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DORSET'S JOINT PUBLIC HEALTH BOARD

MINUTES OF MEETING HELD ON THURSDAY 15 JULY 2021

Present: Cllrs Karen Rampton, Nicola Greene and Laura Miller

Apologies: Cllrs Graham Carr-Jones

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

90. **Election of Chairman**

Resolved

That Councillor Laura Miller be elected Chairman for the meeting.

91. **Appointment of Vice-Chairman**

Resolved

That Councillor Nicola Greene (BCP) be appointed Vice-Chairman for the meeting.

92. **Apologies**

An apology for absence was received from Councillor Graham Carr-Jones.

93. **Declarations of Interest**

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

94. **Minutes**

The minutes of the meeting held on 20 May 2021 were confirmed.

95. **Public Participation**

No statements and questions from Town and Parish Councils or public statements or questions were received at the meeting.

96. **Forward Plan**

The Board's Forward Plan was noted and, what was due to be considered over the coming months, accepted.

97. **Presentation updating on Dorset Public Health activities**

The Director of Public Health took the opportunity to inform the Board of what had been done by Public Health Dorset (PHD) - in partnership with other health bodies GP's; Dorset Clinical Commissioning Group; the NHS, emergency services; and Dorset and BCP Councils - to address and manage the Coronavirus pandemic within Dorset over recent months.

The Board were given a presentation illustrating the local outbreak management plan, how it was being applied and managed and what was being done in practice, along with other associated information pertaining to the pandemic, to put what PHD was doing – and had done - in some context, this being:-

- Coronavirus: current situation - including analysis of cases, hospitalisations, deaths, testing regime and vaccination rollout progress
- Comparisons between the Regional/National picture
- The implications for - and of - Step 4 of the roadmap from 19 July
- Health protection – the impact on the team/recruitment and planning
- Business Plan update
- Priority work over the next 6 months

as well as how PDH had been able to continue the successful delivery of its core responsibilities in light of all this.

Given the unprecedented circumstances in having to deal with such a pandemic, it was seen to be a credit to PHD in how this had been managed and, as a consequence, how relatively successful it had proven to be.

The relative success seen in suppressing such an infectious and contagious virus was seen to be largely attributable to how PHD managed it, what had been done in practice to do this; and the preparations they had made to do so.

The acts of social distancing, hand washing and isolation - which had been generally well observed in Dorset - had meant that containment of the virus had been relatively successful, compared to if this had not been the case. The testing regime being implemented and how successful and efficient the vaccination programme rollout had been, was seen as testament to the effective management of PHD. Moreover, the ability to maintain what PHD services offered and could do throughout this outbreak was to the benefit of Dorset, its residents and visitors in being assured that continuity was maintained, as far as practicable.

The Director was confident that lockdown had contributed significantly to breaking the chain of transmission along with the observations of social distancing and individual hand hygiene being applied, observed and complied

with had gone a long way to Covid-19 being dissipated as it had.

The Board were assured that the team had endeavoured to deliver as far as possible against their statutory responsibilities, provided essential public health services in line with Government guidance at the time, and above all protected and responded to the health threats arising from the unprecedented pandemic.

The Board appreciated what PHD had done in addressing the Covid-19 pandemic and how this had been achieved and the commitment shown, being seen to be a credit to how important PHD preventative work was, which demonstrably demonstrated how Dorset and its residents benefitted from it. They hoped this positive response could be now driven home to quell any further variants and transmissions becoming overwhelming.

The Board particularly recognised the importance of the Comms Team during the pandemic – in ensuring that information and the way it was interpreted and understood was readily available and accessible to all in a timely manner.

Resolved

That what had been achieved and the way this had been done to address the pandemic issues and maintain and deliver the PHD Services be acknowledged and commended.

98. Recovery of Prevention Services for NHS Health Checks and Community Health Improvement Services

This report provided an overview of the current performance of Community Health Improvement Services, including the NHS Health Checks programme – currently paused. It also provided some initial ideas for future recovery of the NHS Health Check programme for discussion and agreement on the way forward this year.

Proposals for the delivery of this service were the use innovative digital approaches – given the progress of local on-line services such as LiveWell Dorset, alongside community engagement and which could take the form of either a general offer or a targeted offer being developed and being made readily available.

The Board considered that NHS Health Checks had an opportunity to be reviewed and updated in line with national changes to the programme, primary care recovery, and the formation of the Integrated Care System services following the recovery plan which were all satisfactorily delivering, albeit with some at a slightly lower level than the previous years. The Board recognised the importance of pharmacies – in complementing GP practices – in delivering preventative interventions and acknowledged the role such

community facilities had in identifying targeted need. Comms played a significant part too to ensuring understanding of what was available, where and by whom.

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 recovery of most CHIS services – and their continued delivery - as progress was being made through the roadmap and out of COVID-19 restrictions be noted and acknowledged.

99. **Finance Update**

The Board received an update 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 report described how the funding was being applied and to what services and in what proportion.

The Board understood that the public health grant was ring-fenced, and monitoring spend against the grant would support better financial planning and use of the Public Health Grant to improve outcomes in partner Councils, as well as through the shared service.

The report set out what the PHD Shared Service budget for 2021/22 was and what the grant allocation retained by the Local Authorities was.

Whilst it was acknowledged that the continued interventions needed to address the issues associated with Covid-19 were unprecedented and represented a unique challenge both in financial and practical terms, the Board recognised that the available funding was being used as efficiently as it could be and appropriately prioritised to continue to optimise outcomes.

Resolved

That the finance update report be noted.

100. **Clinical Services Performance Monitoring**

The Board was provided with 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.

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

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

101. Urgent items

There were no urgent items for consideration.

102. Presentation - Activities of Public Health Dorset and delivery of Services during the Covid -19 pandemic

A presentation of the activities of Public Health Dorset and delivery of Services during the Covid -19 pandemic.

Duration of meeting: 11.00 am - 12.30 pm

Chairman

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COVID-19 and public health update

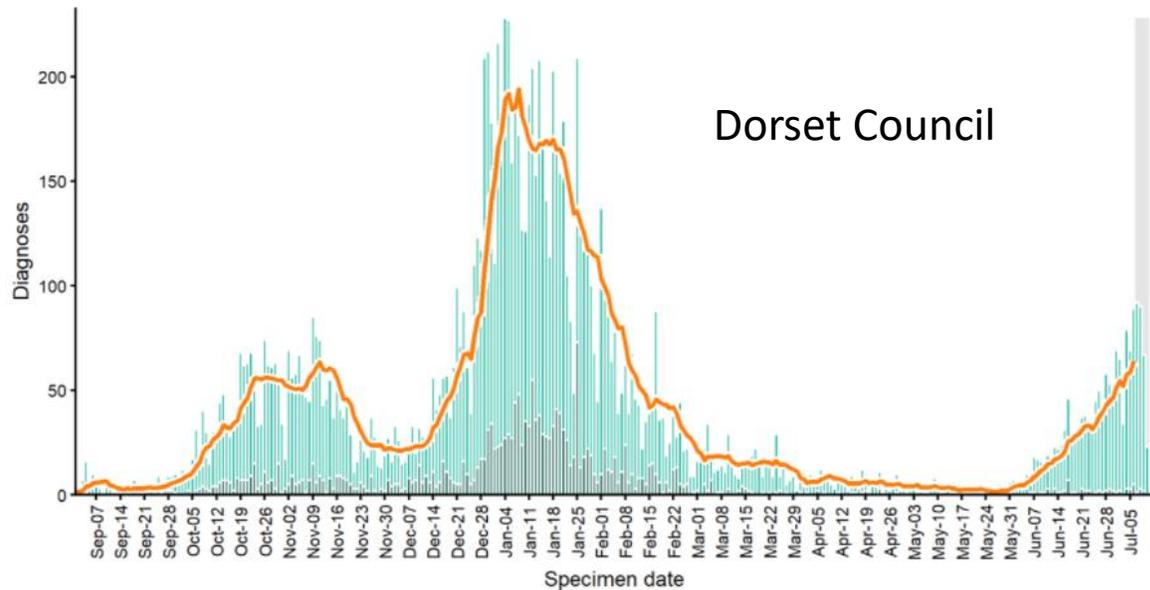
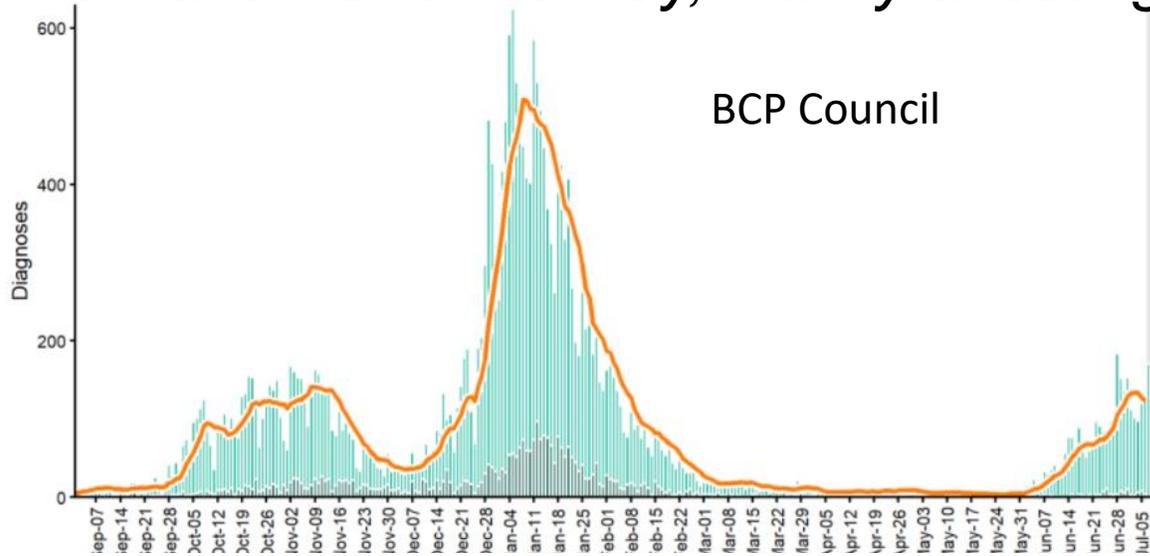
Joint Public Health Board

15 July 2021

Coronavirus: current situation

Third wave well underway, mainly affecting 16-29 year olds

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150 cases per day, BCP Council; 90 cases per day in Dorset Council

Incidents are ramping up – mainly schools – more than 60 per week so very busy on the day response and out of hours teams

Hospital occupancy remains low – 19 people in hospitals with COVID-19

Rise in people needing support at home through oximetry monitoring

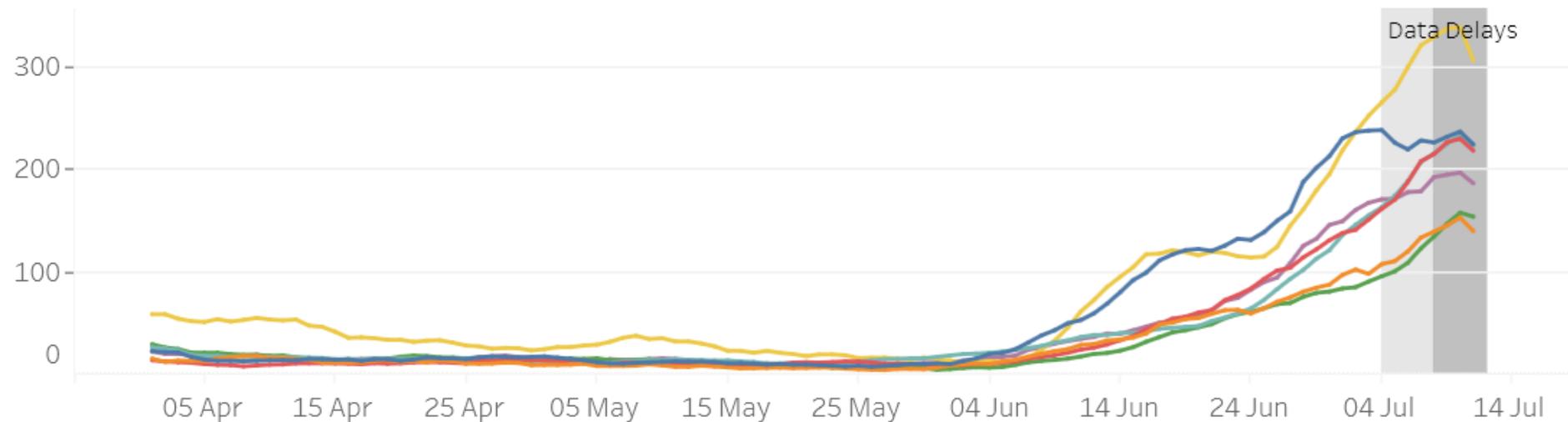
Regional/national picture

■ BCP
 ■ Dorset
 ■ Devon
 ■ Hampshire
 ■ Somerset
 ■ Southampton
 ■ Wiltshire

7-Day Case Rate per 100,000 Population

Including Dorset neighbours

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SW rate 279, England 343 per 100K; Bristol, Plymouth, S Gloucs 400+

Step 4 of the roadmap from July 19th

- Removes all legal restrictions on social distancing in all settings
- Work safely guidance replaces previous rules on COVID-secure settings
- No requirement for fully vaccinated or under 18 contacts to self-isolate from August 16th – still advised to take a PCR test
- Positive cases will still have to isolate
- Contact tracing and bubble system ends in schools
- No requirement to 'check-in' to venues using app
- DsPH still able to re-introduce measures in exceptional circumstances e.g. in response to serious outbreaks- unclear how to do this

Health protection – impact on the team

- Day response and out of hours remains very busy – multiple incidents and requests for support
- Unclear what responsibilities will remain for public health team as restrictions are lifted – we are finding this difficult
- Still need to support workplaces and settings reporting multiple cases
- Testing – significant issues in deploying mobile units, new community testing programme until at least end September
- Vaccination – support with inequalities work is considerable
- Local contact tracing work continues under both Councils
- Communications and guidance role will continue
- Epicell modelling and intelligence role continues

Health protection: recruitment and planning

- Number of fixed term roles being recruited to in support of health protection work
- Planning to continue day response and out of hours teams
- May become much busier in early autumn
- Pushing for national response around wider health protection responsibilities of Councils – as UK Health Security Agency forms
- Health Protection Board will pick up wider / other HP issues e.g. flu, RSV, other outbreaks of infectious disease
- Testing cell – key people now returning to their substantive roles – still need support from both LAs with mobile units site management

Business plan update

System work and recovery

- JSNA narratives refreshed for each Council
- Prevention at scale stock take completed – working with ICS to hold a strategy workshops
- Contributing to ICS workstreams on commissioning, place-based partnerships

COVID-19

- Outbreak plan stock take to reflect changes to regulations in Step 4
- Supported both Councils to deliver local zero contact tracing
- Outbreak management fund investments for 21-22 – focus on resilient communities
- VOC surge testing plans in place
- New community testing programme from 1 July – focus on vulnerable people

Our organisation

- Re-design work completed to begin consultation on moving to single set of terms and conditions
- Consultation will run from mid-July, implement new structure in September

Priority work over the next 6 months

System work and recovery

- Support developing priorities for the ICS, embedding JSNA and population health management programmes in new functions
- Continue to develop Health Inequalities Interim strategy, Long Term Plan work on smoking cessation in hospitals, new funding for healthy weight

COVID-19

- Focus on protecting most vulnerable, ensure good vaccine coverage, surveillance and response for Variants

Our organisation

- Recovery and wellbeing of the public health team
- Induction for new fixed term roles
- Complete business planning and prioritisation

Programmes

- Review NHS HealthChecks delivery model, increase weight management offer, and deliver LiveWell Dorset service plan