DORSET COUNCIL - JOINT PUBLIC HEALTH BOARD

MINUTES OF MEETING HELD ON TUESDAY 9 FEBRUARY 2021

Present: Cllrs Karen Rampton, Nicola Greene, Graham Carr-Jones and Laura Miller

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

68. **Election of Chairman**

Resolved
That Councillor Laura Miller – Dorset Council – be elected Chairman for the meeting.

69. **Appointment of Vice-Chairman**

Resolved
That Councillor Nicola Greene – BCP – be appointed Vice-Chairman for the meeting.

70. **Apologies**

No apologies for absence were received at the meeting.

71. **Minutes**

The minutes of the meeting held on 5 November 2020 were confirmed and would be signed at the earliest opportunity.

72. **Declarations of Interest**

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

73. **Public Participation**

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

74. **Forward Plan**

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

75. **Presentation by the Director on DPH activities and progress**

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, what progress had been made and how the usual business of PHD was still being managed and delivered.

The Board was given a presentation by the Director – **appended to the minutes** – outlining the local outbreak management plans, how they were being applied and managed and what was being done in practice, along with other associated information pertaining to the pandemic, to put what PHD was doing – and had done - in some context.

The presentation covered :-

- what 2020 had meant for PHD – in being integral and fundamental in leading response to COVID-19 across the Dorset system, as well as, amongst other things:-
  - Public Health England being dis-established (from April 2021)
  - introduction of Integrated Care Systems as legal entities from 2022
  -Public health functions would remain with Councils
  - greater responsibility for local delivery of pandemic response, supported by colossal amounts of grant funding
  - a limited number of qualified public health people to draw from
- current peak was now receding, but had been the worst yet in terms of cases and severe disease requiring hospitalisation
- local peaks compared with the national picture
- local delivery, regional co-ordination, national support
- health protection and response – what had been done, how it had been done and what impact all this had on the team
- local tracing partnerships: contact tracing
- testing – roll out of lateral flow testing
- vaccination – in supporting Dorset CCG to mobilise and deliver vaccinations
- surveillance and intelligence
- how a new model for a new year might be delivered
- communications, engagement**,** and behavioural insights work
- other issues – how business planning and re-prioritisation of work programme in the light of COVID continued to be delivered/ LiveWell roll out and success

Whilst, since the last meeting, two lockdowns had been imposed and case rates had risen significantly since the beginning of the new year, and had been highly concerning, the trend being now seen showed that compliance

with the interventions put in place - together with the success of the vaccination programme now being seen - had achieved some considerable success and should hopefully only get better. Public Health Dorset considered that this reduction seen in Covid-19 infection rates was again pleasing to see and reflected the efforts made to manage this and the means by which this was done.

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

The Director said that the infection rate (R number); cases; hospitalisations; and, resultant, deaths had all been seen to be declining significantly - and more rapidly recently - and this was due to compliance with the interventions and the vaccination programme taking effect. However, as the rates had been so high, this meant they had father to fall before being able to be of less significance but, as it stood, there was grounds for optimism and confidence that management of the crisis was good.

The Panel observed that the characteristics of housing tenure and how households were being managing was integral to ensuring the continued decline in cases and officers confirmed that this was readily acknowledged and what interventions could be achieved in targeting this aspect were being deployed.

The Panel considered that it was good to see a more local response being activated in the management of the pandemic in terms of testing, shielding needs and vaccinations so as to have a more direct and local understanding of need and delivery. Communication was critical to ensuring the public were as well informed as they could be about what was going on and this was being done via media on line and traditional direct approach.

Given all that had still to be done to manage Covid, together with the normal responsibilities PHD had, the Panel recognised that the work necessary with the integrated care system should not be underestimated and needed to be managed as well as it might to ensure its delivery was as good as it could be.

The Board expressed its appreciation for what the whole Public Health Dorset team had done in addressing the Covid-19 pandemic and commented that this was a credit to the team, to local councils and their partners; to volunteers and to the residents of Dorset. They commented that this demonstrated the importance of our public health service and that Dorset and its residents were benefitting from the robust response being shown. They hoped this positive response could continue to be maintained and improved upon and looked forward – with some optimism - to seeing significant signs of improvement by the time they met again at their May meeting.

76. **Finance Report**

The Board received an update on the use of each Council's grant for public health, including the budget for the shared service, Public Health Dorset, and the other elements of grant used within each Council outside of the public health shared service. The report described how the funding was being applied and to what services and in what proportion.

The opening revenue budget for Public Health Dorset in 2020/2021 was £28.748M, based on a combined Grant Allocation of £33.838M. Both Dorset Council and BCP were forecasting breakeven against their retained grant. COVID-19 had had a significant impact on Public Health Dorset and both local authorities. Financial impacts continued to be challenging to gauge owing to additional costs due to COVID and the reduction in services paid on an activity model where activity had declined substantially. After allowing for known cost pressures, the current provisional forecast for 20/21 was £1.4M underspend.

How the COVID-19 local outbreak management plans were being applied and by whom were described, with the additional funding from the Test and Trace Grant being noted. With some additional costs to the shared service in supporting this work now being met through the Contain Outbreak Management Fun, Reserves stood at £617k for Prevention at Scale and £293k uncommitted funds. Grant allocations for public health in 21/22 were as yet unknown, although it had been indicated that the previous year's increase would be maintained. In applying the 2020/21 underspend and a reduced provisional budget for the shared service for 21/22 of £28,133k, recommended contributions from each local authority were set out in Appendix 2 to the report.

The Board asked to be assured that what was being proposed by PHD accorded with was being proposed by the two Council's Medium Term Financial Plans (MTFP) so that financial strategies were as aligned as they might be to ensure a holistic approach was maintained. The Director confirmed that this would be the case and that any future finance paper would include a representation of this. How any underspend would be managed and allocated was also raised to ensure prevention services could be managed effectively and maintain its level of effectiveness.

As previously, whilst it was acknowledged that the continued interventions needed to address the issues associated with Covid-19 were unprecedented and represented a unique challenge both in financial and practical terms, the Board recognised, and understood, that the available funding was being used as efficiently as it could be and appropriately prioritised to continue to optimise outcomes.

Resolved

1)That the use of £338k of the anticipated 2020/21 underspend as a

contingency to support restarting health improvement services in 2021/22 be agreed.
2)That the use of the remaining £1M anticipated 2020/21 underspend to reduce each local authority's financial contribution for 2021/22 as a oneoff be agreed. This would mean a reduction of £532k in BCP's contribution and £468k for Dorset Council.
3)That a provisional budget for the shared service for 21/22 of £28,133k be approved
4)That Appendix 2, which will form the financial annex to the shared services partnership agreement for 2021/22, be approved.
That the proposal to extend the current Bournemouth, Poole and Dorset Alcohol and Drugs Strategy 2016-2020 for a minimum of another year be agreed.

Reasons for Decisions
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.

At the November meeting the Board approved a continued shared service partnership agreement. This included the requirement to develop and agree a financial annex through 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.

77. **Dates of future meetings**

Resolved
That the dates for future meetings of the Board – on 20 May, 15 July, 18 November 2021 and 10 February 2022 - be agreed.

78. **Urgent items**

There was no urgent business to be considered at the meeting.

Duration of meeting: 10.00 - 11.20 am

Chairman

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Joint Public Health Board

Director of Public Health briefing

9 February 2021

Public Health Dorset

2020 was a busy year …

- Leading response to COVID-19 across the Dorset system
- Meanwhile, Public Health England is being dis-established (from April 2021)

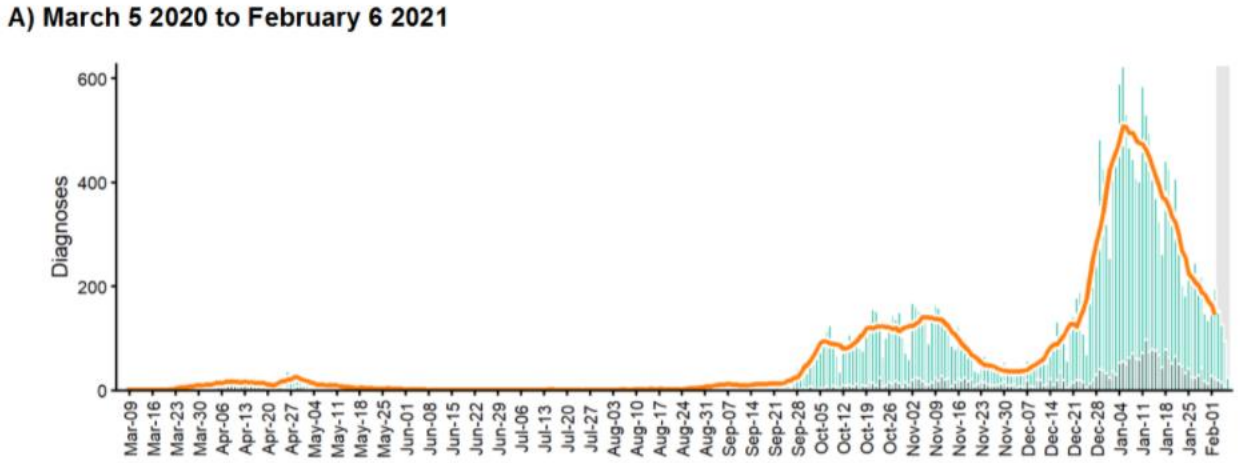
… and there is draft legislation to introduce Integrated Care Systems as legal entities from 2022

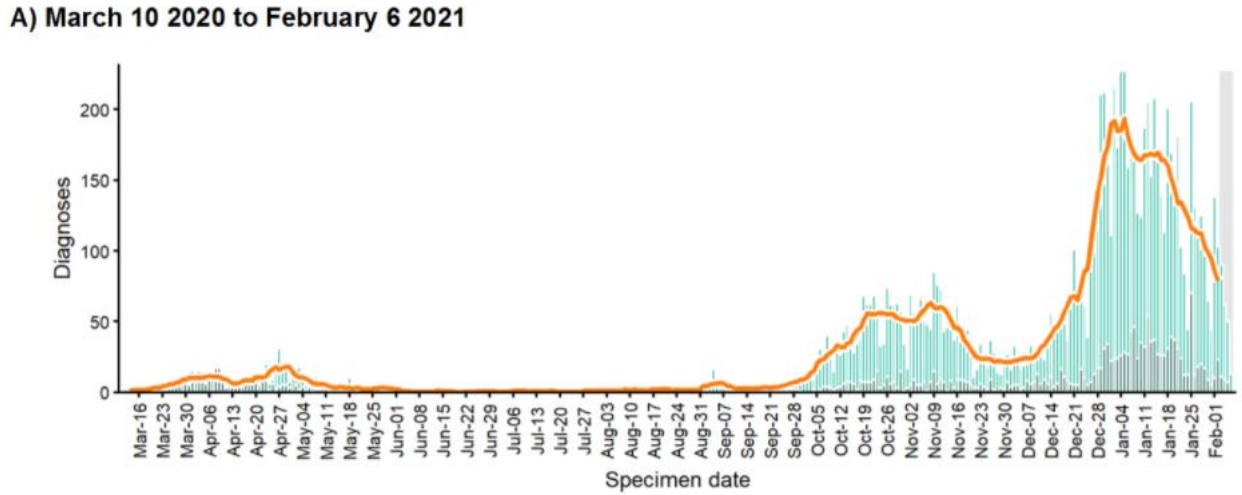
- Public health functions will remain with Councils
- But there may be new duties on public health within the ICS – as yet unclear
- Greater responsibility for local delivery of pandemic response, supported by colossal amounts of grant funding
- Limited number of qualified public health people to draw from

Public Health Dorset

Coronavirus: current situation

- Current peak now receding – worst yet in terms of cases and severe disease requiring hospitalisation





600 cases per day at the peak in BCP Council, compared with 250 cases per day in Dorset Council

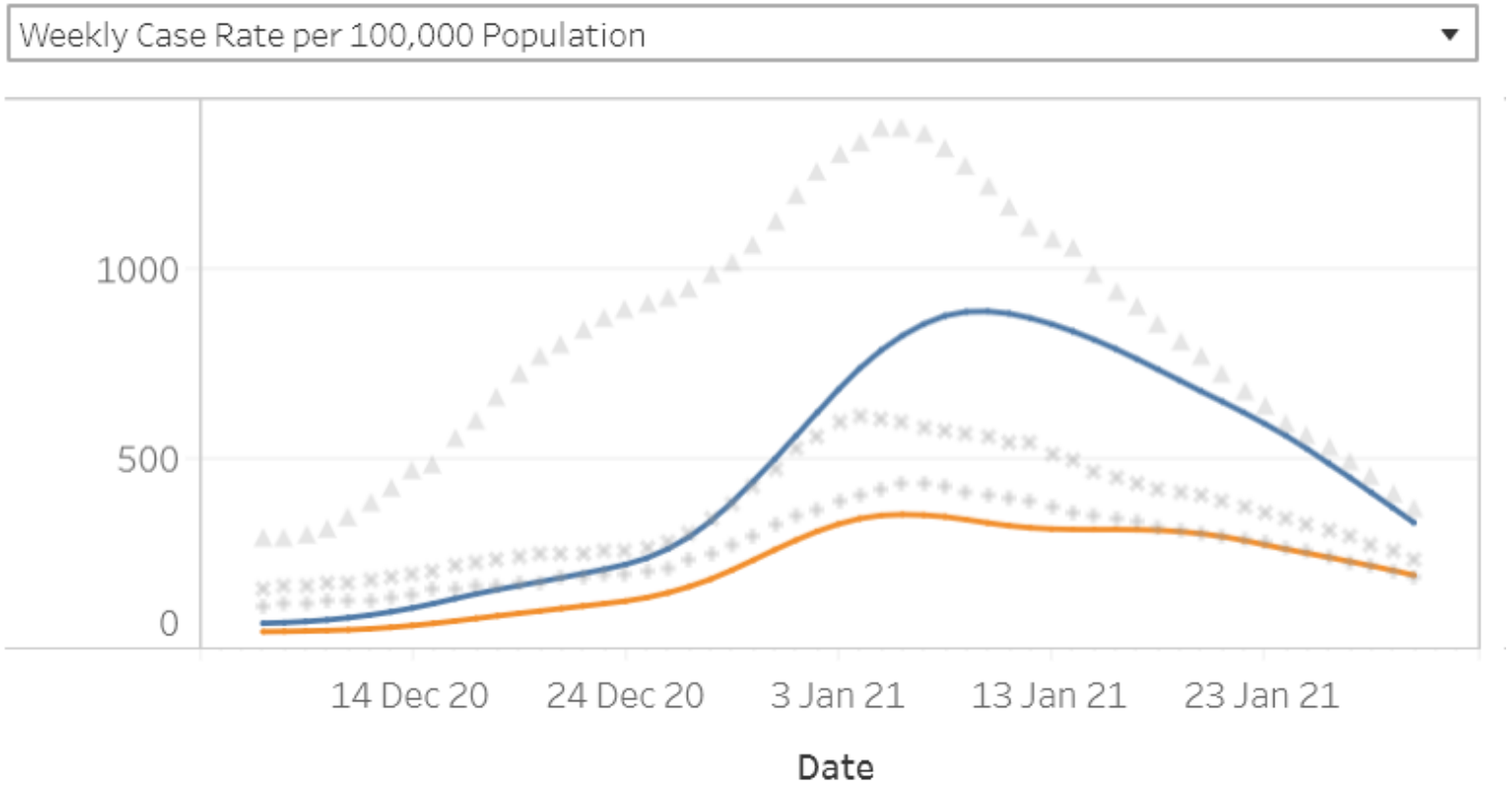
Hospital occupancy far exceeded that in the first wave and is still high

Outbreaks affecting care homes and schools form the majority of incidents that the public health team is responding to

At the peak, dealing with in excess of 100 incidents per week

Public Health Dorset

Local peaks compared with the national picture



- BCP Council weekly case rate(blue) rose above the median (UTLAs) from 3 Jan onwards but did not peak anywhere near UTLAs in the top quartile (grey triangles)
- Decline was less pronounced and peak more prolonged possibly due to inbound travel and social mixing over holiday period

Public Health Dorset

Local delivery, regional co-ordination, national support

- More expectation being placed on local authority public health teams to develop local response to Coronavirus
- Regional structures – member of regional delivery group, Test, Trace Contain and Enable Board – developing regional approach to
  - Health protection and response
  - Testing
  - Contact tracing
  - Vaccination
  - Surveillance
  - Communications and behavioural insights work

Public Health Dorset

Health protection – impact on the team

- Local outbreak management plan requires PH team to support high risk settings with managing outbreaks
- 80-100 plus incidents per week during January
- Day response team – manage incidents and requests for support coming into central inbox
- Consultant on-call service – evenings and weekends – very busy over winter
- Still providing surge capacity to Public Health England from trained health protection practitioners
- Using Contain outbreak funding to secure additional hours and backfill where appropriate

Public Health Dorset

Local tracing partnerships: contact tracing

- Requirement for all Councils to be more integrated with NHS Test and Trace service
- Began making welfare calls through each Council in autumn 2020
- Very few take ups of support, thousands of calls
- Teams began to question value
- LTPs allow access to contact tracing dataset much quicker (real time)
- NHS Test and Trace pass un-contactables to LAs for local approach
- Dorset Council live in January – BCP Council live from mid-Feb
- So far, results in additional 41% successful reach c.f. national teams

Public Health Dorset

Testing – roll out of lateral flow testing

- Access to standard (PCR) testing is good locally – up to 2,000 per day per Council at the peak
- Focus in past month has been expanding DPH-led lateral flow testing
- **Test to find, not test to release**
- Used to identify asymptomatic or pre-symptomatic cases for rapid isolation
- Tests are just as good as PCR at finding true positive cases
- Tests are less good than PCR at finding true negative cases – so less useful for providing assurance that you don't have C19
- Council employee testing – live in January – up to 3-4,000 per week
- Community testing for people working out of the home – live next week across 8 sites plus mobile pop-ups

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Vaccination

- Supporting Dorset CCG to mobilise and deliver vaccinations
- Consultants are members of the Vaccination cell
- Specific workstream to support inequalities in uptake
- Mobilising community support – ensuring hyperlocal deliver
- Cabs for jabs initiative – COVID-safe subsidised transport to and from vaccination centres and or primary care for those without transport
- Behavioural insights work to overcome vaccine hesitancy working with adult social care teams and others
- Trusted Voices developing resources to be used for key groups to give the facts about vaccination

Public Health Dorset

Surveillance and intelligence

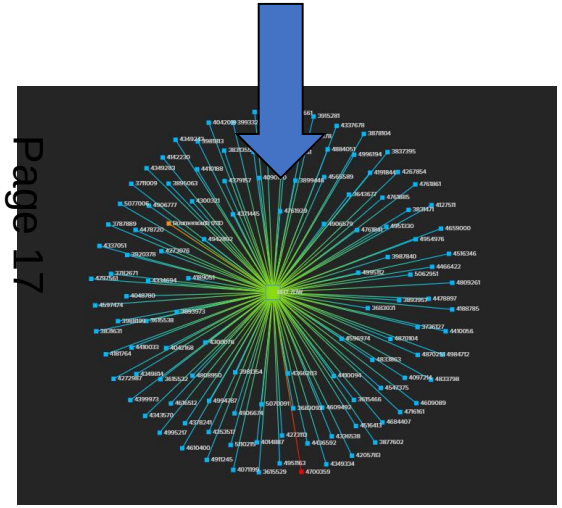
- Continue to run EpiCell on behalf of the Strategic Co-ordinating Group and other system planning groups
- Modelling to forecast near term impacts on hospital capacity
- Provide analysis of cases, settings and routes of transmission to guide communications and engagement activity

Public Health Dorset

A new model for a new year?

Public Health Dorset

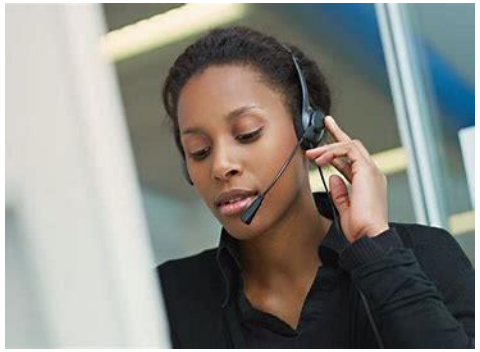
Surveillance, cases, contacts, exposures



Cluster and network analysis

Data, insights, actionable segments – behaviour change

EX: A Mosaic group with a high likelihood of kids in the household.



local contact tracing

Enhanced contact tracing, rapid testing in key clusters … rapid peer and social network notification?

Communications and engagement

- Continue to lead response on public health communications through both Councils and the health and care system
- Regular video briefings, 3x weekly data briefings via social media channel
- Campaigns through Warning and Informing group to pick up on trends and issues identified from outbreaks and public / partner insight
- Regular Media briefings – Radio, online
- Stakeholder briefings
- Regional lead for behavioural insights work – YouGov insight with young people to make transmission better understood (with University of West of England)

Public Health Dorset

Other issues for the service

- Business planning and re-prioritisation of work programme in the light of COVID continues
- Suicide prevention plan – agreed for BCP Council, in progress with Dorset Council
- System work on mental health and wellbeing continues – psychology hub launched
- LiveWell Dorset digital developments continue
- Drugs and alcohol – supporting a new model in both Councils plus new one-year funding from PHE to support rough sleepers into treatment
- Inequalities work – Integrated Care System priority

Public Health Dorset

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