

## **DORSET'S JOINT PUBLIC HEALTH BOARD**

### **MINUTES OF MEETING HELD ON MONDAY 30 MAY 2022**

**Present:** Cllrs Mohan lyengar, Peter Wharf and Graham Carr-Jones

**Apologies:** Cllrs Karen Rampton

**Also present:** Cllr Jane Somper - Dorset Council

**Officers present (for all or part of the meeting):** Sam Crowe (Director of Public Health), Sian White (Finance Manager), Rachel Partridge (Public Health Dorset), Sarah Longdon (Head of Service Planning – Public Health), Steve Gorson (Finance), Sarah Vanessa Read (Director of Nursing and Quality, Dorset CCG) and David Northover (Democratic Services Officer).

#### **130. Election of Chairman and Appointment of Vice-Chairman**

As agreed at the last meeting, the Chairmanship of the Board should be maintained on a yearly basis. This was to provide some continuity in how meetings were run and a practical basis for the Board's governance. Given that, it was

##### **Resolved**

That Mohan lyengar retain the Chairmanship for this meeting and Cllr Peter Wharf be appointed Vice-Chairman.

At the next meeting of the Board, governance arrangements for the Chairmanship for the year 2022/23 would be affirmed, with Dorset Council assuming this role. It was intended that hereafter, the Chairmanship would rotate between the two authorities on an annual basis, following appointments made at their respective May annual Council meetings.

#### **131. Apologies**

Apologies for absence were received from Cllr Karen Rampton (BCP).

An apology for absence was also received from Vivienne Broadhurst.

#### **132. Minutes**

The minutes of the meeting held on 16 February 2022 were confirmed.

#### **133. Declarations of Interest**

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

134. **Public Participation**

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

It was hoped that the opportunity to participate in meetings would be taken and that Comms and Board members could play their part in encouraging this by the means available to them. It was noted that Comms actively raised the profile of the work of the Board and Public Health Dorset through social media and dedicated websites and this would be maintained. The Chairman, Vice-Chairman and the Director would pursue by what means this might best be achieved.

135. **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 was seen to be beneficial that the Business Plan was now a 'live' document, able to be modified, as necessary, to reflect changing objectives as they occurred. What the Plan contained gave the Board a better understanding of the commitments coming up and when these were due to be considered.

136. **Directors Update on Public Health Activities**

The Board received a presentation by the Director on public health activities, how these were being applied and what they entailed.

The presentation set out what developments were taking place with:-

- Health Improvement
- Health Protection and
- Health Care Public Health

together with what influence could be brought to bear in their regard and the progress being made in delivering these services to achieve the necessary outcomes.

How Public health Dorset would integrate with the Integrated Care System was explained and what part it would play in being able to achieve successful outcomes.

In summary, the presentation covered:-

- **Health protection system - in transition following move to Living with COVID-19**
- **Supporting local system to be ready for Integrated Care Systems**
  - Recruitment to new executive posts for integrated care board

- Leading the development of the first Integrated Care Strategy
- Secured funding for population health management team (March 22)
- **Public health business plan – working with the team to identify priorities, scope programmes, support recovery and resilience**

An issue was raised by the Board about the Drugs Board, and its composition, in that it was considered that it should readily reflect the need for public health interventions and treatments in the first instance - given the issues to be addressed - and that, whilst the judicial regime had its part to play, an understanding of why these issues arose and what interventions and treatments could be applied at source, should be the principle driver.

Although an assessment would be necessary of what part the Police and Public Health, and other stakeholders should play on this Board - and to what extent - it was hoped that a practical resolution could be found, acknowledged and agreed upon whereby each contribution to how policy was developed was valid and relevant that would benefit all.

The Board thanked the Director for the update which provided them with a good insight on what progress was being made and how this was being done.

### **Noted**

## **137. 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 of the report and in Appendix 1.

As at 31st March 2022 the ring-fenced public health reserve stands at £2.647M, with £1.046M potentially committed to different projects and programmes.

The Board had agreed 2022/23 contributions from each local authority to the shared service at their last meeting, including 60% of the 22/23 grant uplift - as set out in Appendix 2 of the report. This gave a 22/23 opening revenue budget for Public Health Dorset of £25.615M.

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

Each local authority retained a portion of the grant to deliver other services with public health impact. The public health ring-fenced conditions applied equally to these elements of the grant and therefore the Board also monitored the use of the Grant in each council outside of

the shared service. In 2021/22 both councils broke even on their retained grant. As with the Dorset council audit, the BCP audit showed reasonable assurance on governance of the retained portions of the public health grant (appendix 3).

For 2022/23, each council would retain additional funds equivalent to 40% of the uplift to their public health grant. Plans for the use of the retained grant in 22/23 were set out in section 13 of the report.

A range of additional grants and income were received by the shared service in 2021/22 and are planned in 2022/23, with £0.8M additional income spent in 2021/22, £1.4M of income carried over into 2022/23, and an additional £0.9M income anticipated into the shared service in 2022/23. This excluded the Contain Outbreak Management Fund for each council.

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 asked about the underspend, how this had come about and why this was the case. Officers explained that this had predominately arisen given the suspension of face-to-face health checks during the pandemic, but that a digital alternative had been able to be provide to some extent. It was anticipated that those monies would be able to be now spent again as more face-to-face assessments were again possible.

### **Resolved**

The Joint Public Health Board is asked to:

- 1) That the 21/22 out turn of £706k underspend for the shared service and break-even position for the grant retained within each council be noted.
- 2) That the 2022/23 opening budget for the shared service be approved.
- 3) That the 2022/23 plans for retained elements within each council be noted.

Reason	for	Decisions
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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.		
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## **138. Health Improvement Services Performance Monitoring**

The report provided the Board with a summary of performance for LiveWell Dorset, smoking cessation, weight management services, community providers, health checks and children and young people's public health service (CYPPHS) performance; any supporting data is in the appendices

The Board recognised the positive progress and service improvements despite the challenges from the pandemic and workforce challenges including; digital delivery; delivering responsive services including the arrival of Afghan families under the resettlement programme; developing clinical leadership opportunities aligned to key priorities; scaling CO monitoring at mandated contacts; implementing ASQ 3 for the school age review and further scaling of parental mental health. Public Health Dorset also acknowledged the positive feedback from families and young people who use the Children and Young People's Public Health Service

There continued to be significant participation in Early Help through a skill-mixed team to deliver evidence based interventions and support for more vulnerable families. Despite that being the case, the service had achieved positive progress and impact against the four key priorities of the service; smoking cessation; school readiness; physical activity and emotional and mental health.

The Board were pleased to see the progress being made, whilst understanding the challenges that the services faced in terms of demand, resources and funding. The Vice Chairman had taken the opportunity to visit South Walk House – now leased to the NHS from Dorset Council – in being an key establishment for the delivery of certain public health and clinical services - which complemented the services provided by Dorset County Hospital, GP's and other medical providers.

The Board were generally pleased to see that face-to-face interaction had now resumed where practicable, whilst recognising that digital provision still had a significant and increasing part to play in the delivery of services. Whilst it was hoped that greater face to face meetings could take place, the Director considered that the balance between the two was appropriate in the circumstances.

A meeting scheduled on how digital access would develop considered beneficial to both Children's services Cabinet Members and that they should be invited to this.

The Board asked that this report be made available to both Directors and Cabinet members for Children's Services so that they might have the opportunity to consider and comment on the figures, with a view to any revision deemed necessary being accommodated.

The Vice-Chairman also asked that future monitoring reports include a "traffic light" indication of progress, so as to be more readily identifiable.

The Board recognised the need that resourcing of services was essential in their effective delivery and hoped that the ICS would provide some means for this being best achieved to meet future needs.

The Director confirmed that, integral to the ICS strategy, was the ability for local authorities, medical providers, and social care to readily collaborate the delivery of services to meet needs and demands and how resources could be

best used. This way, challenges and risks could be identified and met with a more integrated approach.

The Board were satisfied with the progress being made and hoped improvements to the Service could be maintained.

### **Resolved**

- 1) That the performance on health improvement services and children and young people's services be noted, and;
- 2) That the development of options for the future development of LiveWell Dorset that supported a joined-up approach with Integrated Care system partners be supported;
- 3) That the current approach to restarting the Health Checks programme following the discussion at February Board, noting timescales for relaunching in Spring 2023 be agreed;
- 4) That plans within CYPHPS services to develop a more diverse and flexible workforce that can help address recognised capacity gaps be supported - to include recommending to the Integrated Care System that they include recruitment and retention of health visitors within system workforce plans.

### **Reason for Decisions**

To update the Joint Public Health Board and to have their endorsement and to note performance and ensure that Councils have oversight of the mandated public health services provided through the ring-fenced Public Health Grant.

## **139. Health Protection Presentation**

The Board received a presentation on Health protection and what this entailed, particularly in respect of managing the transition to Living with COVID-19.

The presentation covered:-

- Testing,
- Contact Tracing,
- Outbreak support,
- Surveillance and Epidemiology,
- Communications & Engagement,
- Behavioural Insights,
- Vaccination programme (remit of Vaccination delivery Board), and
- Contain Outbreak Management Fund (COMF) oversight

The emphasis being placed on what was being done and how this was being achieved and communicated was of importance and, whilst the UKHSA lead on this, the Comms section played an essential role in doing this also. Members agreed that engagement with key stakeholders was critical in ensuring the progress made was maintained - with emphasis being placed on schools and care homes being more aligned with councils in contributing to sharing access to information.

Moreover, the Covid-19 vaccination was just one of 32 vaccination programmes that were administered by health authorities and it was

envisaged that this one would now sit within that suite and managed accordingly.

The Bord recognised that although what had been achieved in managing the Covid pandemic was seen as largely successful and had been delivered by some ingenious means, lessons had been learnt as to how to have better managed the pandemic which could now be applied to any future such situations which might arise - with the processes and technological data available providing invaluable in assisting this. Moreover the newly created ICS would have an essential role to play in how the delivery of interventions were managed efficiently to ensure that there was a natural cohesion between the delivery of health and social care outcomes.

Whilst the report provided the Board with a detailed analysis of what the findings were, and how these were being interpreted the vice chairman asked that a summarised account could well be more beneficial in future so as to ensure the most important and key aspects could be readily understood and received. Officers appreciated this advice.

The Board welcomed the progress made and understood what was being done and the reasons for this and endorsed how this was being achieved.

#### **Noted**

#### **140. Business Plan**

The Board were being asked to consider and agree the Public Health Dorset business plan and priority work programmes for 2022-23 and to consider developing the forward plan for the board based on the work programmes included in Appendix B.

Significant work had recently taken place to clarify the role and purpose of

Public Health Dorset, especially given the imminent changes with the formal launch of integrated care systems. In addition, the plan identified the top 10 work programmes following a prioritisation exercise, which would help align capacity and resources to delivery over the ensuing year. Appendix A contains the main report, showing how we are organising our work. Appendix B set out a high-level delivery timeline with more detail about some of the programmes and outputs that would need to be delivered in this financial year.

The Business Plan identified what Public Health Dorset did, how it did it what was to be achieved and what was needed to do this. The context was set as to what the obligations were: health improvement, health protection; Healthcare public health; and healthy places - and by what means these would be achieved: the aims, the mission, the vision and the objectives.

The Board considered there to be a need for this Plan to be widely disseminated so that not only were the public aware of what was being done, but so as to engage directly other public bodies – though the Dorset Association of Parish and Town Councils – so this could readily be understood and publicised what these obligations were and so as to raise their profile as could be best achieved. On that basis the Board considered that the Plan should be given consideration when the DAPTC next had a briefing session with PHD/DC/BCP. Comms could play a significant part in facilitating this.

The Board elected members also recognised tht they had a role to play in promoting the business plan as they might.



The Board acknowledged the progress made in developing the business plan which they considered would achieve all that was necessary in delivering the desired outcomes for public health in Dorset, with the priorities identified being correct. On that basis they endorsed it. However, they understood that as it was a working document, it was flexible enough to be adapted, as necessary.

Resolved

- 1) That the Public Health Dorset business plan and priority work programmes for 2022-23 be agreed.
- 2) That the forward plan for the board based on the work programmes included in Appendix B be developed accordingly.

Reasons for Decisions

Recovery from the pandemic and the move to Living with COVID-19 has now allowed the public health team to take stock and consider priorities for the coming year. Previous attempts at finalising the business plan were hampered by a high degree of uncertainty, plus ongoing responsibilities for responding to COVID-19. Publishing the high-level plan, and an outline timeline showing key deliverables for our work for 2022-23 is an important step in delivering an

effective service. This is because so much of our work relies on collaboration with other organisations in our system. The forward plan for the Joint Public Health Board can be populated over a longer time period based on this business plan. The business plan will be a key document in ensuring early Member engagement with the work of the team during 2022-23.

**141. Urgent items**

There were no urgent items for consideration.

**142. Dates of Future meetings**

The Board noted the dates of future meetings:-

- July 2022 – to be postponed until early September - date and venue to be determined
- 1 December 2022 – venue to be determined
- 16 February 2023 – venue to be determined

**Duration of meeting:** 11.00 am - 1.00 pm

**Chairman**

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