and shall provide information and reports as requested by those Boards.

8. CONFIDENTIALITY

The Parties agree to keep confidential all confidential information relating to or received from another Party pursuant to this Agreement and only to use the same for the purposes envisaged by the Agreement.

9. TERMINATION

9.1 A Party shall be able to terminate its participation in the Arrangements at any time by giving at least six months' written notice to the other Party.

10. CONSEQUENCES OF TERMINATION

10.1 On the termination of the Arrangements:

(a) assets purchased from the Pooled Fund shall be disposed of by Dorset and the proceeds of sale allocated according to the Parties' Financial Contributions or, if otherwise agreed and subject to the conditions of such agreement, shall be retained by Dorset;

(b) to the extent that TUPE does not apply, Dorset may make redundant such members of staff employed in the exercise of the Functions as is appropriate to reflect its consequent reduced workload.

(c) the Parties shall co-operate in respect of contracts entered into by Dorset on behalf of both Partners. The obligations under such contracts shall be split on termination of the Arrangements and each Party agrees to assume liability and responsibility for such contractual obligations as pertain to their respective areas for the duration of the contract.

10.2 Overspends (including without limitation, redundancy costs) shall be dealt with in accordance with clause 6.4.

10.3 Subject to clause 10.4, underspends shall be dealt with in accordance with clause 6.6.

10.4 Dorset shall be entitled to direct any underspends to the following purposes:

(a) to meet obligations under contracts;

(b) to meet the costs of any employment claims.

11. DISPUTES

11.1 Should any dispute arise as to the interpretation or operation of this Agreement or any other matter relating to the Functions (the "Dispute"), any duly authorised officer of the Party in dispute may serve written notice on the other setting out brief details of the Dispute (the "Dispute Notice") and the Parties shall use all reasonable endeavours to settle the Dispute by good faith negotiation between directors of the relevant service areas.

11.2 If the directors are unable to settle the Dispute within fifteen calendar days of the date of service of the Dispute Notice, or if in the opinion of directors such dispute might be more effectively resolved in another forum, they shall refer the Dispute to the Chief Executives and/or Leaders of the parties or their nominees who shall use all reasonable endeavours to settle the Dispute by good faith negotiation.

11.3 If the Chief Executives and/or Leaders of the parties or their nominees do not reach such a settlement within a period of thirty calendar days from service of the Dispute Notice, then upon written notice by either Party to the other the Dispute shall be referred to mediation in accordance with the Centre For Effective Dispute Resolution Model Mediation Procedure. If the parties cannot agree on a mediator, the mediator shall be nominated by CEDR. The Parties shall bear their own costs in relation to the mediation.

11.4 Failing resolution through mediation, the Dispute shall be referred to arbitration and the following provisions shall apply:

11.4.1 the arbitrator shall be appointed jointly by the Parties or, failing agreement, by the President for the time being of the Chartered Institute of Arbitrators

11.4.2 the procedure and venue for arbitration shall be agreed by the Parties or, failing agreement, determined by the arbitrator;

1 1.4.3 if any Party fails to comply with any procedural order made by the arbitrator, the arbitrator shall have power to proceed in the absence of that Party and deliver the award; and

11.4.4 the arbitrator's decision shall be final and binding on the Parties and

11.4.5 the costs of the arbitration shall be paid as directed by the arbitrator

12. NO PARTNERSHIP

Nothing in this Agreement shall be construed as constituting a legal partnership between the Parties or as constituting one Party as the agent of the other Party for any purpose whatsoever.

13. GOVERNING LAW AND JURISDICTION

This Agreement and any dispute or claim arising out of or in connection with it or its subject matter shall be governed by and construed in accordance with the law of England and Wales, and the Parties irrevocably agree that the courts of England shall have exclusive jurisdiction to settle any dispute or claim that arises out of or in connection with this Agreement.

Executed as a Deed
by affixing the Common Seal of
DORSET COUNCIL
in the presence of:

……
Authorised Signatory

Executed as a Deed
by affixing the Common Seal of
BOURNEMOUTH CHRISTCHURCH AND POOLE COUNCIL
in the presence of:

……
Authorised Signatory

Appendix 1

Joint Public Health Board Terms of Reference

(a) Role

The Joint Public Health Board (the Board) is a joint executive body for the delivery of the public health functions carried out by the shared public health service (known as Public Health Dorset) on behalf of Dorset Council and Bournemouth, Christchurch and Poole Council. The Board will continue to be the joint executive for so long as the two councils are working in partnership.

(b) Membership

The Board will consist of two voting members drawn from the executives of each of the two partner councils (a total of four members), plus a nominated Director from Dorset Clinical Commissioning Group.

Each council may at any time appoint replacement members to serve on the Board provided that any such member must be a member of that authority's executive.

Notice of any change should be provided to the Democratic Services Manager of Dorset Council as the host authority for the shared service.

Each authority may also nominate one non-executive member to attend the Board as a non-voting member.

(c) Chairmanship

The Chairman shall rotate each meeting and it will be usually an executive from the Council hosting that particular meeting.

(d) Quorum

The quorum for meetings of the Board shall be one voting member from each of the two councils.

(e) Frequency of meetings

The Board shall meet as a minimum four times a year, usually in July, November, February and May and subject to room availability the venue for meetings will rotate meeting by meeting around the offices of the two partners.

Additional meetings of the Board shall take place as determined by the Board in order to fulfil its work programme.

Further meetings shall be convened if requested by any two members of the Board.

(f) Officers

The lead officer for the Board shall be the Director of Public Health.

As host authority Dorset Council will convene meetings of the Board and will provide administrative, financial and legal advice.

(g) Standing Orders

The business of the Board shall be regulated by the standing orders and procedure rules of Dorset Council as the host authority except to the extent that they are superseded by the Shared Service Agreement between the two partner councils.

(h) Terms of Reference

I. Discharge of the public health functions of the two councils under the Health and Social Care Act 2012 through the shared service.

II. Approve, monitor and provide assurance on the delivery of the functions referred to in I. (above) via an annual Public Health Business Plan.

III. Receive and respond to reports from any subgroups of the Board.

IV. Monitor progress and performance in the delivery of mandated public health programmes across and within the two local authorities. In doing so, draw on local and national indicators and outcome measures.

V. Acting within the requirements of the Code of Practice in Local Government Publicity, seek to influence

and advise, local and central government and other agencies on public health issues.

VI. Ensure that the shared service (Public Health Dorset) provides effective and timely public health advice to the NHS and local Councils.

VII. Support the host authority and the Director of Public Health in the performance of their functions.

VIII. Receive and approve the annual budget; monitor budget spend in accordance with the Ring-fenced Grant conditions as set out by Public Health England.

Appendix 2

Finance Appendix (to be inserted)

Joint Public Health Board
21 July 2020
Finance Update

Choose an item.

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr N Greene, Covid Resilience, Schools and Skills, Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Author: Jane Horne
Title: Consultant in Public Health
Tel: 01305 224400
Email: jane.horne@dorsetcouncil.gov.uk

Report Status: Public

Recommendation:
The Joint Public Health Board is asked to note this report.

Reason for Recommendation:
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 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.

1. Executive Summary

1.1. This report provides a regular 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.

1.2. The opening revenue budget for Public Health Dorset I 2020/2021 was £28.748M. This is based on a combined Grant Allocation of £33.838M, a real-terms increase from 19/20.

1.3. Dorset Council retains £617k and BCP retains £4.472M of their respective 20/21 ring-fenced grants. The public health ring-fenced conditions apply equally to these elements of the grant. Both DC and BCP are forecasting breakeven against their retained grant.

1.4. COVID-19 has had a significant impact on Public Health Dorset and both local authorities. Financial impacts have been hard to gauge as many of our public service partners have been urged to do whatever it takes in response to the pandemic, so expected additional costs have been met through redeployment and other routes. It is unclear to what extent this will continue going forward. At the same time activity in many areas has decreased or paused, with resulting savings. After allowing for known cost pressures, our current provisional forecast for 20/21 is £1M underspend.

1.5. Plans in support of COVID-19 local outbreak management plans are developed through the COVID-19 Health Protection Board, chaired by the Director of Public Health. Additional funding from the Test and Trace Grant to support these plans is overseen by each local authority. Direct costs to the shared service in supporting this work are currently being managed within the overall Public Health Dorset budget without making a call on this resource.

1.6. Reserves stand at £617k for Prevention at Scale and £293k uncommitted funds.

2. Financial Implications

2.1. The shared service model was developed to enable money and resources to be used efficiently and effectively, whilst retained elements allow for flexibility for local priorities.

3. Climate implications

3.1. Public Health Dorset supports a range of work that will have impacts on climate change, and some of this work has seen massive change through the COVID-19 period. A key focus for recovery will be how to maintain this impetus.

4. Other Implications

4.1. Public Health Dorset deliver mandated public health functions on behalf of both Dorset Council and BCP council. A key part of this is assurance on

the Health Protection function, working closely with the South West Public Health England team. This is clearly critical in our response to COVID-19.

5. Risk Assessment

Having considered the risks associated with this financial monitoring, the level of risk has been identified as:

Current Risk: MEDIUM
Residual Risk: LOW

6. Equalities Impact Assessment

This is a monitoring report therefore EqIA is not applicable.

7. Appendices

Appendix 1. Finance Tables October 2020

8. Background Papers

Previous finance reports to the Board
Public Health grant to local authorities 2020/2021, published 17/03/20

9. 20/21 Public Health Dorset Budget and Forecast Out-turn

9.1. The Spending Round 2019 announced a real term increase to the overall public health grant for 2020/21. Detail, shared with local authorities on 17/3/20, showed a £900k increase for Dorset council (from £13,172k to £14,072k) and a £412k increase for BCP council (from £19,353k to £19,766k). Guidance released alongside the grant notes that this *includes an adjustment to cover the estimated additional Agenda for Change pay costs of eligible staff working in organisations commissioned by local authorities to deliver public health services.*

9.2. Agreed local authority contributions are set out in table 2 in the appendix. This gives a shared service budget of £28,748k.

9.3. Clearly the COVID 19 pandemic has meant substantial changes for our public health services. Many of our public service partners have been able to manage adaptations to services through redeployment and other routes. Meanwhile other public health services have slowed or paused and it is not clear to what extent these may return to normal within the year.

9.4. The public health team is also playing a key role in our local COVID response, with staff extending their working hours, an on-call rota being stood up, and additional resources being bought in to support. It is anticipated this will need to continue until Mar 2021 as a minimum.

9.5. Given the uncertainty associated with COVID it is difficult to deliver an accurate forecast. Our current provisional forecast for 20/21 is a £1M underspend. This takes account of:

a. Non-COVID related cost pressures on services:

- Drug and Alcohol services: £240k (additional demand in BCP)
- Agenda for Change uplift on NHS contracts: estimated at £310k – final figure not yet clear

b. Estimated COVID related full year impact:
- Assume reduction in spend on NHS Health Checks and other Community Health Services continues: £900k compared to budget
- Adaptation to services to date to make them COVID secure (this includes elements of planned PAS work on smoking): £250k
- Modelling and data science to support EpiCell work: £60k
- COVID response cost pressures within the team: £100k

9.6. The forecast may not fully account for:
- Suicide and bereavement support: some picked up elsewhere in system or trough PHD team costs – any additional impact unclear at this time
- Significant change in activity within Community Health Services either due to recovery or further reduction from November
- Any further COVID response costs falling on PHD team not covered by other grants such as Test and Trace grant.

9.7. Public Health Dorset recognises that both Councils are facing significant financial challenges. Following announcement of additional COVID-19 funding from MHCLG in March 2020, Public Health Dorset agreed, in discussion with both councils that any cost pressures identified at that point would be funded through the grant uplift or other system partners and no call would be made on the MHCLG funding.

9.8. The forecast does not take account of work to support Local Outbreak Management Plans and any use of the additional resources allocated from the Test and Trace Grant from MHCLG on 10 June 2020 to support these.

10. Grant allocation retained by the Local Authorities

10.1. Alongside the shared public health service, 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. The public health ring-fenced conditions apply equally to the whole grant and is therefore also covered in this report.

10.2. BCP council retains £4.472M of their £19,766k grant. Within BCP council this is set against the following budget areas in the medium-term financial plan, which are all expected to breakeven: .
- Drugs and alcohol services for adults and children (£1.841M). This spend is predominantly within the previous Bournemouth Borough

Council area, where PHD have more limited commissioning responsibility. PHD currently have responsibility for all of the Christchurch drugs and alcohol services and the majority of those in Poole.

- Children's centres and early help (£2.494M) and early intervention around 'adolescent risk' agenda (£20k).
- A central overheads element – (£117k, 2.7% of total retained grant).

10.3. Dorset Council retains £617k of their £14,072k grant. Within Dorset Council this is set against the following budget areas, which are all expected to breakeven

- Community safety (£170k). This supports the Dorset Council Community Safety team, including some of the work that they deliver on behalf of both councils.
- Community development work (£333k). Previously the POPPs service, this supports community development workers across Dorset with building community capacity, but also has a specific focus on supporting vulnerable individuals who have suffered from or are at risk of financial scams.
- Children's early intervention (£114k). This includes support around Teenage Pregnancy, and work through HomeStart.

11. Reserve position

11.1. The overall reserve position stands at £910,600. This is made up of £617k PAS committed reserves and £293.6k uncommitted reserve (lower than the planned £0.5M contingency).

11.2. Indicative plans for the PAS reserves were agreed this time last year, for delivery as part of the Public Heath Dorset 2020/21 business plan. The COVID pandemic has meant that:

- Work on tobacco control for vulnerable groups, including e-cigarettes has progressed although adapted because of COVID. Costs have so far been covered through underactivity in smoking cessation through other community providers.
- Digital enhancements to the Health Improvement offer have slowed but are continuing.
- Suicide prevention work has continued although plans for training have had to be adapted.

11.3. We do not anticipate a need to pull on reserves during 20/21. The projected underspend from the financial year 2020/21 will be returned to Councils for use in line withing the Grant criteria. Following agreement

with both Section 151 Officers, the underspend will be returned in line with the proportion of the overall Grant paid to the shared service.

11.4.

11.5. In future financial years, including 2021/22, the contribution to the shared service will be agreed in advance, allowing for a more planned investment of the public health Grant outside of the shared service.

12. Look forward to 21/22

12.1. The Spending Round 2019 covered a single year planning round. It seems unlikely that in the midst of a COVID pandemic there will be reductions to the Public Health Grant. Our planning for next year is therefore built on an assumption that the Public Heath Grant will be the same as 20/21.

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

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

Appendix 1. Finance Tables July 2020

Table 1. 20/21 Forecast Outturn

2020/21	Budget 2020-2021	Forecast outturn 2020-2021	Forecast over/underspend 2020/21
Public Health Function			
Clinical Treatment Services	£11,859,000	£11,230,864	£628,136
Early Intervention 0-19	£11,185,000	£11,442,000	-£257,000
Health Improvement	£2,648,000	£1,876,255	£771,745
Health Protection	£35,500	£27,280	£8,220
Public Health Intelligence	£180,000	£190,511	-£10,511
Resilience and Inequalities	£314,100	£181,907	£132,193
Public Health Team	£2,527,000	£2,705,010	-£178,010
Total	**£28,748,600**	**£27,653,827**	**£1,094,773**

Table 2. Partner contributions 20/21

2020/21	BCP	Dorset	Total
	£	£	£
2020/21 Grant Allocation	19,765,800	14,072,300	33,838,100
Less retained amounts	-4,472,100	-617,400	-5,089,500
Joint Service Budget Partner Contributions	15,293,700	13,454,900	28,748,600
Budget 2020/21			**£28,748,600**

Table 3. Public Health Reserves

Opening balance 1/4/20	£910,600	
PHD Commitment to STP/PAS costs Uncommitted balance	£617,000 £293,600	

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Joint Public Health Board

5 November 2020
Clinical Services Performance Monitoring

For Recommendation to Council

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr N Greene, Covid Resilience, Schools and Skills, Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Authors: Nicky Cleave and Sophia Callaghan
Title: Assistant Director of Public Health
Tel: 01305 224400
Email: nicky.cleave@dorsetcouncil.gov.uk; sophia.callaghan@dorsetcouncil.gov.uk

Report Status: Public

Recommendations:

The Joint Board is asked to consider the information in this report and to note the performance in relation to drugs and alcohol, and sexual health.

Reason for Recommendation:

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.

1. Executive Summary

This report provides a high-level summary of performance for drugs and alcohol and sexual health services, with supporting data in appendices.

A report on clinical treatment services performance is considered every other meeting.

2. Financial Implications
None

3. Climate implications
No direct implications.

4. Other Implications
N/A

5. Risk Assessment
Having considered the risks associated with this decision, the level of risk has been identified as:
Current Risk: LOW
Residual Risk: LOW

6. Equalities Impact Assessment
An Equalities Impact Assessment is not considered necessary for this agreement.

7. Appendices
None

8. Background Papers
Previous reports to the JPHB.

1. Background

1.1 The Joint Public Health Board reviews performance of commissioned services on a six-monthly basis. This report focuses on our core treatment services for drugs and alcohol and for sexual health and associated services commissioned from pharmacies through.

1.2 Alongside this the Board also receives regular updates against the Public Health Dorset Business Plan to monitor progress against agreed deliverables.

2. Drugs and Alcohol

2.1 Detail on latest performance is available in the appendix. This has identified some key issues:

- The number of opiate users engaged in treatment in the BCP Council area has increased, in line with priorities set by commissioners. Engagement

rates are now approaching the national average, and several people who have previously struggled to engage with treatment are now making progress as part of the Everyone In response to COVID-19.

- These increased numbers have put services under pressure, prompting a review of the design and delivery of the specialist prescribing service in BCP Council. These challenges will be addressed through the recommissioning of the treatment system in 2021.
- In Dorset and Poole, recommissioning in 2017 led to a disruption in performance for opiate clients with gradual improvements after the first year. Completion rates in BCP Council continue to fall as the overall number of people in treatment increases, though the number of individuals completing remains consistent.
- For alcohol, we would expect performance around the national average. With the emergence of COVID-19 completion rates have fallen as access to some interventions (e.g. detoxification services) has been limited.
- Performance related to non-opiates is around national averages as would be expected. Variation is largely due to small numbers. Completion rates for alcohol and non-opiate clients in Dorset require further investigation.
- Alcohol related hospital admissions are higher than the national average and rising in both Bournemouth and Poole while the figure for Dorset is relatively stable. This may have implications for how the acute trusts and other partners address alcohol related issues.
- Bournemouth shows good and improving performance in relation to delivering blood borne virus interventions, particularly in relation to Hepatitis C tests. This is likely to be due to specific targeted work to engage more people in new treatments. Dorset and Poole rates have also slightly improved, potentially as a result of the expansion of the Hep C programme across the county. There is still, however, work to do to further improve performance.
- Drug-related deaths continue to be a priority locally and are being closely monitored to assess the impact of changes resulting from COVID-19. Early indications are that 2020 figures will be in line with 2019.
- There is still work to do to improve Naloxone distribution, particularly in relation to people not currently in treatment. We are exploring delivering this through other partners but are limited by the current regulations which mean that housing support providers for example, cannot generally distribute this medicine.

3. Sexual Health

3.1 Detail on performance is available in the appendix and the data shows that all new STIs (excluding Chlamydia in the under 25s) per 100,000 aged 15 to 64 years in 2019 infection diagnoses are lower than England average in Bournemouth, Christchurch and Poole combined and lower in Dorset. A longer-term trend shows a rise for 2014/5 in Bournemouth, Christchurch

and Poole and a fall in 2016 but relatively static overall between the period 2012 to 2019, compared with a rise nationally

3.2 For chlamydia screening Sexual Health Services in Dorset have adopted a more targeted focus in directing screening to areas of greater need to increase positivity rates and subsequent treatment. So, the proportion of those 15-25 years olds screened in higher prevalence areas are higher. The numbers screened aged between 15-25 in Bournemouth, Christchurch and Poole combined are shown as higher than England average and Dorset are much lower. The diagnoses for those over 25 are lower than England average across both council areas.

3.3 The rate of gonorrhoea has increased since 2016 in Bournemouth, Christchurch and Poole and Dorset but remains lower than the England average with figures of 82.4 and 36.5 per 100,000 population respectively compared to 123.5 in England.

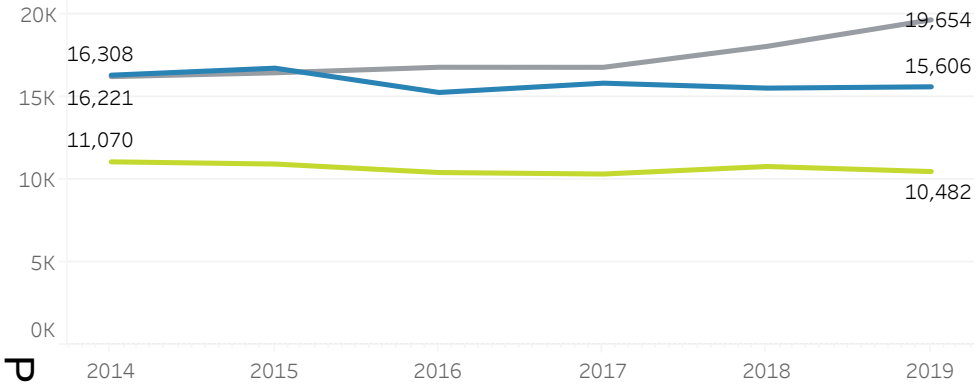
3.4 Nationally rates of syphilis diagnoses have been steadily rising, rates in Bournemouth, Christchurch and Poole have risen from 2017 onwards, and are now above England average (14.42 and 13.85 respectively). Updated more recent data shows that rates have started to fall again in Bournemouth, Christchurch and Poole.

3.5 Nationally, under-18 conception rates have fallen over time from 22.8 to 16.72 per 1,000 females aged 15-17. Bournemouth, Christchurch and Poole were slightly above the England rate in 2017 and are now below England (13.10 from 19.09) and Dorset remain below the England rate (12.11).

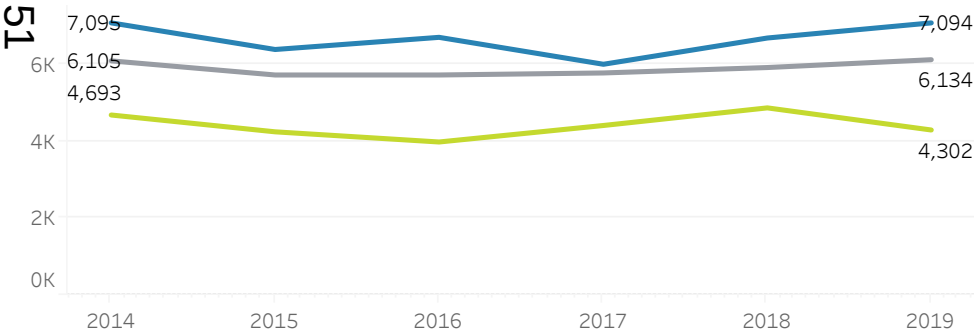
Sam Crowe
Director of Public Health

JOINT PUBLIC HEALTH BOARD SEXUAL HEALTH PERFORMANCE REPORT

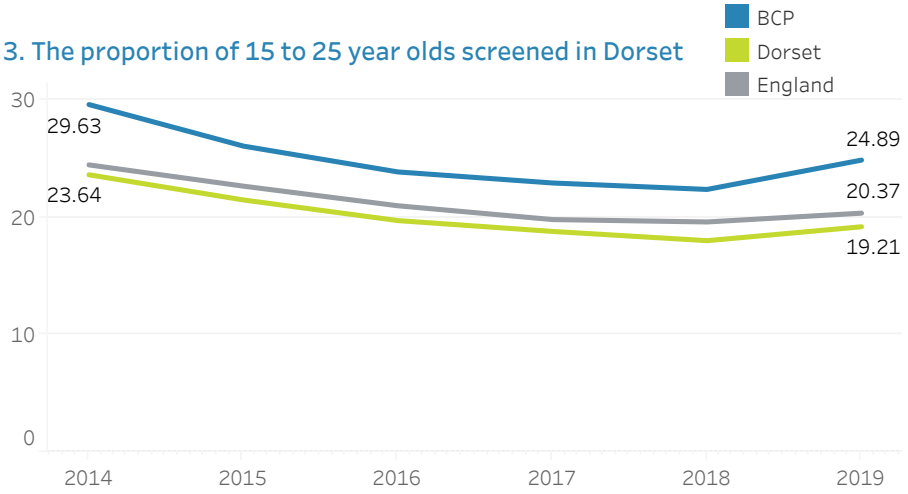
1. New sexually transmitted infections diagnoses in under 25 year olds per 100,000 population



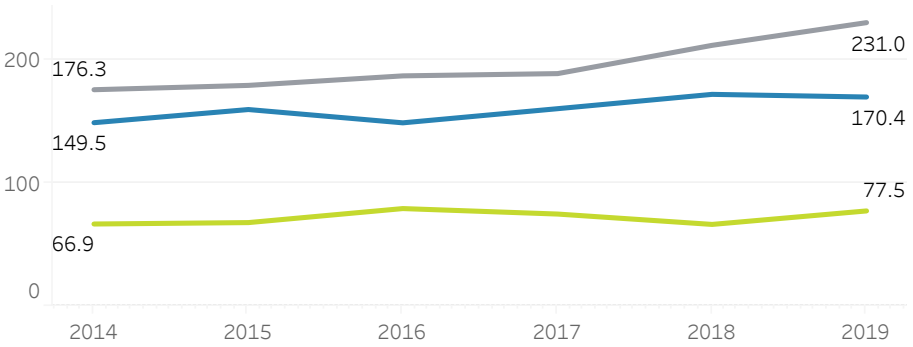
2. Rate of Chlamydia diagnoses for age 15-25 years



3. The proportion of 15 to 25 year olds screened in Dorset



4.Rate of Chlamydia diagnoses for age 25 years and over



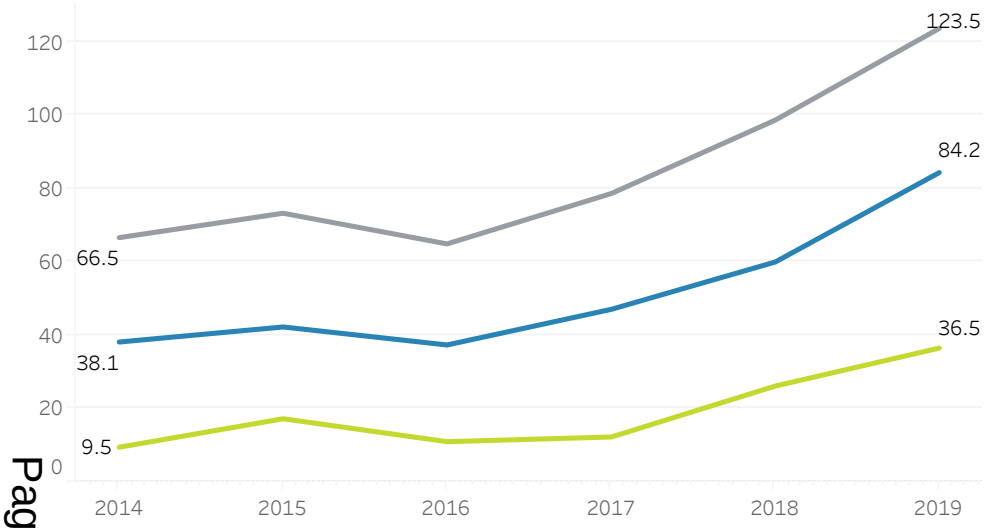
All new STIs (excluding Chlamydia in under 25s) per 100,000 aged 15 to 64 years showed that in 2019 infection diagnoses are lower than England average in Bournemouth, Christchurch and Poole combined and lower in Dorset. A longer-term trend shows a rise for 2014/5 in Bournemouth, Christchurch and Poole and a fall in 2016 but relatively static overall since 2012 to 2019 compared to a rise nationally.

For chlamydia screening Sexual Health Services in Dorset have adopted a more targeted focus in directing screening to areas of greater need to increase positivity rates and subsequent treatment. So, the proportion of those 15-25 years olds screened in higher prevalence areas are higher. The numbers screened aged between 15-25 in Bournemouth, Christchurch and Poole combined are shown as higher than England average and Dorset are much lower. The diagnoses for those over 25 are lower than England average across both council areas.

Created and maintained by the Public Health Dorset Intelligence Team
Data Source: PHE Fingertips - latest data published - 2019

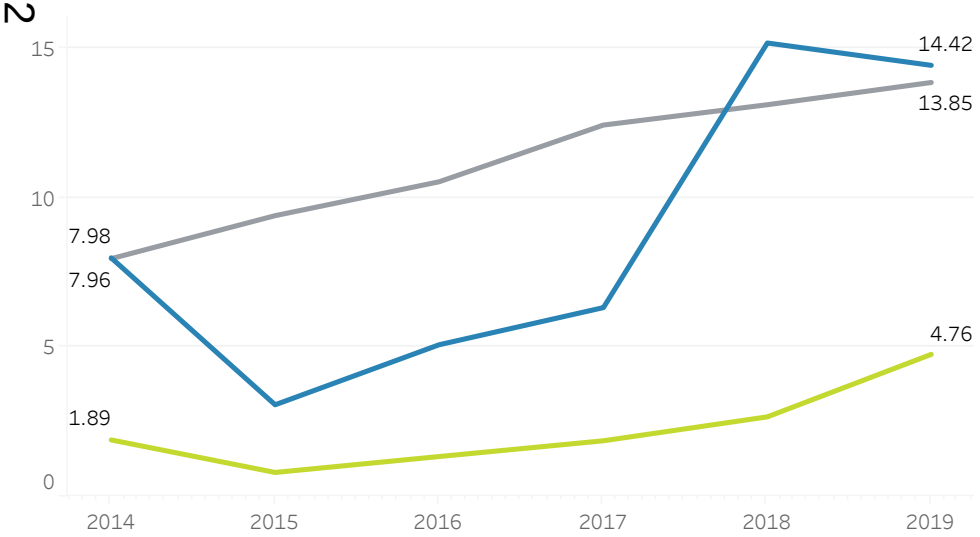
JOINT PUBLIC HEALTH BOARD SEXUAL HEALTH PERFORMANCE REPORT

5.The rate of Gonorrhoea diagnoses per 100,000 population



The rate of Gonorrhoea has increased since 2016 in Bournemouth, Christchurch and Poole and Dorset but remains lower than the England average with figures of 82.4 and 36.5 per 100,000 population respectively compared to 123.5 in England.

6.Rate of syphilis diagnoses per 100,000 population

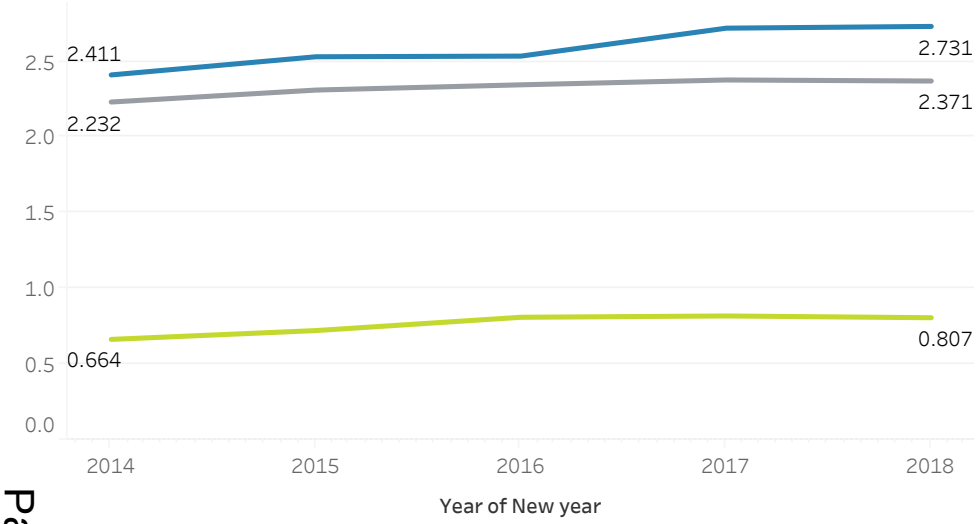


Nationally rates of syphilis diagnoses have been steadily rising, rates in Bournemouth, Christchurch and Poole have peaked again from 2017 following a decline since 2014 and are now above England average (14.42 and 13.85 respectively). Updated data shows that rates have started to fall again in Bournemouth, Christchurch and Poole.

Created and maintained by the Public Health Dorset Intelligence Team
Data Source: PHE Fingertips

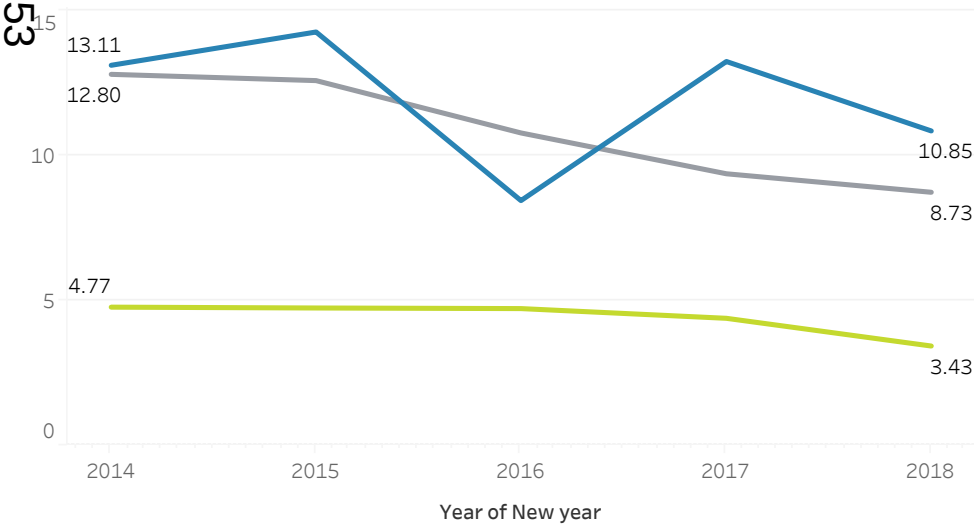
JOINT PUBLIC HEALTH BOARD SEXUAL HEALTH PERFORMANCE REPORT

7.HIV Diagnosed prevalence 15 -59



No new data for this indicator has been published since the last report. The prevalence rate for HIV in 2018 was 2.731 per 1000 population in Bournemouth, Christchurch and Poole, which was higher than the England average (2.371). Trends have remained higher, which was largely due to vulnerable groups residing in the area. This gives an amber ranking against the PHE goal of less than 2 per 1000 population. Rates for Dorset (0.80) were below average and ranked green.

8.HIV new diagnosis rate per 100,000 15 plus years.



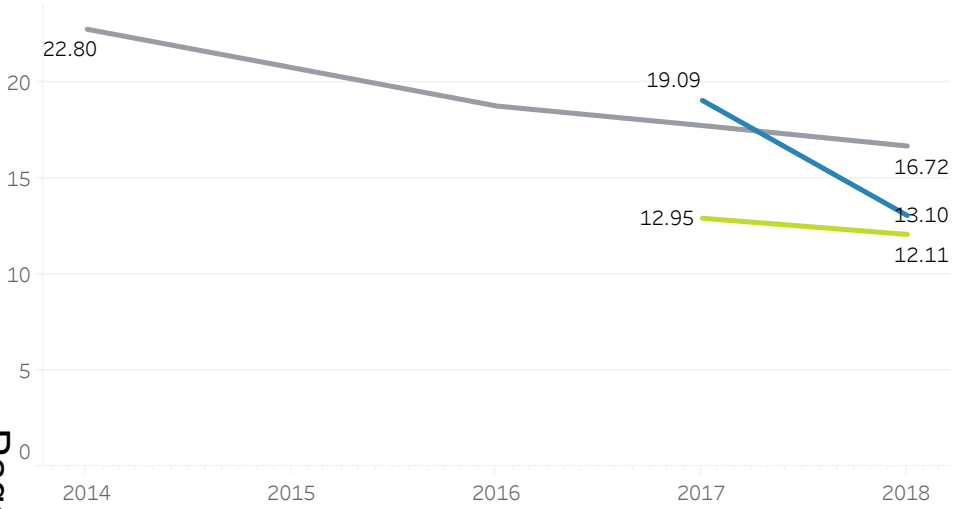
No new data for this indicator has been published since the last report.In 2018 data showed that HIV new diagnosis rates fell overall, but not significantly and remained above England average in Bournemouth, Christchurch and Poole, (8.73 and 10.85 respectively). Dorset remain low (3.43) and were decreasing. Late diagnosis for HIV has improved since 2011 as people are presenting and getting tested earlier and awareness of clinical indicators for HIV among care professionals has improved.

Created and maintained by the Public Health Dorset Intelligence Team
Data Source: PHE Fingertips

JOINT PUBLIC HEALTH BOARD SEXUAL HEALTH PERFORMANCE REPORT

9. Under 18 conception rates per 1000 population in females 15-17 years

Note: only 2017 figures provided for new LA areas



BCP
Dorset
England

Nationally conception rates have fallen over time from 22.8 to 16.72
Bournemouth, Christchurch and Poole were slightly above England average in 2017 and are now below average (13.10 from 19.09) and Dorset remain below average (12.11)

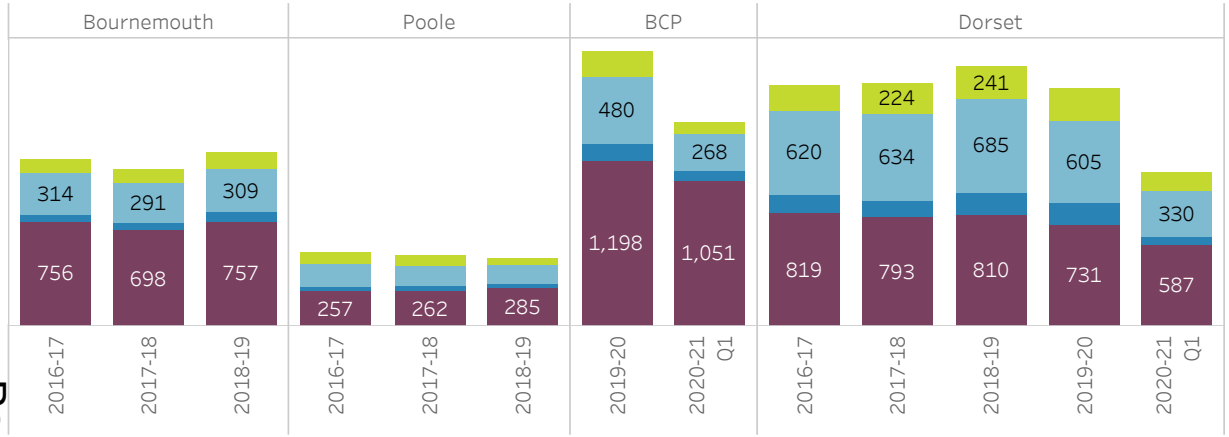
Created and maintained by the Public Health Dorset Intelligence Team
Data Source: PHE Fingertips & LARC Data

JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

NOVEMBER 2020

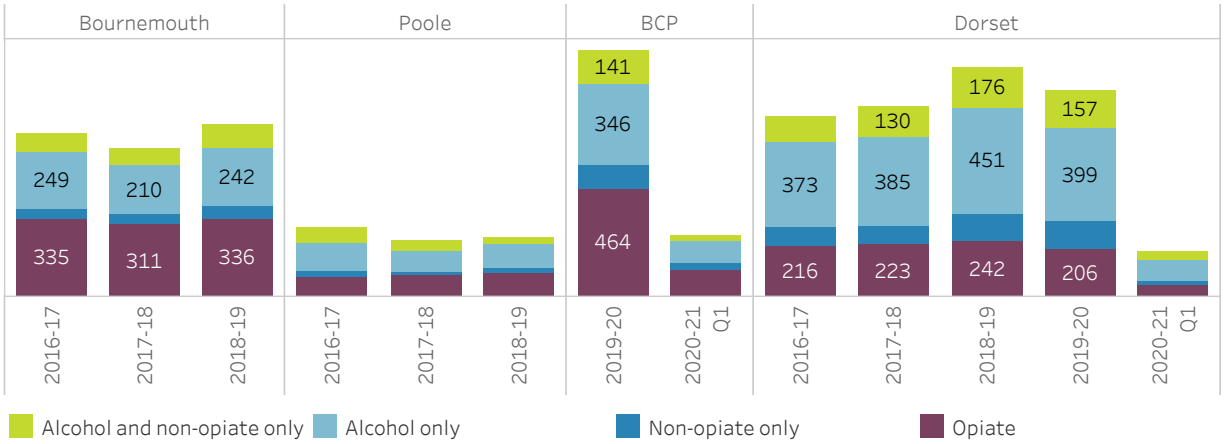
Number of Clients in Structured Treatment

(2020-21 data is as at end of Q1)



Number of New Presentations to Structured Treatment

(2020-21 data is as at end of Q1)



Estimates of Unmet Need

The estimated proportion of people in each area who are dependent on opiates and/or crack cocaine or alcohol not in the treatment system

		2015-16	2016-17	2017-18	2018-19
Bournemouth	Alcohol	87.2%	86.1%	87.0%	84.9%
	Opiates and/or crack..	49.7%	57.8%	60.9%	59.2%
Poole	Alcohol	85.7%	83.7%	85.9%	87.8%
	Opiates and/or crack..	52.9%	51.1%	49.8%	55.2%
Dorset	Alcohol	77.9%	77.0%	75.4%	72.9%
	Opiates and/or crack..	46.9%	48.6%	50.0%	43.7%
National	Alcohol	81.3%	78.1%	82.9%	82.6%
	Opiates and/or crack..	49.2%	49.6%	51.7%	54.0%

Increasing the number of opiate users engaged in treatment in BCP has been a specific priority for commissioners. Engagement rates are now approaching the national average, and several people who have previously struggled to engage with treatment are now making progress as part of the Everyone In response to COVID-19. However these increased numbers have put services under pressure, prompting a review of the design and delivery of the specialist prescribing service in BCP. Numbers remain stable and acceptable in Dorset.

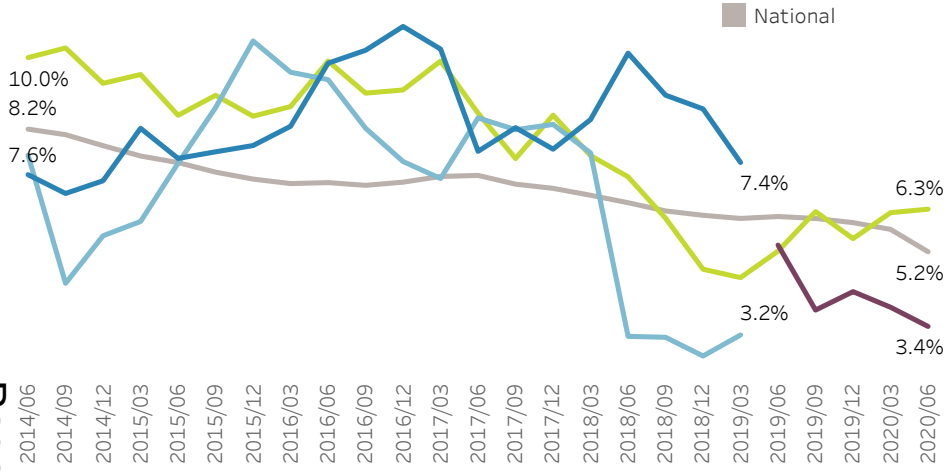
Created and maintained by the Public Health Dorset Intelligence Team.
Data Source: NDTMS DOMES & Adult Activity Report

JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

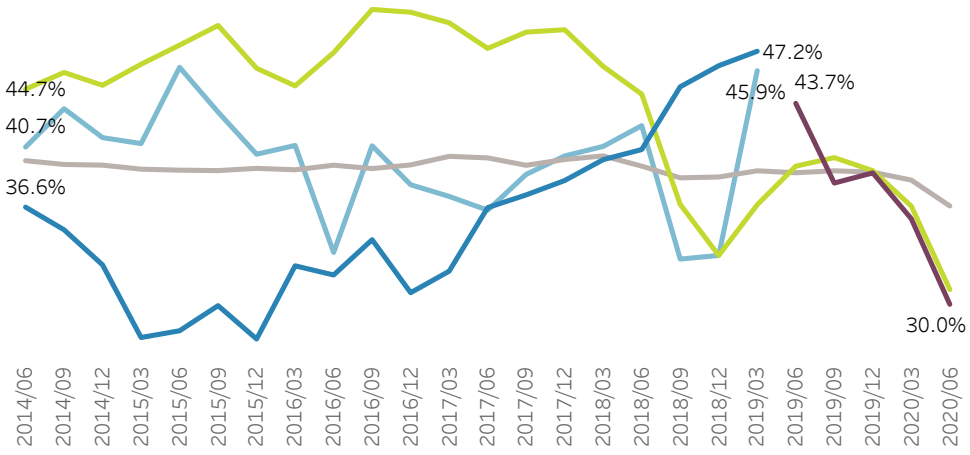
Successful completions as a proportion of all in treatment

Bournemouth
Poole
BCP
Dorset
National

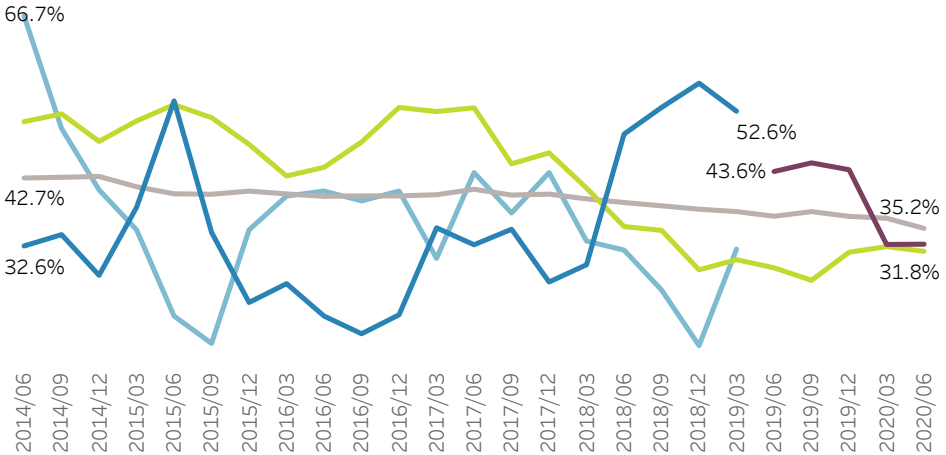
Opiate Successful Completions



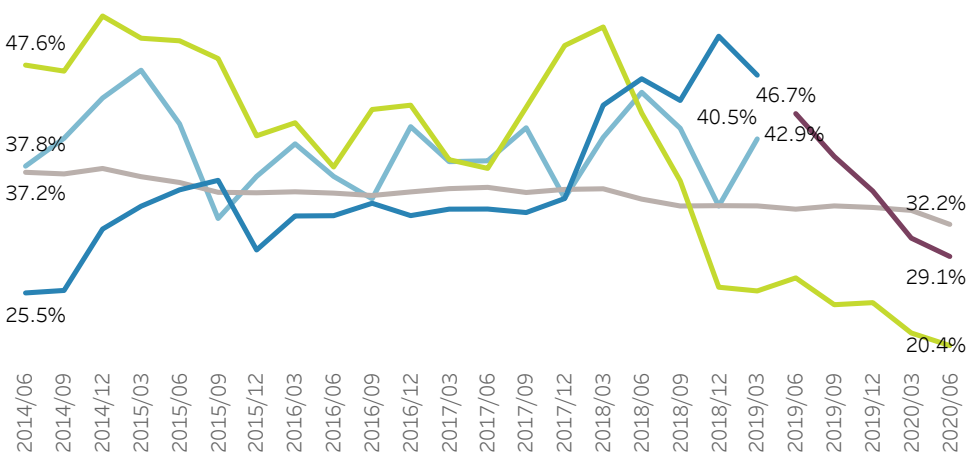
Alcohol Successful Completions



Non-Opiate Successful Completions



Alcohol & Non-Opiate Successful Completions



Opiates - in Dorset and Poole recommissioning in 2017 led to a disruption in performance for opiate clients with gradual improvements after the first year. Completion rates in BCP continue to fall as the overall number of people in treatment increases. This would happen even if the same number of people were completing successfully but added to this the increased numbers place pressure on the services. **Alcohol -** We would expect performance around the national average. With the emergence of COVID-19 completion rates have fallen as access to some interventions (eg detox) has been limited. Performance related to **non-opiates** is around national averages as would be expected. Variation is largely due to small numbers. Completion rates for **alcohol and non-opiate clients** in Dorset require further investigation.

JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

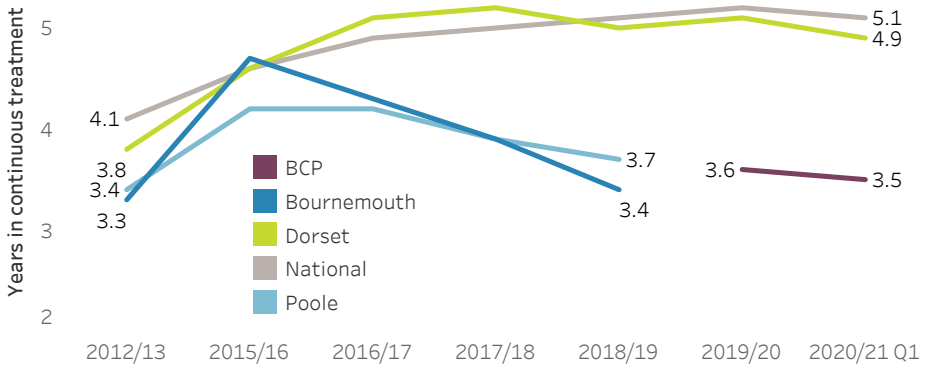
Time in treatment & alcohol related hospital admissions

Opiate Clients in treatment for 6 years or more

Number of clients in treatment for stated time period / all clients in treatment at the end of the period

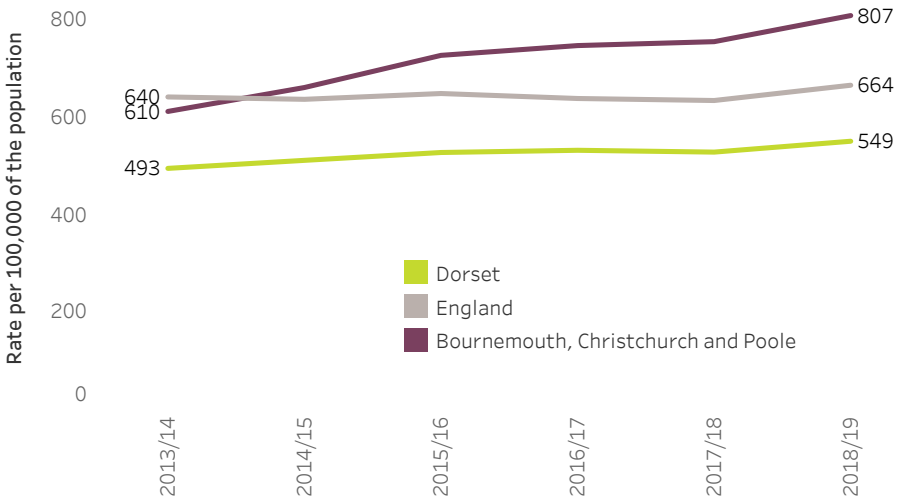
Area	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21 Q1
Bournemouth	29.4%	37.4%	32.9%	27.4%	21.7%		
Poole	32.8%	33.3%	32.2%	26.7%	22.6%		
BCP						19.7%	18.1%
Dorset	31.0%	32.9%	35.0%	34.6%	30.5%	30.1%	29.5%
National	31.3%	31.7%	32.6%	32.3%	31.8%	31.4%	30.6%

Opiate Clients - Average Time in Continuous Treatment (in years)



Alcohol Related Hospital Admissions

Rate per 100,000 of the population all ages - Narrow (Local Alcohol Profiles for England Indicator 10.01)
Where an alcohol-related illness was the main reason for admission or identified as an external cause



As the treatment system in Bournemouth has engaged a large number of new clients the average length of time people have spent in treatment has fallen. Dorset continues tomirror the national average.

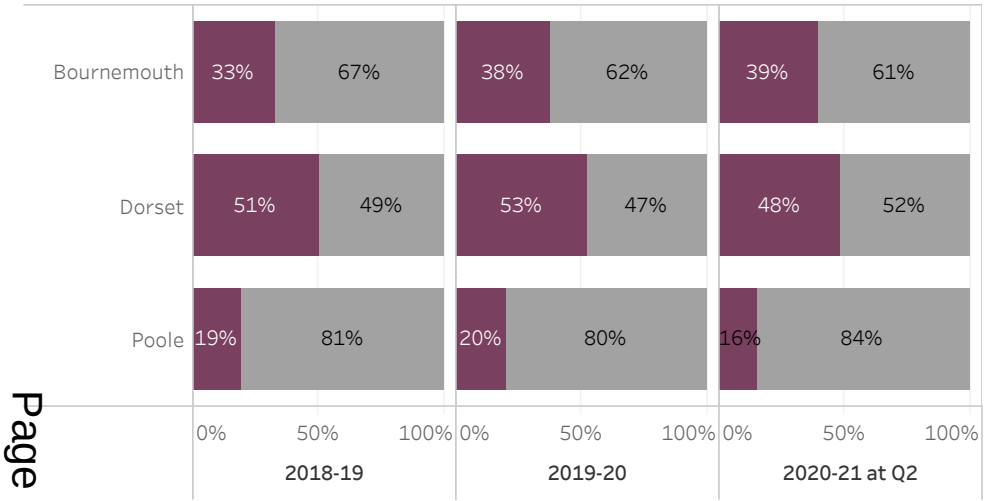
Alcohol related hospital admissions are higher than the national average and rising in both Bournemouth and Poole while the figure for Dorset is relatively stable. This may have implications for how the acute trusts and other partners address alcohol related issues.

Created and maintained by the Public Health Dorset Intelligence Team
Data Source: NDTMS DOMES and Local Alcohol Profiles for England (LAPE)

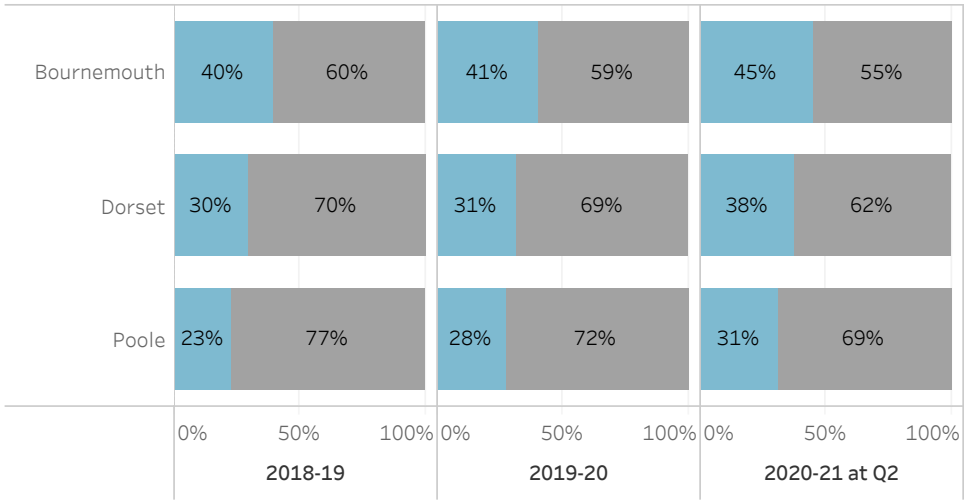
JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

Blood Borne Viruses

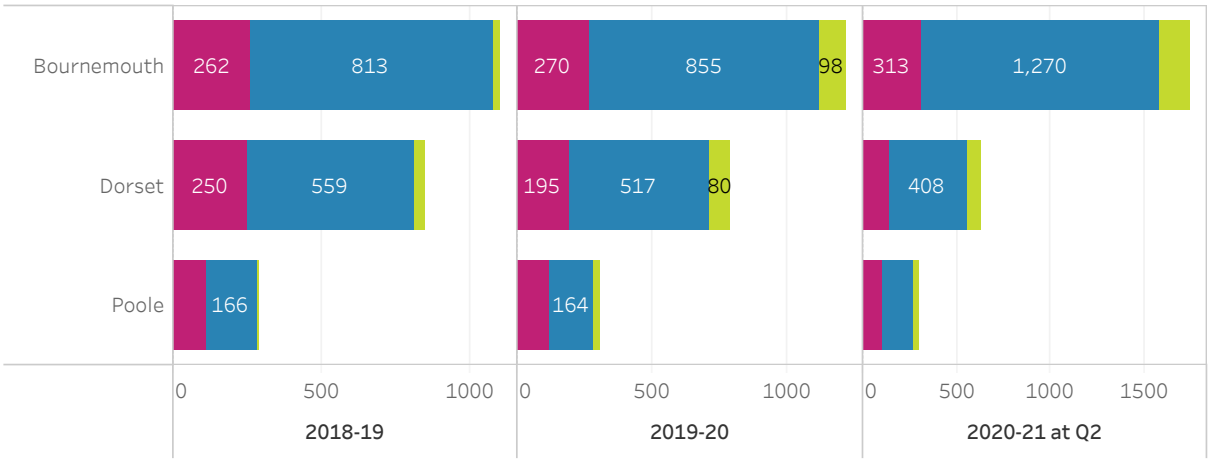
Percentage of Clients in treatment who accepted Hep B immunisation



Percentage of clients in treatment who have completed Hep B course



Hep C latest test date for clients who currently or have previously injected (for clients in treatment during each year)



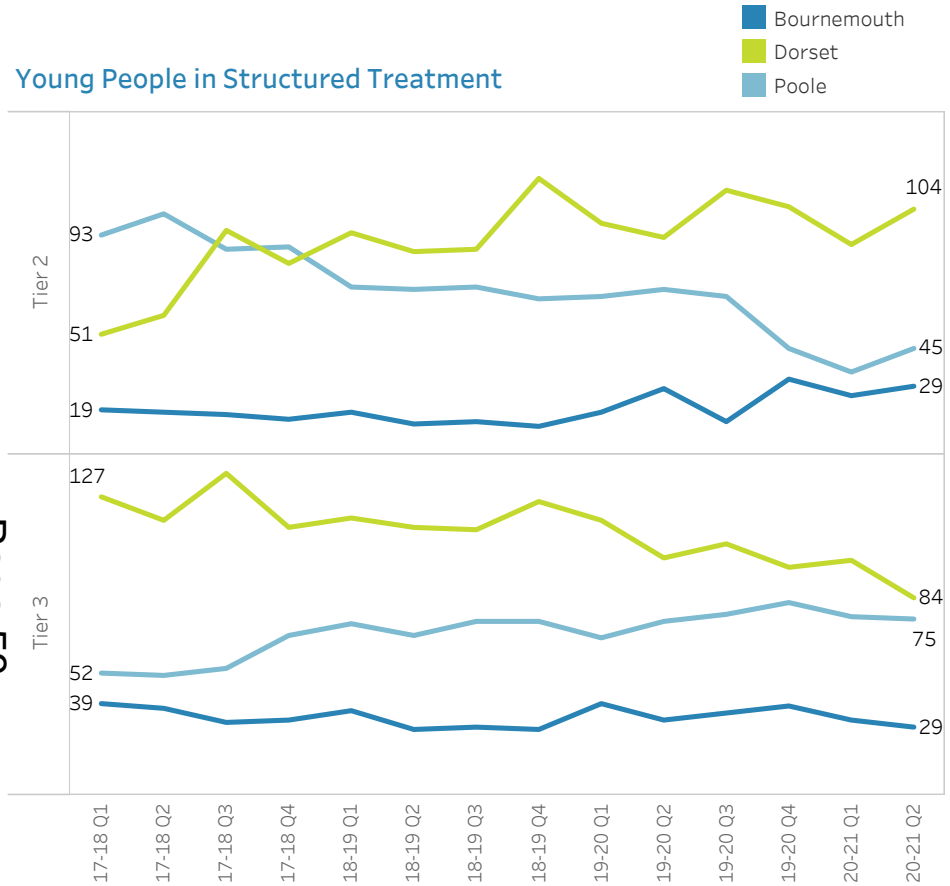
Bournemouth shows good and improving performance in relation to delivering blood borne virus interventions, particularly in relation to hep C tests. This is likely to be due to specific targeted work to engage more people in new treatments. Dorset and Poole rates have also slightly improved, potentially as a result of the expansion of the Hep C programme across the county. There is still, however, work to do to further improve performance.

Created and maintained by the Public Health Dorset Intelligence Team
Data Source: Halo Substance Misuse Case Management System

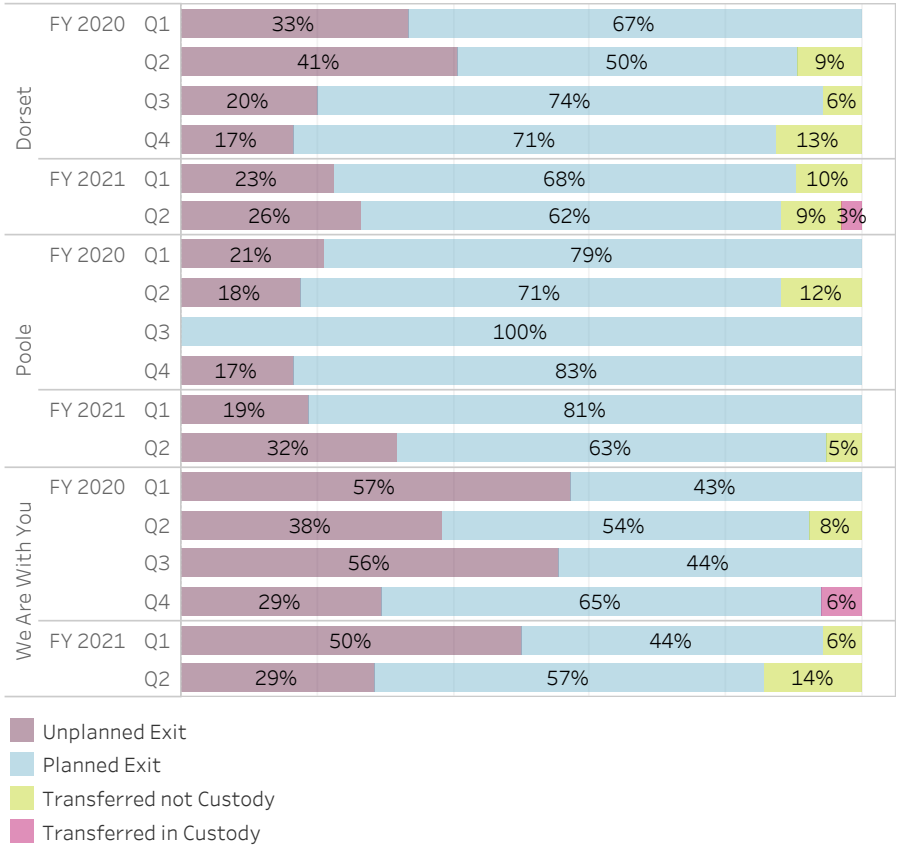
JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

Young people in treatment

Young People in Structured Treatment



Young People - Closures



As noted in previous reports a higher number of young people are engaged in Dorset due to the approach taken locally and this is reflected in the levels of vulnerability.

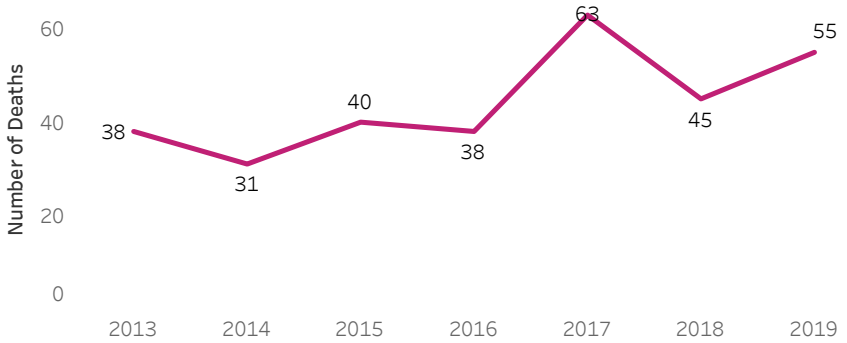
The number of tier 3 clients has dropped as they are being recorded more accurately as tier 2. In addition the latest figures tend to underestimate tier 3 numbers as a significant portion of the tier 2 clients will transfer to tier 3 over the next quarter.

Created and maintained by the Public Health Dorset Intelligence Team
Data Source: NDTMS and Halo Substance Misuse Case Management System

JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

Drug related deaths and Naloxone provision

Drug Related Deaths Pan-Dorset



Drug Related Deaths Locations

	2013	2014	2015	2016	2017	2018	2019
Bournemouth	20	21	19	19	27	18	23
Weymouth and Portland	8	4	8	3	12	7	7
Poole	6	5	3	7	7	9	8
West Dorset	3	1	2	3	4	4	7
North Dorset	1		3	3	6	5	4
Purbeck			2		2		2
Christchurch			2	2	4	2	1
East Dorset			1	1	1		3
Grand Total	38	31	40	38	63	45	55

Drug related deaths continue to be a priority locally and are being closely monitored to assess the impact of changes resulting from COVID-19. Early indications are that 2020 figures will be in line with 2019.

There is still work to do to improve Naloxone distribution particularly in relation to people not currently in treatment. We are exploring delivering this through other partners but are limited by the current regulations which mean that housing support providers for example, cannot generally distribute this medicine.

Naloxone Provision

Number of kits issued to date

	Bournemouth	Dorset	Poole
Client	519	521	257
People not in treatment	219	137	186
Worker	49	18	14

Naloxone kits used since start of project

By people in drug treatment	13	17	16
By people not in drug treatment	6	2	9
By drug workers	1		1

Outcome of usage

Created and maintained by the Public Health Dorset Intelligence Team
Data Source: Dorset Police DRD Coordinator and Halo

Joint Public Health Board
5 November 2020
Sexual health services update including COVID-19 response

For Recommendation to Council

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr N Greene, Covid Resilience, Schools and Skills, Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Authors: Sophia Callaghan
Title: Assistant Director of Public Health
Tel: 01305 225887
Email: sophia.callaghan@dorsetcouncil.gov.uk

Report Status: Public

Recommendations:

- To note successful joint procurement award to Dorset Healthcare NHS Foundation Trust and subsequent service mobilisation progress
- To note additional COVID measures and phased recovery planning

Reason for Recommendation: To update on progress and delivery during COVID-19.

1. Executive Summary

1.1 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.

1.2 The new community-based pan Dorset service commenced on 1st October 2020. The new service has simplified fragmented delivery arrangements

and has brought together a range of services to work together in an integrated model. This new service model, developed over the past two years, is more equitable, much more straightforward, efficient, effective and over time has made the required cost savings in line with the national savings made to the Public Health Grant.

1.3 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.

1.4 The new pan Dorset service has 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 is working differently, including using digital service offers, virtual clinics and community pick up points to keep essential services running.

1.5 Services have stayed open for emergencies. As recovery begins the service is working to risk assess and reopen the satellite clinics that closed during lockdown. The recovery will be a phased approach due to capacity and change in practice due to COVID-19.

2. Financial Implications

None

3. Climate implications

No direct implications.

4. Other Implications

N/A

5. Risk Assessment

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW
Residual Risk: LOW

6. Equalities Impact Assessment

An Equalities Impact Assessment is not considered necessary for this agreement.

7. Appendices

None

8. Background Papers

None

1. Background

1.1 Sexual health services are one of the five programmes that Councils are mandated to provide under the 2012 Health and Social Care Act. In Dorset they include:

- Contraceptive services (including prescribing costs);
- Young people's sexual health;
- HIV prevention, sexual health promotion, services in educational settings and pharmacies;
- Sexually transmitted infections (STI) testing and treatment at Genitourinary medicine (GUM) clinics;
- Chlamydia screening and HIV testing.

1.2 The service is commissioned on a pan-Dorset basis, from the pooled budget provided to Public Health Dorset from the Public Health Grant. Other sexual health services are commissioned by different organisations – Dorset Clinical Commissioning Group (CCG) and NHS England (NHSE).

1.3 The vision for sexual health services locally was to develop a single integrated service, with a single service model on a pan-Dorset basis. Traditionally, sexual health services were fragmented, with genito-urinary medicine (GUM) and community services running separately with little integration. HIV services, which were managed by the same GUM department, were separate and commissioned by NHSE. There were also inequities in provision between East and West Dorset. Service integration would ensure that the system was as straightforward as possible with effective joint working between services.

1.4 Public Health Dorset and NHS England worked together under a collaborative procurement agreement, with Dorset Council providing legal and procurement oversight, to procure and award an integrated sexual health and HIV service to Dorset Health Care. The new integrated model started as a new pan Dorset service on 1st October 2020.

1.5 Public Health Dorset wanted to improve how the service met population need, providing the right level of service, by the most appropriate professional at the right time and place. The procurement process enabled the opportunity to develop a new community-based model for the sexual health and HIV service to provide:

- A successful lead provider model, with integrated delivery of levels 1,2,3 services (called Contraception and sexual health (CASH) and Genitourinary Medicine (GUM)
- A model which embeds education, behaviour change and multi-risk prevention strategies to the core and ethos of sexual health services.
- Innovative digital solutions including a single phone line, website, online STI testing and services to improve access, information and self-care
- A more outcomes focused service, which is equitable and easy to access with effective targeting of higher-risk groups.
- Responsive services that are in the right locations to meet the needs of the people in Dorset.

1.6 Historically, the sexual health services were paid for through a cost and volume contract with a fixed tariff. Activity (and cost) varied each month. In order to manage any financial risk associated with cost and volume contracts, one of the initial changes was that Public Health Dorset switched the tariff to a fixed block annual sum. Since 2015/16 the service providers have worked in collaboration to achieve the required service efficiencies and have managed to provide services within a reducing annual budget. In total, the contract values have reduced by around 20 per cent to achieve the reduction in the National Public Health Grant allocation. The agreed contract envelope has reduced from £6M in 17/18 to £5.6M in 19/20 and a further reduction to £4.8M in 2020/21. The new sexual Health Dorset service continues with these reductions in contract value in place.

2. Service Mobilisation Update

2.1 The mobilisation of the new service has gone smoothly. Robust contract management arrangements are in place (including agreed joint working processes with our co-commissioner NHSE/I). The provider has handled the dual challenge of responding to COVID-19 under the previous contract and mobilising the new one well. Overall, the mobilisation plan has remained on track, with some tasks being accelerated and others slightly delayed due to the pandemic. Some highlights include:

- **Staff engagement and TUPE:** the process of forming a single team under one provider is complete and was accompanied by a change management programme to keep people informed and successfully overcoming some significant risks around potential disengagement.
- **Premises move:** the move of the service in the east from the hospital (RBCH) to the Boscombe and Springbourne hub was successfully completed, and the new location is now open.
- **Online provision:** the implementation of online testing and contraception provision was rapidly accelerated due to the closing of face-to-face services during lockdown. This offer became fully operational well before the new contract go-live date. Dorset Healthcare is satisfied with SH:24 as their sub-contracted provider of the online service.
- **Patient record systems:** as scheduled, the whole service is now using electronic patient record systems where previously multiple systems were in use under different Trusts.
- **Pharmacy:** subcontracts are in place for drug supply and the appropriate connections have been made to support the governance of HIV pharmacy provision.

2.2 Some of the challenges with mobilisation include the test results element of the service with a delay in labs being able to complete the work (due to COVID pressures). The provider has contingency plans in place for recording test results and is exploring the options. An additional challenge for both commissioner and provider is the recent national mandate for routine commissioning of Pre-Exposure Prophylaxis (PrEP) for HIV to be the responsibility of Councils; a pan-Dorset roll out is planned by Public Health Dorset and PHE/NHSE are keen to support.

3. Changes Due to COVID-19 Response

3.1 During COVID-19 sexual health services coordinated a plan to support alternative ways of working e.g. digital/virtual access and maintenance of essential services for high risk /vulnerable individuals. The service closed the satellite clinics and kept the two hubs open in the East and the West. This was because staff had been redeployed, therefore capacity had been reduced, also to manage and reduce possible infection and to ensure the main centres were COVID secure and open for emergencies only. Virtual consultations were undertaken, and emergency procedures were undertaken face to face. Pick up points were offered for people requiring oral contraception; routine implants and coils were stopped during lockdown, with other forms of contraception offered in their place. Online STI testing was rapidly mobilised to ensure continued access.

3.2 Currently the service has successfully caught up on any backlog. Some of the service changes made during COVID-19 have been beneficial and therefore remained. These include online STI testing, telephone consultations and the contraception pick-up service. These measures have meant that people are getting booked in directly following the consultation to see the right professional for their procedure. So, although telephone consultations take time, it has resulted in efficient use of staff and has reduced non-attendance (DNAs).

3.3 As the services enter recovery the team are working to step up clinics within COVID-19 secure parameters and have opened an additional clinic in Poole. The other clinics are being risk assessed, and their return will be a phased approach as measures continue to impact on capacity and therefore activity levels.

Sam Crowe
Director of Public Health

Joint Public Health Board
5 November 2020

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

For Recommendation to Council

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr N Greene, Covid Resilience, Schools and Skills, Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Authors: Joanne Wilson
Title: Head of Programmes for Public Health
Tel: 01305 225894
Email: joanne.wilson@dorsetcouncil.gov.uk

Report Status: Public

Recommendations:

- To note the progress and achievements in year 1 implementation of the Children and Young People's Service.
- To note the challenges and restrictions to elements of the service during the COVID-19 pandemic and lessons learned to inform recovery planning

Reason for Recommendation:

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

1. Summary

This paper provides a summary of year one progress, achievements and notes the local challenges faced by the Children and Young People's Public Health Service (CYPPHS) during the COVID-19 pandemic.

2. Financial Implications
None

3. Climate implications
No direct implications.

4. Other Implications
N/A

5. Risk Assessment
Having considered the risks associated with this decision, the level of risk has been identified as:
Current Risk: LOW
Residual Risk: LOW

6. Equalities Impact Assessment
An Equalities Impact Assessment is not considered necessary for this agreement.

7. Appendices
None

8. Background Papers
None

1. Update

1.1 The CYPPHS was tendered and successfully awarded to Dorset Healthcare NHS Foundation Trust with the contract starting on the 1st October 2019 for a period of 3+2+2 years.

2. October 2019 to March 2020 - Mobilisation

2.1 The initial five months of the contract focused on mobilising the service offer and developing plans against the new Payment by Results outcomes.

2.2 Good progress was made, and achievements include;

- Mandated checks for children aged 0–5 years, percentage provided above England and South West averages.
- The roll out of training for Health visitors using CO monitors as part of Brief Interventions for smoking cessation
- School Nurses working in partnership with the Head Teacher Alliance for PE and Sport and Primary Care Networks to promote physical activity for school aged children and young people.
- Clinical pathways and SystmOne tools developed for Children and Young People's Mental Health and Maternal / Parental Mental Health.
- Promotional campaigns in schools, PCNs, acute paediatrics, LA teams, and community e.g. Dorset Parent Carer event supported by the development of digital media and resources hosted on the Dorset HealthCare website.

3. April 2020 - Prioritisation

3.1 In April 2020 guidance was issued on the prioritisation of community services and Public Health Dorset worked closely with Dorset HealthCare and senior officers from within both Dorset and BCP children's partnerships to plan services together in line with recommendations within the guidance. Regular touchpoint meetings ensured services planned together across the continuum of need and local pathways with colleague in Midwifery, Early Help and Safeguarding.

https://www.england.nhs.uk/coronavirus/publication/COVID-19-prioritisation-within-community-health-services-with-annex_19-march-2020/

3.2 Health visiting and school nursing teams scaled the use of digital (telephone or Attend Anywhere) contacts across all universal and targeted work. Whilst face to face contact was reduced for all but essential activity capacity was protected for safeguarding work, including Child Protection and the service reviewed all caseloads to prioritise vulnerable families. Whilst Nationally and regionally there were concerns about the redeployment of Public Health

Nursing staff, in Dorset and BCP council areas, only a small proportion of the workforce were redeployed, with many continuing to deliver public health outcomes.

3.3 Chat Health continued to provide free and confidential information and advice via a text service for young people aged 11 – 19 years on all health worries. Available Monday to Friday from 8.30am to 4.30pm, including the school holidays it has been an essential part of the school aged health offer and significant contribution to emotional health and wellbeing for young people.

3.4 The National Childhood Measurement Programme (NCMP) stopped, however, data submitted indicated only 2 schools in BCP and 2 schools in Dorset, did not have measurements uploaded. All outstanding NCMP telephone follow up appointments generated before the programme continued. The programme is planned to recommence for 2020/21 in January 2021.

4. June 2020 – Restoration

4.1 In June the Restoration of Community Services guidance was released and again Public Health Dorset worked with Dorset Healthcare NHS Foundation Trust and officers from the Children and young people's partnership to review the local offer;

- All statutory and vulnerable family work continued as previously, including face to face intervention where indicated (vulnerability or clinical needs) and multi-agency work (early help, safeguarding and primary care)
- Face to face new baby visits were reintroduced universally
- 6-8 week contacts were reintroduced universally (virtual and face to face where indicated based on vulnerability)
- A stratified provision of 1 year contact based on vulnerability or clinical need was reintroduced
- 2 ½ year contacts to support school readiness were reintroduced and prioritised for catch up

5. October 2020 - Annual Conversation

5.1 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.

5.2 The specification outlined a number of ways in which the service would be expected to demonstrate outcomes and the annual conversation is intended to provide a regular partnership opportunity to review the evidence and develop continuous improvement plans, following the Signs of Safety principles:

- What are we worried about?
- What is working well?
- What needs to happen?

5.3 The Annual Conversation will be held virtually from 9.30am – 1pm on:

- Wednesday 11th November for Dorset Council
- Wednesday 18th November for Bournemouth, Christchurch and Poole Council

5.4 The agenda for these meetings will include:

- An overview of the service (for year one – Oct 2019 to Sept 2020)
- Evidence on Key Performance Indicators (annual)
- An opportunity to review and discuss priority outcomes for CYP
- An opportunity to review and discuss partnership working
- An opportunity to present evidence-based case studies for priority outcomes
- A partnership discussion on priorities and planned programmes of work for the second contract year (Oct 2020 – Sept 2021).

Sam Crowe
Director of Public Health

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Joint Public Health Board

5 November 2020

Commissioning options for Drug and Alcohol services in BCP Council

For Recommendation to Council

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr N Greene, COVID Resilience, Schools and Skills, Bournemouth, Christchurch & Poole (BCP Council)

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Authors: Nicky Cleave
Title: Assistant Director of Public Health
Tel: 01305 225879
Email: nicky.cleave@dorsetcouncil.gov.uk

Report Status: Public

Recommendations:

- To note the proposal for BCP Council commissioners to take on the core responsibility for commissioning of drug and alcohol services for BCP Council
- To consider the impact of this on future oversight of drug and alcohol service performance and commissioning decisions to the Board

Reason for Recommendation: 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.

1. Executive Summary

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

There are several issues with the existing model of commissioning which are outlined in this paper and the preferred model moving forwards is for all commissioning responsibility to move to a single set of commissioners.

Having considered the options in detail, the preferred option for BCP Council is that they take 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.

BCP Council will continue to report to the Joint Public Health Board as part of its governance arrangements.

Public Health Dorset will continue to commission all drug and alcohol services for Dorset Council.

2. Financial Implications

Whilst the proposed changes in commissioning arrangements will mean that the distribution of funding will need to be reviewed, the overall financial envelope for Drug and Alcohol services will not be significantly affected by this change.

3. Climate implications

No direct implications.

4. Other Implications

N/A

5. Risk Assessment

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW
Residual Risk: LOW

6. Equalities Impact Assessment

An Equalities Impact Assessment is not considered necessary for this agreement.

7. Appendices

None

8. Background Papers

None

1. Background

1.1 In 2015, following an external review of the arrangements for drug and alcohol commissioning in Bournemouth, Dorset and Poole and a review of the options for delivery the commissioning function it was agreed that there would be a small central commissioning team for commissioning and overall strategy functions within Public Health Dorset with a retained integrated commissioning function within each local authority.

1.2 The aim of the changes to the commissioning function was:

- To deliver management and commissioning efficiencies
- To improve the drug and alcohol prevention and treatment system across Dorset to ensure the principles of equity, efficiency and cost effectiveness agreed by the Joint Public Health Board.
- To maintain existing good local links and partnerships whilst engaging stakeholders at a pan Dorset level to deliver gain from a pan Dorset commissioning approach.

1.3 At that time the governance arrangement for drugs and alcohol commissioning was also changed - the three former DAAT partnerships were disbanded and this was replaced by a Pan-Dorset Drug and Alcohol Governance Board, which reported to the JPHB, and was supported by the Lead Commissioners Group. Subsequently, in 2018 there was an agreement that following the successful recommissioning of services across the Pan Dorset area, the role of the Governance Board could be fulfilled by the Joint Public Health Board, and this was also disbanded.

1.4 Currently drug and alcohol performance is reported every six months to the JPHB, and the lead commissioners meet quarterly and review performance at alternate meetings.

2. Current commissioning roles and responsibilities

2.1 The following table summarises the core contracts for community substance misuse services for the BCP Council area:

	Assessment	Psychosocial treatment	YP / Families	Prescribing
Bournemouth	We Are With You	We Are With You	We Are With You	AWP
Christchurch	EDP			
Poole	EDAS			

2.2 Of these contracts, currently Public Health Dorset commission most of the core elements of service provision, other than the three We Are With You contracts for the Bournemouth localities of BCP Council. This includes contracts with pharmacies for needle exchange and supervised consumption.

3. Current challenges with the existing model

Service demand

3.1 The number of people engaged in treatment for opiates in BCP has grown by around 15% since the contract with AWP commenced in November 2017 (from 1,050 in the contract, to around 1,200 clients in treatment today). This was a priority for the service, as prior to the new contract the engagement rate in Bournemouth was well below national averages, meaning that a large number of people who use opiates were not engaging with any form of treatment.

Pressures on services

3.2 The increased number of clients in treatment and budgetary constraints at the time of commissioning in 2017 continues to place pressure on some frontline service delivery, as workers have higher caseloads and can therefore see clients less frequently. This is particularly relevant for the AWP contract.

Prescribing costs

3.3 The increased number of clients in treatment also places pressure on drug budgets. At the same time, dosages for prescribed medication for opioid substitution treatment (OST) have increased, so that a higher proportion of clients are now receiving what is recognised as a ‘therapeutic dose’ of medication according to national guidance.

3.4 While both of these developments can be seen as successes, they do bring considerably higher costs.

3.5 Moreover, the price of buprenorphine (one of the key medications used in OST) has increased in price such that it now costs around 8 times what it did in 2017 when the contract started.

3.6 Therefore, there have been considerable pressures on the prescribing budget, particularly in BCP with a predicted overspend of £240,000 in 2020/21. This has

in principle now been resolved with the allocation of additional money from the uplift to the BCP public health grant.

Inequity in provision

3.7 There is a discrepancy in funding per head across the different areas of BCP, which does not match the level of need/complexity of the clients involved. There are also differences in how individual services operate due to the legacy arrangements of the preceding authorities.

Conflicting views of commissioners

3.8 At times there are differing views and priorities for Public Health Dorset and BCP commissioners. This can cause delays in service development, duplication of effort, and poses a particular challenge for AWP, EDP and EDAS where they report that it does not always seem clear to who they are accountable nor how they deliver on conflicting demands.

3.9 As with other services, BCP Council's 'Transforming the council' agenda provides an opportunity to rethink how services are provided with the focus on what matters most to its customers and adds most value to their lives.

3.10 Transformation provides the opportunity to develop even closer working partnerships within BCP Council, in particular, Adult Social Care, Housing, Community Safety and Children's Services to provide a corporate approach to supporting people with drug and alcohol dependency and their families/communities.

4. Proposed changes to commissioning model

4.1 Significant efficiencies have been delivered from substance misuse services since the transfer of Public Health responsibilities to Local Authorities in 2013. This has led to inequity in funding between services in the differing geographies of BCP Council. Alcohol is a wider system issue, and the current service model and budgets do not really address needs

4.2 The future commissioning model will need to consider the adequacy of current budgets to meet need, how the agreed budget is used equitably across the BCP area as well as the appropriate financial split between psychosocial and prescribing service elements.

4.3 Given these challenges, BCP commissioners and Public Health Dorset are in agreement that it is preferable to move all commissioning responsibility for the BCP area to BCP Council commissioners to avoid the inherent tensions and challenges that are created by the existing split in commissioning responsibilities.

4.4 All existing service contracts have been extended until October 31st 2021, with the intention of commissioning new contract(s) from 1st November 2021.

Significant work will be required to deliver on this challenging timeframe, particularly in the context of COVID-19.

4.5 Having considered the options at length and to align with the wider BCP Council Transformation, the preferred option is for BCP Council to take all commissioning responsibility for core drug and alcohol service contracts for BCP Council and its area. This will mean that from November 2021 BCP Council will retain a larger proportion of their public health allocation to fund these contracts. It has also been agreed that specific Public Health expertise will be provided at all appropriate points in the Commissioning cycle.

4.6 Public Health Dorset will continue to commission all drug and alcohol contracts for Dorset Council. This change in commissioning responsibility will have implications for the Board however and there will need to be discussion and agreement about what if any role the Board will have in oversight of performance and commissioning decisions made for BCP Council.

Sam Crowe
Director of Public Health