

## **JOINT PUBLIC HEALTH BOARD**

### **MINUTES OF MEETING HELD ON TUESDAY 25 JULY 2023**

**Present:** Cllrs Laura Beddow, David Brown, Vikki Slade, Jane Somper and David Freeman

**Also present:** Cllr Cherry Brooks

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

Sam Crowe (Director of Public Health),  
Steve Gorson (Senior Accountant - Adults),  
Chris Harrod (Senior Democratic Services Officer),  
Jane Horne (Consultant in Public Health),  
Sarah Longdon (Head of Service Planning)  
Rachel Partridge (Assistant Director of Public Health)

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

Lucy Mears (Communications and Commissioning Manager - Public Health)

#### **1. Election of Chairman**

Prior to nominations for the Election of Chair, the Senior Democratic Services Officer referred to the note on the agenda which explained that the Board had previously agreed to amend the joint arrangements to allow for the Chair and Vice-Chair of the Board to remain in position for a period of one year instead of rotating between meetings, as this ensured consistency of governance. However, the joint arrangements had not been updated to reflect this and would be amended imminently.

**Resolved:**

That Councillor David Brown be elected Chairman and retain the Chairmanship for the ensuing year, 2023/24.

#### **2. Election of Vice-Chairman**

**Resolved**

That Councillor Jane Somper be elected Vice-Chairman and retain the Vice-Chairmanship for the ensuing year, 2023/24.

#### **3. Apologies**

No apologies for absence were received at the meeting.

#### **4. Minutes**

The minutes of the meeting held on 16 February 2023 were confirmed and signed.

5. **Declarations of Interest**

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

6. **Public Participation**

No public participation requests had been received.

7. **Forward Plan**

The Forward Plan was noted.

8. **Director of Public Health Update**

Sam Crowe, Director of Public Health, provided the Board with his annual report by way of powerpoint presentation, a copy of which has been appended to these minutes, which focussed on:

- Celebration of 10 years of Public Health in Local Government
- Recovering services
- Partnership working
- Service performance
- Finances
- Outcomes
- Director recommendations.

Officers responded to Board Members' comments and requests for clarification, details included:

- The Director's report would be circulated after the meeting and would also be published with the minutes. It hadn't been shared in advance of the meeting as it had only been finalised the previous day.
- Public Health paid a small fee to providers within the NHS Healthchecks Scheme for invites delivered, further payment was offered to those providers where service was delivered.
- Public Health relied on GP practices to send out invitations for health checks, but would like to be able to offer more support. It had not been possible to achieve this ambition thus far.
- The Director of Public Health would feedback progress relating to his recommendations as the year progressed.

**Noted.**

9. **Finance Report**

The senior accountant introduced the report which provided Board Members with an update in relation to the usage of the ringfenced public health budget.

Officers responded to Board Members' comments and requests for clarification, details included:

- The ring-fenced public health reserve had already been allocated and a future report would detail where that spend had gone. This report requested that the principle be agreed, but to come back with the detail, which would be part of the next finance report.
- The fact that any underspend within a financial year went into a ring-fenced reserve meant that it could only be spent on public health matters and not spent elsewhere.
- There would always be a degree of flexibility in the movement of the budget. It had been challenging to forecast expenditure over previous years due to covid and additional grants that are allocated. The first forecast for this year showed that there may be an overspend this year, although this would be managed carefully and was likely to change.
- The 60:40 split detailed in recommendations 2 and 3 was the same split that had been previously used and the principle had been agreed for this financial year too, with the monitoring officers at both BCP Council and Dorset Council also supporting this methodology.

## **RESOLVED**

That the Board:

- (i) note the 2022/23 shared service out turn of £375k underspend, the £394k underspend on the BCP retained grant, and the break-even position for the DC retained grant in 22/23;
- (ii) agree the proposed 60:40 split of the 23/24 uplift, with 60% going to the shared service;
- (iii) agree the proposed application of the 23/24 uplift within the shared service and;
- (iv) note the position for the grant kept by each council in 23/24) note plans for the use of ring-fenced public health reserves over the next three years, in line with principles agreed at the November 2022 Board.

### **10. Development of Children's Public Health Services**

The Deputy Director of Public Health introduced the report which provided Board Members with an update on the Children and Young People's Public Health Service commissioned by Public Health Dorset and provided by Dorset HealthCare.

Officers responded to Members' comments and requests for clarification, details included:

- A significant and detailed procurement process had been undertaken by both local authorities to ensure that a suitable provision could be in place, that offered stability to the service and would also allow for the service to evolve and/or renegotiate the contract at appropriate points throughout its total duration.
- Public Health were content with the contract and regular contract review meetings were taking place to monitor performance. There was a positive working relationship that demonstrated the pro-active nature of supplier.

- There was a desire to continue reviewing that the service model was set up and resourced to deliver outcomes in the most effective way as the model develops.
- As there were no proposals to change any services, Board Members were being asked to agree extension, which meant that no Equality Impact Assessment (EQIA) was needed, as this would have been done as part of the initial procurement process. The implication of the recommendation not being agreed would be a need to identify cost pressures with Dorset Healthcare that would adversely impact the service.

## **RESOLVED**

That the Board:

- (i) Delegate authority to the Director of Public Health, to issue a Contract Variation to Dorset HealthCare to increase the Children and Young People's Public Health Service contract value by £397,000.00 per annum from 1st April 2023 to 30th March 2024, using part of the Public Health Grant uplift.
- (ii) Delegate authority to the Director of Public Health to authorise the required 12 months legal notice to extend the Children and Young People's Public Health contract, for delivery between 1st October 2024 and 30th September 2026, in line with Dorset Council contract regulations.
- (iii) Mandate a comprehensive commissioning intentions report for presentation to the Joint Public Health Board, which includes a fully costed and clear workforce plan, to deliver core mandated activity and outcomes-based activity, in line with the Service Specification, for the Children and Young People's Public Health Service, for the period 1st October 2024 - 30th September 2026

### **11. Healthcare Public Health Memorandum of Understanding**

The Public Health Consultant introduced the report which sought to develop a new MoU that sets out how the shared service will work with the ICB and NHS partners.

Officers responded to Members' comments and requests for clarification, details included:

- The reason for establishing a Memorandum of Understanding was to define the service provision within the NHS 'Core Offer' and how the service would work with the Public Health, currently, there was no central point of reference, hence the need for a MoU.
- The MoU would allow the understanding of requests that come through and also to allow public health, which was a small team that provided the service for approximately 800,000 people, to fulfil its obligations, which would allow for better prioritisation.
- A formal MoU was welcomed by NHS Dorset and it would focus on setting out the offerings between each organisation.

- The governance arrangements would need to be discussed and agreed at the next meeting of the System Executive Group and would be presented to the Board at a future meeting.

**Noted**

12. **Business Plan Monitoring**

The Head of Service Planning introduced the report which set out the progress that had been made on each item that featured within the business plan.

There were no requests for clarification, although a Member commented that she felt that the presentation of the report to be exceptionally helpful, as it was clear to see where progress was being made and allowed Board Members the opportunity to identify any areas that they wanted to “deep-dive” if appropriate.

The Chairman echoed these comments and thanked officers for their contributions.

**Noted**

13. **Urgent items**

There were no items of urgent business.

14. **Exempt Business**

There was no exempt business.

**Duration of meeting:** 2.30 - 4.06 pm

**Chairman**

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