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## DORSET'S JOINT PUBLIC HEALTH BOARD

### MINUTES OF MEETING HELD ON THURSDAY 18 NOVEMBER 2021

**Present:** Cllrs Peter Wharf, Karen Rampton, Mohan Iyengar and Graham Carr-Jones

**Apologies:** Vanessa Read, Director of Nursing, Dorset CCG

**Also present:** Cllrs Jane Somper and Cherry Brooks – Dorset Council

**Officers present (for all or part of the meeting):**

Sam Crowe (Director of Public Health), Steve Gorson (Finance Officer), Clare White (Accountant), Vicki Fearn (Consultant in Public Health (CIPH)), Sophia Callaghan (CIPH), Dr Jane Horne (CIPH), Lucy Mears (Communications Manager), Sarah Longdon (Head of Service Planning, PHD), Vivienne Broadhurst - Executive Director People, Adults – DC), David Vitty (Director of Adult Social Care – BCP), Phil Hornsby (Director of Commissioning for People – BCP) Andrew Billany (Corporate Director for Housing, DC), Pam O'Shea (Deputy Director of Nursing and Quality, Dorset CCG) and David Northover (Democratic Services Officer).

#### 103. Election of Chairman

**Resolved**

That Councillor Mohan Iyengar be elected Chairman for the meeting.

He took the opportunity to familiarise the Board with the work of Public Health Dorset, what it was doing and how it was doing it and provided the chance for those participating to explain the role they had to play. The Board found this a useful exercise.

He also took the opportunity to thank Councillors Nicola Greene, from BCP, and Laura Miller, from Dorset Council, for the valued contribution they had both made to the work of the Board in the recent past, and welcomed the other new member representative – Councillor Peter Wharf – to the Board.

#### 104. Appointment of Vice-Chairman

**Resolved**

That Councillor Peter Wharf be appointed Vice-Chairman for the meeting.

#### 105. Apologies

An apology for absence was received from Vanesa Read – Director of Nursing, Dorset CCG.

106. **Declarations of Interest**

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

107. **Minutes**

The minutes of the meeting held on 15 July 2021 were confirmed.

108. **Public Participation**

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

109. **Forward Plan**

The Board considered the forward plan of the Board and noted what was being proposed to be considered over the next two meetings. The Director took the opportunity to explain how the Forward Plan was compiled and the reason it was done in the way it was. The Board, whilst understating the limitations given recent events, hoped to be able to see a more extensive and exhaustive Plan going forward so they might have a more comprehensive, strategic understanding of what the Board would have to do and how this would be achieved in playing its part in managing public health.

What relationship the Board would have with the newly emerging Integrated Care Board and the work that was to do – as well as other health bodies such as the Health and Wellbeing Board and, the NHS itself – identifying their roles and responsibilities, was important to know. Members asked that they be provided with an understanding of this for their next meeting .

110. **Finance Report**

The Board was provided with an financial 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.

Grant allocations for public health gave an opening revenue budget for Public Health Dorset in 21/22 of £25.036M. Current forecast outturn is £517K underspend. Each local authority retained a portion of the grant to deliver other services with public health impact.

Plans in support of COVID-19 local outbreak management plans were developed through the COVID-19 Health Protection Board, with additional funding from the Test and Trace Grant and Contain Outbreak Management Fund (COMF) to support these plans being overseen by each local authority. Some of the additional costs to the shared service in supporting this work were met through these additional funds.

The Board noted that £500k would be retained by BCP and used in children's centres. The Director confirmed that, from the evidence available, the report demonstrated that the grant was being used to meet PH objectives.

He explained how each authority used their allocation and why the figures were not allocated equally: being dependent on the needs in each area.

The Shared Agreement between the two councils covered a range of criteria based on need, so as to allow the grant to be able to be spent flexibly, but taking account of their statutory duties, so monies spent were on what each considered to be their appropriate priority.

The Board found this explanation useful in not only their understanding, but that of their respective Councils.

### **Noted**

#### **111. Business Plan**

The Board was being asked to give consideration to a moratorium for the 2021/22 Business Plan owing to delays being experienced because of ongoing COVID-19 response work, and the wider changes to the public health system and Integrated Care System.

The Director explained that, previously, a commitment was made to produce a regular monitoring report on programmes with the next level of detail but - since that time - COVID-19 had continued to mean the public health team had found that business as usual to be challenging. In addition, wider public health system reform, and the development of Integrated Care Systems for April 2022, had meant a lack of clarity about priorities and ongoing responsibilities.

On that basis the moratorium was considered the best means of taking stock and reassessing priorities to ensure a meaningful Business Plan could be delivered: addressing the issues at hand and how these commitments could be best fulfilled going forward, with a comprehensive Business Plan being developed for the 2022/23 financial year. This would provide sufficient time to complete recruitment to vacant posts, identify and agree new priorities in line with national and local system reform, and align capacity on agreed work programmes to ensure a balance between ongoing COVID-19 and business as usual public health work.

The Board was being asked to note the progress with developing a clearer, resourced plan for 2022-23, taking into account new Spending Review commitments, public health system reform, and the launch of the local Integrated Care System.

The Board recognised and acknowledged the reasons for the proposed pause in the Plan at this stage and the circumstances for why this was the case. However they asked that – if at all practicable – the Plan be more extensive in its priorities and breadth for future years, so as to provide a vision for some 5 years hence – in order that priorities, and the practicalities of delivering these, could be assessed in good time.

In fulfilling its core commitments, early interventions in prevention were critical and the Board considered there a need for the profile of Public Health Dorset to be raised so that other organisations and the public could see what was being done and how it was being done. Initiatives such as LiveWell Dorset were seen to be playing a key part in encouraging participation in public health benefits. The Comms Team had a significant role to play in broadening the profile, in conjunction with Board members, other elected members and other public sector organisations. Examples of case studies about interventions and benefits from peers who had experiences to tell, was seen to play an important part in ensuring the message was readily received.

Given the fundamental role public health played in all services provided, a series of seminar or briefings would be welcomed to broaden the understanding of what Dorset Public Health was about - to Councillors and Town and Parish Council's, with input from GP's, the CCG and other relevant bodies, with a link to the recording of Board meetings being possibly considered so that what it was doing and how it was going about it was readily available.

### **Resolved**

That the proposal to pause development of a business plan for 2021-22 due to delays because of ongoing COVID-19 response work, and the wider changes to the public health system and Integrated Care System be supported and endorsed

### **Reason for Decision**

To ensure sufficient time for the development of a meaningful business plan, Public Health Dorset is pausing work on the 21-22 plan, aiming instead for a final plan to be published for 22-23. This will provide more clarity on ongoing responsibilities around COVID-19 and local outbreak management plans, and ensure we understand new responsibilities under the national changes to the public health system, and local Integrated Care System.

## **112. JPHB Health Improvement Services Performance Monitoring report**

The Board considered the Health Improvement Services – Performance Update which was designed to provide a high-level summary of current performance for health improvement services commissioned and or provided by Public Health Dorset on behalf of both Councils. Appendices included supporting data and information, with more in-depth information being made available at the meeting. The Board was being asked to consider the information in this report and to note the performance on health improvement services and children and young people's services so as to ensure that Councils had oversight of the mandated public health services provided through the ring-fenced Public Health Grant.

The report provided information on the delivery and success of the LiveWell, weight management, smoking cessation and alcohol management initiatives; Community Health Improvement (CHIS) Services; NHS Health Checks; sexual health improvements and Children and Young People's Public Health Nursing Services (0 – 19 years)

This gave the Board the opportunity to assess what was being done and how it was being done: in having access to behavioural insights so that behavioural targets could be achieved.

Particular attention was paid to smoking cessation and what measures and incentives were available to encourage this, including the part vaping might be able to play. Weight management, particularly in children of school age, was also discussed and what was being done so that they might be encouraged to eat healthily and nutritiously and what part access to school meals could play in achieving this.

The Board considered that the pandemic could be seen to be a catalyst for encouraging improvements in lifestyles: in adopting a more healthy and active one so as to provide the best chance of preventing illness in the first instance and, should that unfortunately not be the case, then having an immunity that could cope as best it might with it .

In terms of activity, the initiative for school children of “the daily mile” and “Beat the Street” – which had been prevalent and popular before the pandemic - in getting school children active by walking, cycling and running whilst being incentivised though a competitive game scenario, could again be considered as having value.

The Board appreciated what PHD had done in addressing the Covid-19 pandemic and how this had been achieved and the commitment shown, being seen to be a credit to how important PHD preventative work was. The Board were assured that the team had endeavoured to deliver as far as possible against their statutory responsibilities, provided essential public health services in line with Government guidance at the time and, above all, protected and responded to the health threats arising from the unprecedented pandemic

On that basis, the Board was pleased to see what progress – albeit limited – had been made and the continued success being seen with the Services delivered and what health improvements were being made. Officers affirmed that Public Health Dorset would remain committed to maintaining and developing these improvements going forward.

### **Noted**

#### **113. Changes to the Public Health structures**

The Director explained changes to be made to the Public Health structures and what this would entail and how they would be delivered.

The changes essentially related to the relationship between health and social care and how a reform of those services were to be delivered – through the Integrated Care System – so that they were harmonised, integrated and complemented each other in their effectiveness and efficiency.

How local governance was managed and the relationship between the Board and the Integrated Care Board, Health and Wellbeing Boards; the Dorset

CCG, GP's and the NHS was all illustrated. What part Health Protection / Healthcare Public Health / Health Improvement all played in benefitting public health needs was also set out.

The Board were pleased to see how the new structures were designed to complement each other and integrated with each other. On that basis they considered that the new Integrated Care Board's Chief Executive, Patricia Miller, be invited to attend a future meeting of the Board so that each better understood the part the other played.

Given this the Board reaffirmed their wish for a clear understanding of how all the bodies interacted with each other, what they did and the reasons for doing what they did.

The Board recognised that prevention should be embedded in all that other local authority services did and how they were doing it. How a local community could play its part in raising the profile of this was critical, with people's networks that had been successfully employed in such a capacity during the pandemic, being used along with head teachers, GP's, local councillors and civic leaders all having a role to play.

#### **Noted**

#### **114. Urgent items**

There were no urgent items for consideration.

#### **115. Presentation slides Nov 21**

**Duration of meeting:** 10.00 am - 12.20 pm

**Chairman**

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# A changing system: JPHB update

18 November 2021



# National reforms and policy

- **New public health system as Public Health England is reformed:**
  - Office for Health Improvement and Disparities – new agency within Dept. Health and Social Care – under professional leadership of Chief Medical Officer
  - UK Health Security Agency – health protection function
  - Other public health commissioning – screening and immunisations – sitting either with ICS or regional DHSC
- **New Department for Levelling Up, Housing and Communities**
- **Home Office** – managing asylum, Afghan Relocation and Assistance Policy
- **Treasury:** SR21 committed to protect public health spending – real terms increase, but also additional monies for breastfeeding, Start for Life, Adult weight management





# Integration and innovation: ICS changes

- All 42 systems in England will become ICS entities from April 2022
- Integrated care board – with new chief executive – NHS plans
- Integrated Care Partnership – drives strategy – Councils as equal partners
- Collaboration across population within ICS footprint – 2 ‘places’ within this in Dorset system based around Dorset and BCP Councils
- Population health management used to drive improvements in outcomes, tackle inequalities, make better use of resources

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# Build back better: health and social care

- Sets out plan for introducing the levy to pay for elective backlog, and social care
- Further White Paper to come on Health and Social Care reform
- Trails importance of focusing on prevention – no detail yet
- Par 32 ... “we will consider changing the NHS Health Check programme to a national prevention service ...”



# Regional changes

*Three key regional organisations will be working together to keep the public health system together, via a regional partnership board:*

1. UK Health Security Agency – leads on health protection and anticipating threats to health
2. DHSC – includes the Office for Health Improvement and Disparities, plus responsibility for early years, addition and inclusion, healthy weight, health and work, prevention services
3. NHS England – oversight of development of Integrated Care Systems, delivery of the NHS Long Term Plan – sets out 6 public health actions for local systems including smoking, adult weight management, alcohol – focused through NHS organisations
4. Plus Directors of Public Health from across the South West region



# Local governance and changes

- **Joint Public Health Board:** shared cabinet between the 2 councils for decisions about public health services commissioned or provided from the Public Health Grant. Assurance, monitoring of effective and efficient use of the Grant in line with statutory responsibilities
- **Health and Wellbeing Boards:** committees of each Council – set up in 2013 as partnership bodies to develop joint health and wellbeing strategy in each area, promote prevention and integration approaches, including Better Care Fund  
Sutton, Sue (Dorset CCG) <Sue.Sutton@Dorsetccg.nhs.uk>
- **Systems Partnership Board:** Members, non-execs, chief executives and DPH, led by independent chair of the Dorset ICS to set vision and strategy for health and care system – will become the **Integrated Care Partnership** after April 2022.
- **Systems Leadership Team:** currently comprises executives from main health and care organisations – oversees performance and delivery of NHS plans – will become **Integrated Care Board** after April 2022
- **Health protection board:** system-wide assurance on the delivery of local outbreak management plans and health protection responsibilities including COVID-19, and other communicable diseases



# Making sense of it all ...

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## **Health protection:**

Responsibility for ensuring effective response to communicable diseases and other health hazards – through the Health Protection Board, and regional groups like SW Health Protection Network

## **Healthcare Public Health:**

Analysis, use of data and evidence to inform decisions about how to commission and provide effective and efficient and equitable health and care services – working with NHS and Council partners in the main – systems leadership team, and other groups responsible for population health management and health inequality programme

## **Health improvement:**

Improving health and wellbeing by tackling behaviours linked to early disease e.g. smoking, alcohol, excess, weight, inactivity, poor mental health – plus social determinants (housing, employment, opportunities and social connections) – Health and Wellbeing Boards for influencing, Joint Public Health Board for services



# Our organisation

- Part of our ongoing work as a senior team is to recognise where we've been, how we can be stronger and more resilient
- We have completed the re-design and have completed implementing the new structure
- Preparing for next phase is crucial – clear planning and resource allocation means we can focus where we get most value
- Developing better processes for agreeing tasks, priorities and capacity:

NOVEMBER      Clarify immediate priorities – 5-6 big ticket issues, understand stakeholders and develop clear story

DECEMBER      Agree processes for **how** work is agreed, capacity allocated

MARCH      Finalise the detail of **what** we will do in the 22-23 business plan

