

DORSET'S JOINT PUBLIC HEALTH BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 16 FEBRUARY 2022

Present: Cllr Mohan Iyengar (Chairman), Cllrs Karen Rampton and Graham Carr-Jones

Apologies: Cllrs Peter Wharf

Also present: -

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

116. Election of Chairman

Resolved

That Cllr Mohan Iyengar be elected Chairman for the meeting.

The Board agreed that the Chairmanship should in future be maintained for a full year – and not rotated each meeting between Authorities as had previously been the case - on the basis of the election of the Chairman at the first meeting following appointments made at respective Council's May meetings.

117. Appointment of Vice-Chairman

Resolved

That Cllr Graham Carr-Jones be appointed Vice-Chairman for the meeting.

118. Apologies

An apology for absence was received from Cllr Peter Wharf.

119. Minutes

The minutes of the meeting held on 18 November 2021 were confirmed.

120. Declarations of Interest

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

121. Public Participation

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

122. **Forward Plan**

The Board's Forward Plan was received and noted. Whilst it was noted that monitoring of Public Health Dorset commitments and obligations was necessary, it would be beneficial if the Business Plan was seen to be a 'live' document which could be modified, as necessary, to reflect changing objectives as they occurred.

123. **Finance Report**

The Board considered the Finance Report 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 opening revenue budget for Public Health Dorset in 21/22 was £25.036M. This is based on a combined Grant Allocation of £34.267M. Current forecast outturn is £453K underspend, with more detail set out in section 10 below and appendix 1. It was proposed the underspend be used to address two specific areas -Safeguarding Children and Young People and Place-based prevention initiatives

What proportion each local authority retained of the grant to deliver other services with public health impact was explained.

Grant allocations for public health in 22/23 and the combined Grant Allocation of £35.229M showed an increase of £962k, or 2.81%. A key principle is that as a minimum both local authorities would continue with their current contributions. Options for use of the combined £962k uplift are set out in section 12 and proposed for early Intervention 0-19 and Live Well Dorset.

The Board were informed about the 2021/22 shared service budget and what could be looked forward to in2022/23

How future Covid 19 work , wider health protection work and Integrated Care Services development were to be addressed was explained as well as the reasoning why allocations were made as they were.

The board were assured that all funding would be spent on public health initiatives and that provision had been made for this to be prioritised on what could be done to the best effect. The emphasis was still first and foremost on prevention.

How health checks were being addressed was explained as these had been largely paused, during the Covid -19 pandemic. It was intended that these would be re invigorated going forward.

The Director explained the difference between the options : Option 1 - 40% share of uplift to the shared service with 60% retained by councils, and Option 2 - 60% share of uplift to the shared service with 40% retained by councils.

Members considered that Option 2 would provide for the necessary funding to achieve what was intended to be delivered.

Resolved

- 1) That the current forecast position of the shared service be noted.
- 2) That use of the underspend as set out in section 10.4 of the report, be approved.
- 3) That the current position for the retained portions of the grant and the audit report for Dorset Council be noted.
- 4) That the publication of 2022/23 grant allocations for the councils on 7 February be noted.
- 5) That options for the 2022/23 uplift and implications for shared service budget in 2022/23, as set out in section 12, be noted and endorsed.
- 6) That final contributions for financial annexe for 2022/23 be approved - based on Option 2 being accepted.

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.

Monitoring spend against the grant 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.

124. Clinical Services Performance

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

The importance of monitoring of the clinical treatment services performance was readily acknowledged so that the delivery of the services might still be able to achieve all that it might, given what concentrated efforts the pandemic was otherwise demanding from PHD. Members considered that housing was a consideration which needed to be taken into account in this performance

monitoring. It was hoped that a proportion of the grant would benefit this to be able to deliver some difference on targets.

The Board considered that, in their close monitoring of performance, clinical treatment services delivery was still being maintained as well as it might, with the budget being used to best effect to benefit those in need of the services.

Resolved

The information in the report and the performance and changes in relation to drugs and alcohol, and sexual health be noted and acknowledged.

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.

125. Health Checks Update

The Board were provided with an update of the current position and thinking for the NHS Health Checks Programme and a high-level summary of the current position for the NHS Health Check programme.

A series of proposals were being made to achieve what was necessary, these being:-

- Agree for physical, face to face provision of Health Checks in their current form to remain paused until the end of March 2023. This allows sufficient time to carry out the engagement, design and procurement for a new service, in line with national timelines for the prevention service and ICS start-up;
- Agree to support a continued pausing of the programme until March 2023. This will allow sufficient time for the necessary engagement to develop options for alternative delivery models in line with future national expectations.
- Agree to start the development work for a new local digital health check, thinking about how best to incorporate the LiveWell Dorset behaviour change service with any future population-based cardiovascular disease check.
- Ask the Health Inequalities Group and ICS Engagement team to support work to identify local barriers to delivery and take up of the check over the past few years – to inform the future model. The BCP Council Vibrant Communities Board, Local Healthwatch, and Dorset Council Stronger Neighbourhoods teams should also be consulted as part of this work.

The Board accepted, reluctantly, the case for face to face checks being paused and understood the reasoning why this had to be the case and considered that engagement and accessibility were essential to health checks being successfully delivered and the participation of organisations to deliver this to complement those traditional ones, i.e. GP's, Pharmacies, walk in clinics was critical to achieving this. Parish Councils could play some part as could other civic amenities and facilities, including shops that would be more convenient. There was a need for progressive and flexible thinking in how this could be delivered effectively. Engagement through primary care network by invitation and assessment was a means of achieving this.

Members understood the inequalities across Dorset of health checks and what challenges were being faced . They hoped there might be some quick wins to achieve what was able to be and asked for an update on the work programme at their next meeting of what initiatives might be able to be progressed.

The Board was pleased to see what progress – albeit limited - was being made and the continued success being seen with the Services delivered and what health improvements were being made. Members were pleased to see the new initiatives proposed to be implemented and what benefits these could bring. The advent of advancements in the availability of digital services should be used to complement face to face contact, as necessary and where practicable.

Officers affirmed that Public Health Dorset would remain committed to maintaining and developing these improvements going forward.

Resolved

That the following proposals for the NHS Health Check programme be acknowledged and endorsed:

- 1) Pause face to face provision of Health Checks in their current form until March 2023. This allows sufficient time to carry out the engagement, design and procurement for a new service, in line with national timelines for the new prevention service and ICS start-up;
- 2) Begin the development work for a new local digital health check, thinking about how best to incorporate the LiveWell Dorset behaviour change service with any future population-based cardiovascular disease check.
- 3) Ask the Dorset Health Inequalities Group and ICS Engagement team to help identify local barriers to delivery and take up of the check over the past few years – to inform the future model. The BCP Council Vibrant Communities Board, Local Healthwatch, and Dorset Council Stronger Neighbourhoods teams should also be consulted as part of this work.

Reason for Decision

To allow sufficient time for the national programme recommendations to be further developed, the Dorset ICS to launch, and our local work to identify how best to overcome barriers and inequalities to be developed so that the relaunched check is more effective.

126. Prevention at Scale (PAS) Stocktake

Members were informed that Prevention at Scale (PAS) was one of the key portfolios set out in Our Dorset Sustainability and Transformation Plan (STP). It set out an ambitious programme of transformation work aimed at building prevention approaches into everyday contacts in our local health and care system.

Prevention at Scale aimed at building prevention approaches into everyday contacts in our local health and care system. Work included transformation projects and influencing work under four programmes of Starting Well, Living Well, Ageing Well and Healthy Places.

Prevention at Scale was designed to build the capacity of all health and care partners to support their staff and how they engage more people to improve their health and wellbeing and reduce their risks of longer-term conditions and need for health or social care.

The Board was pleased to see what progress was being made and the continued success being seen with the Services delivered and what health improvements were being made. Members were pleased to see the new initiatives proposed to be implemented and what benefits these could bring.

Officers affirmed that Public Health Dorset would remain committed to maintaining and developing these improvements going forward.

Resolved

The Joint Public Health Board endorsed the recommendations being made and:

- noted progress on our Prevention at Scale portfolio
- agreed a continued focus on prevention; and
- considered a refreshed approach in how the shared service take this forward to feed into the Public Health Dorset 2022/23 business plan.

Reason for Decisions

Prevention at Scale was one of three key portfolios in Our Dorset Sustainability and Transformation Plan. It is now timely to review progress. There is also a recognition that a different approach may be needed as the ICS develops that fits with the national vision and operating model for ICSs.

127. Business Plan Update

The Board considered an update on the Business Plan which provided for:-

- COVID-19 outbreak management and response;
- Wider System working (prevention and inequalities – with Integrated Care System);
- Public health programmes – our services and delivery;
- Our organisation including supporting functions.

The Plan showed what was being done, how it was being done and what was being achieved by Public Health Dorset in meeting its obligations and commitments to public health.

Given the ongoing commitment to addressing COVID-19 and especially the recent omicron issues, a significant impact had been seen on the ability of Public Health Dorset to maintain its routine public health work. In addition, the prevention and inequalities work had been delayed because of the national timescales for the ICS launch being put back to July 2022.

Given this, agreement was being sought for an extension to developing a detailed monitoring plan, recognising that there had not been the capacity to undertake the necessary work.

The development of new programmes for 22-23 would form a substantial part of the plan, subject to agreement following confirmation of the budget, prioritisation and allocation of team capacity.

Risks and challenges to developing the plan - not least that the majority of the public health team still being deployed in responding to the pandemic – had made it challenging to return to business as usual activities. Given this, agreement was being sought for a pause in the process – under the circumstances - so as to be able to manage the plan in a meaningful, flexible and considered way to ensure its objectives could still be met.

The Board recognised the challenges being faced and acknowledged the need for the pause to allow the means of catching up on all that was necessary. They hoped that whatever progress could be made would be made though so that the pause might be able to be restarted as soon as practical.

Resolved

That the Board endorse the following recommendations:

- 1) Support giving further time to developing a detailed monitoring plan for the high level business plan agreed with the board in May 2021, recognising that there is still considerable uncertainty about current responsibilities in relation to COVID-19 local outbreak response, and the delay to the Integrated Care System.
- 2) Continue to endorse the organisation of our work into the four categories of:
 - a) COVID-19 outbreak management and response;
 - b) Wider System working (prevention and inequalities – with Integrated Care System);
 - c) Public health programmes;
 - d) Our organisation.
- 3) Support the high level emerging priorities for 22-23 that are starting to emerge as we start to recover from the pandemic and prepare for the ICS going live in July 2022.

Reason for Decision

Since the last Board in November 2021 the public health team has been going through it's busiest time in response to the Omicron wave of the COVID-19 pandemic. The volume of incidents and outbreaks that have required input from the team has been higher than at any time previously. This is due to a combination of ongoing high infection rates in the community, increased volume of supporting work on vaccination and inequalities, plus picking up more responsibility for local health protection and leading incident management team meetings as UK Health Security Agency has come under more and more pressure.

128. Urgent items

There were no urgent items for consideration.

129. **Dates for Future Meetings**

The dates for future meetings of the Board were noted:-

- Monday 30 May
- Thursday 21 July – to be rearranged
- Thursday 1 December
- Thursday 16 February 2023

Duration of meeting: 1.00 - 3.50 pm

Chairman

.....