



Joint Public Health Board

Date: Tuesday, 9 February 2021
Time: 10.00 am
Venue: Virtual/MS Teams with Outside Broadcast
Membership: (Quorum 2)
Karen Rampton, Nicola Greene, Graham Carr-Jones and Laura Miller

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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Members of the public are invited to access this meeting with the exception of any items listed in the exempt part of this agenda.

MS Team OBS Virtual meeting - https://youtu.be/e-Hs_9tdDhc

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 Friday 5 February 2021**. 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 Friday 5 February 2021**.

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

Page No.

1 ELECTION OF CHAIRMAN

To elect a Chairman for the meeting from the Dorset Council representatives.

2 APPOINTMENT OF VICE-CHAIRMAN

To appoint a Vice-Chairman for the meeting from the BCP representatives.

3 APOLOGIES

To receive any apologies for absence.

4 MINUTES

5 - 14

To confirm the minutes of the meeting held on 5 November 2020.

5 DECLARATIONS OF INTEREST

To receive any declarations of interest.

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 FORWARD PLAN

17 - 20

To consider the Board's Forward Plan.

8 PRESENTATION BY THE DIRECTOR ON DPH ACTIVITIES AND PROGRESS

To receive and oral briefing and presentation by the Director on Dorset Public Health activities and progress – particularly in respect of the Coronavirus pandemic - since the last meeting.

9 FINANCE REPORT

21 - 30

To consider a report by the Director of Public Health.

10 DATES OF FUTURE MEETINGS

To consider dates for future meetings of the Board – proposes as being on the Thursday's of 20 May, 15 July, 18 November 2021 and 10 February 2022.

11 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 - JOINT PUBLIC HEALTH BOARD

MINUTES OF MEETING HELD ON THURSDAY 5 NOVEMBER 2020

Present: Cllrs Karen Rampton, Nicola Greene and Laura Miller

Apologies: Cllrs Graham Carr-Jones

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

52. **Election of Chairman**

Resolved

That Councillor Nicola Greene be elected Chairman for the meeting.

53. **Appointment of Vice-Chairman**

Resolved

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

54. **Apologies**

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

55. **Declarations of Interest**

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

56. **Minutes**

Resolved

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

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

The Board was given a presentation outlining the local outbreak management plans, how they were being applied and managed and what was

being done in practice, along with other associated information pertaining to the pandemic, to put what PHD was doing – and had done - in some context. A copy of the presentation is incorporated in these minutes at minute 67.

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

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

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

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

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

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

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

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

57. Public Participation

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

58. Terms of Reference

The Board's Terms of Reference were noted.

59. Forward Plan

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

60. Future of Public Health Dorset - Partnership Agreement

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

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

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

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

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

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

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

Resolved

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

Reason for Decision

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

61. Finance Report

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

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

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

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

Resolved

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

Reasons for Decision

The public health grant is ring-fenced and all spend against it must comply with the necessary grant conditions and be signed off by both the Chief Executive or Section 151 Officer and the Director of Public Health for each local authority.

The public health shared service delivers public health services across Dorset Council (DC) and BCP Council. The service works closely with both Councils and partners to deliver the mandatory public health functions and services, and arrange of health and wellbeing initiatives. Each council also provides a range of other services with public health impact and retains a portion of the grant to support this in different ways.

62. Clinical Services Performance Monitoring

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

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

Resolved

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

Reason for Decision

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

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

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

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

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

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

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

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

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

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

Resolved

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

Reason for Decision

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

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

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

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

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

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

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

Resolved

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

Reason for Decisions

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

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

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

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

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

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

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

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

Resolved

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

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

Reason for Decisions

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

Action

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

66. Urgent items

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

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

COVID-19 summary, BCP and Dorset Councils

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

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

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

Public Health Dorset: summary of recent work

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

Testing

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

Outlook for the next month

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

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

Duration of meeting: 10.00 am - 12.00 pm

Chairman

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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 Forward Plan
For the period FEBRUARY 2021 – FEBRUARY 2022
(publication date – 8 JANUARY 2021)**

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."

When 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	9 Feb 2021	Officers and portfolio holders from each member local authority	N/A	Verbal Update	Sam Crowe
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
Annual Review of the Joint Public Health Board	Joint Public Health Board	?? May 2021	Officers and portfolio holders from each member local authority	N/A	Board report	
Finance report	Joint Public Health Board	?? May 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	?? May 2021	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan, Jo Wilson, Stuart Burley

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Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Business Plan 2021/22	Joint Public Health Board	?? May 2021	Officers and portfolio holders from each member local authority..	N/A	Board report	Sam Crowe
Finance report	Joint Public Health Board	?? July 2021	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	?? July 2021	Officers and portfolio holders from each member local authority..	N/A	Board report	Nicky Cleave, Sophia Callaghan
Finance report	Joint Public Health Board	?? November 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	?? November 2021	Officers and portfolio holders from each member	N/A	Board report	Sophia Callaghan, Jo Wilson, Stuart Burley

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
			local authority..			
Finance report	Joint Public Health Board	?? Feb 2022	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	?? February 2021	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan, Nicky Cleave

Joint Public Health Board 9 February 2021 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
- agree the use of £338k of the anticipated 2020/21 underspend as a contingency to support restarting health improvement services in 2021/22
- agree the use of the remaining £1M anticipated 2020/21 underspend to reduce each local authority's financial contribution for 2021/22 as a one-off. This will mean a reduction of £532k in BCP's contribution and £468k for Dorset council.
- approve a provisional budget for the shared service for 21/22 of £28,133k
- approve Appendix 2, which will form the financial annex to the shared services partnership agreement for 2021/22
- agree the proposal to extend the current Bournemouth, Poole and Dorset Alcohol and Drugs Strategy 2016-2020 for a minimum of another year

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.

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.

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 in 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 continue to be hard to gauge with both additional costs due to COVID, and reduction in services paid on an activity model where activity has fallen off substantially. After allowing for known cost pressures, our current provisional forecast for 20/21 is £1.4M 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. Some additional costs to the shared service in supporting this work are now being met through the Contain Outbreak Management Fund.
- 1.6. Reserves stand at £617k for Prevention at Scale and £293k uncommitted funds.

1.7. Grant allocations for public health in 21/22 have not yet been released, although we have had an indication that last year's uplift will be maintained. Applying the 20/21 underspend and a reduced provisional budget for the shared service for 21/22 of £28,133k, suggested contributions from each local authority have been developed and are set out in Appendix 2.

1.8. The board is asked to note that both Councils were advised during the budget setting round for 2021-22 that our forecast requirements for the public health shared service would lead to a reduction in the budget of approximately £1M. Because of continued uncertainty in service delivery for the financial year 21/22 this forecast has been revised downwards to £616k. The position will be kept under review in-year through budget monitoring and in discussion with each Council, with the aim of meeting the original commitment of £1M to be retained by Councils for investment in public health outside of the shared service.

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.

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 January 2021

Appendix 2. Financial contributions to shared service 21/22

8. Background Papers

Previous finance reports to the Board

[Public Health grant to local authorities 2020/2021, published 17/03/20](#)

[Shared Service Partnership agreement November 2020](#)

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. This was 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 for 20/21 are set out in table 2 in appendix 1. 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. It is highly unlikely that these will return to normal within this financial 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. This is currently in place until Mar 2021, and we are currently looking at extending this into next year, given current levels of COVID activity.

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 £1.4M 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 £350k full year effect, with agreement to half year payment only in 20/21

b. Estimated COVID related full year impact:

- Assume reduction in spend on NHS Health Checks and other Community Health Services continues: approx. -£900k
- 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

9.6. Both local authorities have agreed that COVID response cost pressures within the Public Health Dorset team will now be met through the Contain Outbreak Management Fund.

- 9.7. The forecast may not fully account for:
- Apportionment of COVID related costs to different COVID grants or the PHD shared service budget
 - Suicide and bereavement support: some picked up elsewhere in system or through PHD team costs
 - Further ongoing reductions in activity within Community Health Services due to ongoing COVID restrictions and concerns.

10. Grant allocation retained by the Local Authorities 20/21

- 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 Health 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 will not need to use reserves during 20/21. The projected underspend from the financial year 2020/21 will be used in part to support restarting services and in part to offset each council's contribution in 2021/22 as set out in the shared service partnership agreement. This will support a more planned investment of the public health grant outside of the shared service (see section 12).

12. Look forward to 21/22

12.1. Grant allocations for public health in 21/22 have not yet been released, although we have had an indication that last year's uplift will be maintained. Our planning for next year is therefore built on an assumption that the Public Health Grant for each local authority will be the same as 20/21.

12.2. At the November meeting the Board approved the shared service partnership agreement. A key requirement is to develop and agree a financial annex in advance of each financial year that sets out the agreed contributions for each local authority to the public health service.

12.3. It is recommended that a proportion (£338k) of the anticipated 2020/21 underspend will be applied to the shared service in 2021/22 as a contingency to support restarting and potential catch up for health improvement services in 2021/22.

- 12.4. It is then recommended that the remaining £1M anticipated 2020/21 underspend will be deducted proportionately from each local authority's financial contribution for 2021/22. This is 53% BCP council and 47% Dorset council and will mean a reduction of £532k in BCP's contribution and £468k for Dorset council as a one-off.
- 12.5. Based on a combination of 19/20 outturn and 20/21 forecast we have also developed a provisional budget for the shared service for 21/22 of £28,133k. This does not include the £338k from the 20/21 underspend. It assumes:
- a return to normal activity within current activity-based contracts
 - no change in the arrangements for drugs and alcohol services (although the November Board agreed a move of BCP drug and alcohol contracts to BCP as the sole commissioner. Current plans are for transfer of at least some contracts with commissioning responsibility and associated budget from April 2021. Any change in drug and alcohol budgets as a result of these planned changes will be advised once agreed.)
 - full year effect of agenda for change agreements from 20/21
- 12.6. Working back from this budget would allow the two local authorities to retain an additional £616k. There are a number of potential ways that this can be split between the two local authorities, for example :based on population, based on a weighted population share that takes account of cost per head pf population (this is higher in BCP than DC), based on current contributions into the service, or a combination of the above.
- 12.7. Using the proportion relative to each local authority's financial contribution, as per the Partnership agreement, would mean an additional £328k retained by BCP council and £288k retained by Dorset council.
- 12.8. Based on the provisional budget as set out in 12.5 to 12.7 above, and return of underspend as set out in 12.4, the recommended contributions for each local authority are set out in Appendix 2, which will form the financial annex to the share service partnership agreement for 2021/22.
- 12.9. If there is any further increase in the grants advised when allocations are published for 2021/22 these will be considered in line with any associated guidance. If there are further conditions, such as a requirement to meet further agenda for change cost pressures, we will discuss if these are best et through the shared service and therefore whether a costed proportion of any increase would then be added to the shared service budget. Where this is not required the local authorities may determine whether to retain or pass on this increase. The whole public health grant, including all retained elements must be spent in line with the conditions on the public health grant

Drugs and Alcohol strategy

- 12.7 Following LGR, both Councils adopted the pre-existing Bournemouth, Poole and Dorset Alcohol and Drugs Strategy 2016-2020. As a result of the ongoing additional pressures from pandemic response work on commissioners who would normally lead the development of a strategy, as well as to the wider system who are crucial to the development and success of any strategy, the work to develop a new strategy or strategies has not been progressed. The recommendation is that the current strategy is extended for at least a further year.

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	£11,013,793	£845,207
Early Intervention 0-19	£11,185,000	£11,382,000	-£197,000
Health Improvement	£2,648,000	£1,801,788	£846,212
Health Protection	£35,500	£77,280	-£41,780
Public Health Intelligence	£180,000	£144,674	-£35,326
Resilience and Inequalities	£314,100	£168,907	£145,193
Public Health Team	£2,527,000	£2,771,301	-£244,301
Total	£28,748,600	£27,359,742	£1,388,858

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	£617,000	
Uncommitted balance	£293,600	

Appendix 2. Financial contributions to shared service 2021/22

Table 1. Proposed Partner contributions 21/22

2021/22	BCP	Dorset	Total
	£	£	£
Assumed 2021/22 Grant Allocation	19,765,800	14,072,300	33,838,100
Proposed shared service budget 2021/22			-28,132,500
Less retained amounts 2020/21	-4,472,100	-617,400	-5,089,500
Additional revenue retained amount 2021/22*	-327,765	-288,335	-616,100
Total retained amount 2021/22	-4,799,865	-905,735	-5,705,600
Joint Service Partner Contributions	14,965,935	13,166,565	28,132,500
Non-recurrent offset of contributions by anticipated 2020/21 underspend*	-532,000	-468,000	-1,000,000
Offset Joint Service Partner Contributions	14,433,935	12,698,565	

**Percentage split based on current share of contributions (BCP 53%, DC 47%)*