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DORSET COUNCIL - JOINT PUBLIC HEALTH BOARD

MINUTES OF MEETING HELD ON MONDAY 15 JULY 2019

Present: Cllrs Graham Carr-Jones, Lesley Dedman and Sandra Moore

Apologies: Cllrs Laura Miller

Also present:

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

Dr Sam Crowe (Director of Public Health), Dr Nicky Cleave (Assistant Director of Public Health), Rachel Partridge (Assistant Director of Public Health), Sophia Callaghan (Assistant Director of Public Health), Jan Thurgood (Corporate Director, Adults, BCP Council), Mathew Kendall (Executive Director of People – Adults, Dorset Council), Dr Jane Horne (Consultant in Public Health), Vicki Fearn (Consultant), Sian White (Finance Manager), Clare White (Accountant), Kirsty Hillier (Public Health Communications Manager) and David Northover (Senior Democratic Services Officer).

1. Election of Chairman

Resolved

That Councillor Lesley Dedman be elected Chairman for the meeting.

2. Appointment of Vice-Chairman

Resolved

That Councillor Graham-Carr Jones be appointed Vice-Chairman for the meeting. On this basis he would assume the Chairmanship at the next meeting.

3. Apologies

An apology for absence was received from Councillor Laura Miller (Dorset Council).

4. Declarations of Interest

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

5. Public Participation

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

6. **Welcome Presentation**

The Board had a presentation from the Director of Public Health introducing how the public health function was delivered across the two Councils; the role and purpose of the Joint Board, and identifying the areas of work most likely to be brought to the Board over the coming year.

This included the Prevention at Scale programme, and joint working with partners in the Integrated Care system, key commissioning activities for the next year and work with partners in the new Councils.

The Board requested further detail on the public health finances and how the grant was allocated. This would be shared with the November Board. There was also a request to clarify voting rights of Board members, and to confirm that the Chairman would have a casting vote should the instance arise.

The Board were pleased to have had this opportunity to learn more about Public Health Dorset and in having a clearer understanding of the part they could play in bringing about improved public health outcomes.

7. **2019/20 Business Plan**

The report set out the 2019/20 Business Plan for Public Health Dorset and proposed a regular monitoring approach so that the Board could be assured of progress. The report highlighted the main priorities from the Business Plan, along with some of the risks and issues of delivery. The Board were satisfied with how this was to be managed, noted the Plan and agreed with the approach to monitoring in future meetings.

Resolved

- 1) That the Business Plan for 2019/20 be considered and approved
- 2) That the approach to monitoring be endorsed;
- 3) That the high level summary of the business plan for use with public and partners be noted.

8. **Finance Report**

Finance officers presented the budget monitoring report which presented the final outturn figures for 2018/19 and the opening budget for 2019/20. The Revenue Budget for Public Health Dorset in 2019/20 was £27.704M, based on an indicative Grant Allocation of £32.525M. The report explained how this would be managed in year. The report also included a final outturn figure for 2018/19, which showed a £45k underspend. Public health reserves were now at £1.784M, with £791k being committed to Prevention at Scale.

Board members enquired about the background to how the reserves had built up. Officers explained that this had largely accumulated as contracts had been reduced in value to make the national savings required in the Grant. The

Chairman was pragmatic in her view that if savings were being made, then an underspend appeared inevitable.

Board members were interested in how the cost increases associated with opiate substitution therapy were being managed and what the financial consequences might be of the increase. The Consultant in Public Health leading clinical treatment services explained that this was a national price rise and the services were working to limit the impact in price rises on service delivery. The Board were assured that ways in which this Service could be delivered more cost effectively were being sought as far as practical.

The Board was also interested in understanding how the Grant allocation was being used across both Councils, and whether this was providing value and meeting the needs of the respective populations. The Director of Public Health agreed to develop a presentation for the next Board meeting in November that would explain the finances in greater depth.

Members were largely satisfied with this and with the ways in which the finances were being run and the reasoning for this.

Resolved

The Board noted:

- the 2018/19 outturn;
- the provisional forecast for Public Health Dorset in 2019/20;
- the movement in reserves during 2018/19.

Reason for Decision

Close monitoring of the budget position was an essential requirement to ensure that money and resources were used efficiently and effectively.

9. Developing commissioning options for sexual health services in Dorset

The Board was informed that Sexual Health Services in Dorset were currently provided by a consortium of NHS providers. As the two-year contract was due to expire in April 2020, the service required re-tendering under full, open competition in order to comply with Public Contract Regulations. The report summarised local consultation on a preferred model and the approach to be taken; reported on service transformation which had been conducted to date and the way this had been done; and recommended a preferred commissioning option – as set out in paragraph 4.6 of the report.

There was discussion by Board members about the recommendation to proceed with the tender for local authority commissioned elements first, with the option to further integrate NHS England and Dorset CCG commissioned elements of service at a break in the second year of the contract. The proposed contract length was discussed and officers agreed to supply a post meeting note giving the advice of the procurement team on contract length. The Board were satisfied with this approach and what was being proposed as a means to proceed.

Resolved

- 1) That the recommended option for re-tendering sexual health services - at paragraph 4.6 of the report - be supported and endorsed;
- 2) That the development of a procurement process and proceeding with an invitation to tender for a new contract, be approved;
- 3) That delegated authority be given to the Director of Public Health, after consultation with the two Portfolio Holders for Health, to award a contract to an appropriate provider on the best terms achievable and within the budget.

Reason for Decision

The preferred option allowed continued service development, aiming for full integration of the services current commissioned by Public Health Dorset on behalf of Councils. It also allowed for integration with NHS England commissioned sexual health services at a future break point in the proposed contract.

10. Health Improvement Services Performance Monitoring

The Board were provided with a report outlining current performance for health improvement services and children and young people's public health services. This included information and a better understanding on performance of LiveWell Dorset, smoking cessation, and what alternatives were available, weight management services, health checks and Children and Young People's Public Health Service (CYPPHS) key performance indicators. The Board acknowledged how improvements were being achieved and what this meant for public health outcomes.

The Board were pleased to see the progress being made with health improvements in these initiatives and saw encouraging signs that these could be maintained. Officers affirmed that Public Health Dorset would remain committed to achieving these improvements going forward.

Resolved

That the progress being made in the performance on health improvement services and children and young people's services be noted and acknowledged.

Reason for Decision

Close monitoring of performance will ensure that health improvement services deliver what is expected of them and that our budget is used to best effect.

11. Forward Plan

The Board's Forward Plan was received and discussed and additional items were proposed. This included reviewing the Health Checks programme; considering the future of the Public Health Partnership, based on the findings of the Task and Finish Group; the background to the Public Health Grant and how the Budget was allocated in the way it was and what successes were being derived; and updating on major tenders.

12. Urgent items

There were no urgent items for consideration.

13. **Questions from Council Members**

No questions were received from Council Members.

Duration of meeting: 10.00 - 11.40 am

Chairman

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