

JOINT PUBLIC HEALTH BOARD

MINUTES OF MEETING HELD ON THURSDAY 7 DECEMBER 2023

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

Also present remotely: Cllr David Taylor

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

Jon Bird (Service Manager for Growth and Economic Regeneration)

Sam Crowe (Director of Public Health)

Chris Harrod (Senior Democratic Services Officer)

Jane Horne (Consultant in Public Health)

Jillian Kay (Corporate Director for Wellbeing - BCP Council)

Joshua Kennedy (Democratic Services Officer)

Sarah Longdon (Head of Service Planning)

Tony McDougal (Communications Business Partner - Adults and Housing)

Lucy Mears (Communications and Commissioning Manager - Public Health)

Rachel Partridge (Assistant Director of Public Health)

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

Steve Gorson (Senior Accountant - Adults)

Paul Iggulden (Consultant in Public Health)

15. Apologies

There were no apologies for absence.

16. Minutes

The minutes of the meeting held on 25 July 2023 were confirmed and signed.

17. Declarations of Interest

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

18. Public Participation

No public participation requests had been received.

19. Forward Plan

The forward plan was noted.

The Director of Public Health suggested that there may be a need to review some upcoming decisions that would need to be taken at the February Meeting.

20. **Director of Public Health Update**

The Director of Public Health provided Board Members with an update on the Public Health Service.

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

- The shingles vaccine was a new offer that was being offered to older adults and vulnerable people. Public Health were not directly involved in its delivery, but was actively advertising the offer.
- A task and finish group was due to be established to review the delivery of public health, understand how well it was working, and if it was offering value for money. It was likely that some recommendations and/or decisions may come forward for consideration by the Board at a later date.
- Members were supportive of undertaking a review of the service, although there were some reservations expressed in terms of the suggested methodology, as it was important to get it right.
- Further discussions would be held outside of this meeting to establish the best way forward before any work was undertaken.
- In relation to smoking cessation, there was a need to consider how enforcement may take place, particularly when regulatory services are being impacted by reduced resources.

NOTED

21. **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 comments and requests for clarification, details included:

- Staffing costs had grown due to the way that it was set against grants.
- Botox and fillers were not public health concerns as such, however the funds relating to this item was what was provided to trading standards to monitor providers of these services.
- There would be a need for the shared service to rescope its work. An accurate position will be provided at the meeting in February.

RESOLVED

That the Board:

1. note the 2023/24 current shared service forecast of £51k underspend.
2. note the forecast break-even position against the BCP retained grant, and the DC retained grant in 23/24.
3. approve the proposed 24/25 approach, that each council keeps their full grant uplift for 24/25 and the share of the 23/24 uplift currently given to the shared service.

4. delegate authority to the Director of Public Health in discussion with both portfolio holders and section 151 officers on further discussions to support councils with 24/25 budget planning. Final proposals should come to February 2024 board, with clear agreements showing how the money will be used to support public health outcomes in each council.
5. note the update around CHIS procurement.
6. note the current reserve position.

22. **Dorset Home Upgrade Grant**

The Deputy Director of Public Health introduced the report which sought approval to deliver £4.2M of upgrades to homes across the Dorset and BCP Council areas.

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

- Comments were often received and number of case studies had been undertaken which set out the issues and how they were addressed. There were notable Improvements in morbidity and mortality rates as a result of home improvements.
- Better communication was required in terms of setting out what was on offer and the eligibility criteria, as it appeared that some people may be put off at present.
- It was well recognised that there were a lower number of homes in the BCP Council area that were eligible for the HUG aspect, but far more qualified for other aspects of the HHD programme.
- The project was targeting flats within the BCP Council area that didn't have a gas connection.
- There were very complicated formulas used in order to calculate eligibility.
- There were regular conversations with housing providers to ensure that the homes they're providing are compliant with legislation. The project team was working with East Boro housing, BCP Homes etc.
- All residents could access HHD and get advice if needed, even if ineligible for other support. Working with primary care networks to raise awareness of support available.

RESOLVED

That the Board:

1. Endorse the Dorset Home Upgrade Grant project.
2. Delegate authority to the Director of Public Health to develop and deliver the project, in line with relevant Dorset Council regulations and any grant funding agreement with government.
3. Notes progress of the wider Healthy Homes Dorset initiative.

23. **Business Plan Monitoring**

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

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

- This data used was from national indicators and were performance measures as opposed to targets. When the term “on target” was used it put us Public Health Dorset in line or above the level across England or at a regional level.
- In terms of children’s service data, Public Health reviewed the benchmark data and compared with what had been recorded across the Dorset and BCP areas.
- It was suggested that the presentation of data could be brought into scope in terms of reviewing the service.
- More work needed to be done by key stakeholders to understand where Public Health had responsibility for accessibility to Mental Health services provision.

NOTED

24. Health Checks Update

The Director of Public Health introduced the report, which provided Board Members with an update on the Health Checks programme.

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

- There was a need to greater understand how LiveWell Dorset was targeting its offer of health checks.
- Public Health Dorset were trying to understand what the barriers were to people and why were they not coming forward? They were investigating what Primary Care Networks could do to improve the Health Checks take-up figures.
- The wording of the case study included at appendix 1 to the report was unintentionally misleading as it had referred to the learning and development team at BCP Council who had organised the health checks, as opposed to the colleagues that were largely from Place Services and operated from depots.
- There was a need to avoid inequalities and LiveWell Dorset would need to consider how better to engage with those in the community that it would not naturally be able to engage with using regular practice.

NOTED

25. Health Protection Assurance

The Deputy Director of Public Health introduced the report which, provided Board Members with an overview of the health protection work undertaken by the Public Health Team.

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

- It was felt that the health protection system worked well and even though it was not a commissioner, Public Health Dorset played an active part in ensuring that the programme was successful.

NOTED

26. **Urgent items**

There were no urgent items.

27. **Exempt Business**

There was no exempt business.

Duration of meeting: 2.00 - 3.56 pm

Chairman

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