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DORSET'S JOINT PUBLIC HEALTH BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 9 NOVEMBER 2022

Present: Cllrs Peter Wharf (Chairman) and Graham Carr-Jones (Dorset Council) and Cllr Jane Kelly (vice-Chairman) BCP Council.

Apologies: Cllrs Karen Rampton

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

Sam Crowe (Director of Public Health), Rachel Partridge (Public Health Dorset), Nicky Cleave (Public Health Dorset), Jane Horne (Public Health Dorset), Sarah Longdon (Head of Service Planning – Public Health), Steve Gorson (Finance), and David Northover (Democratic Services Officer).

143. **Election of Chairman**

Resolved

That Councillor Peter Wharf be elected Chairman and retain the Chairmanship for the ensuing year, 2022/23.

The Chairman took the opportunity to thank Councillor Mohan Iyengar, from BCP Council, for his valued contribution to the Board, particularly in Chairing the Board meetings over the previous year, and in the support he had given to Public Health Dorset and its work.

Thanks was also extended to Vanessa Read, Head of Nursing at Dorset CCG, for the contribution she had made to the Board in the past too.

144. **Appointment of Vice-Chairman**

Resolved

That Cllr Jane Kelly be appointed Vice-Chairman for the ensuing municipal year 2022/23.

145. **Apologies**

Apologies for absence were received from Cllr Karen Rampton (BCP) and Debbie Simmons, Head of Nursing.

146. **Minutes**

The minutes of the meeting held on 30 May 2022 were confirmed and signed.

147. Declarations of Interest

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

148. Public Participation

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

149. Forward Plan

The Board's Forward Plan was received and noted. What the Plan contained gave the Board a better understanding of the commitments coming up and when these were due to be considered.

The Board recognised that the Business Plan – being a live document – would act as the basis for what was to consider moving forward and was fundamental, and integral, to all Public Health Dorset was aiming to achieve.

150. Director's Update and Presentation/Options for the NHS health checks refresh programme

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:-

- National Reforms and Policy
- Public Health Dorset
- Health Improvement
- Health Protection
- Health Care Public Health
- Local progress with the Integrated Care System changes

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 was integrating with the Integrated Care System was explained in particular, and what part it was playing in being able to achieve successful outcomes.

A copy of the Director's presentation is attached to these minutes.

As part of this presentation and update the Board were also being asked to give consideration to options for the NHS health checks refresh programme and agree – in principle - the best option(s) for Public Health Dorset to design and further develop the preferred option. Whilst not on the forward Plan, nor being a key decision as yet, this would give an indication to allow Public Health Dorset to design and cost the preferred option for the NHS health check programme to ensure that the relaunched health check was more effective.

The Board was reminded that the NHS Health Checks was paused because of COVID-19 restrictions and current vaccination programmes. It was now planned to restart the programme taking into account the current national position and the NHS HC review, where opportunities had been identified, to think about delivering the programme differently i.e what part Public Health, providers; GP's, the NHS and pharmacies could all play in this.

The options for consideration were: -

- **Option 1** - Continue the current approach
- **Option 2** - Deliver through primary care with some simple changes
- **Option 3 - Primary Care delivery with added outreach provision via LiveWell Dorset**

Continue delivering NHS HC as option two alongside additional outreach provision in targeted areas of higher risk

- primary care will deliver and record all NHS HC data.
- outreach providers will boost capacity
- LWD can reach higher risk communities
- LWD will provide robust behaviour change support for individuals following their NHS HC
- **Option 4** - a universal digital offer with some targeted face to face provision
- **Option 5** - a mixed offer for people to choose

In accordance with the conclusion and recommendations in the report – in that initial insights work undertaken with providers and the public suggested that Option 3 was the preferred option, the Board agreed that – in principle – **Option 3** would be the optimum course of action to progress - Option 2 also being an alternative consideration - and that this matter would be added to the Forward plan as a key decision for consideration and formal agreement at the next Board meeting in February 2023.

The Director was pleased to have this steer and it would give time to phase and scope the necessities of delivering the health checks and, whilst it was hoped that enough data would be available to give to the board at their next meeting in February, it was acknowledged that this would be a progressive and incremental delivery: the Board being able to manage and monitor Public Health Dorset activities more effectively and actively and recognised that, both the Board and the Integrated Care Board/System, would have an intrinsic role to play in meeting public health outcomes going forward.

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. The part LiveWell Dorset could play in delivering the necessary outcomes was much valued and would be beneficial to what could be achieved.

Resolved

That in considering the options for the NHS health checks refresh programme it was **agreed that Option 3** to be the best option – with Option 2 an alternative candidate - for Public Health Dorset to design and further develop the preferred option.

Reason for Decision

To allow Public Health Dorset to design and cost the preferred option for the NHS health check programme and ensure that the relaunched health check is more effective.

151. **Finance Update**

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.

This report provided an update on the use of each Council's ring-fenced public health grant - covering the budget for the shared service Public Health Dorset and the grant kept by each council to use. The principles set out in Section 11.4 of the report on use of committed reserves were also for the Board's consideration.

The opening revenue budget for Public Health Dorset in 22/23 was £25.615M, with the current forecast out turn being £280k underspend - with detail being set out in section 10 of the report and table 1 in Appendix 1.

The shared service public health reserve was £2.647M on 1 April 2022. It was proposed to return £610k to BCP and of £548k to DC in year. Principles for how the remaining, committed reserve were to be used were set out in Section 11 of the report.

In 22/23 BCP would keep £8.338M of their grant, and DC keep £1.277M, with both Councils expected to spend to budget, with detail on how each Council were to use this retained grant being set out in section 12 of the report. The board were being asked to accept the reasoning for this and agree to this arrangement.

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 and the formula used to determine this, what criteria had to be met for this usage and what priorities and needs each council had in identified where their respective allocations could be spent. One differentiation was that BCP spend was more greatly apportioned to drug and alcohol intervention and children's centres, with DC support into Children's Services - whereby there was to be active discussion with Theresa Leavy, Executive Director People, Children's on how this was to be achieved.

The Board mentioned again 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

- 1) That the 2022/23 shared service forecast out turn of £280k underspend and the break-even position for the grant kept by each council be noted
- 2) That the return of £610k to BCP and £548k to DC from the public health reserve be agreed.
- 3) That the principles set out in 11.4 on use of committed reserves be supported.

Reason for Decisions

There are conditions that set out how councils can use their public health grant. Each local authority Chief Executive or Section 151 Officer and the Director of Public Health must sign to say this has happened.

Public Health Dorset (PHD) is a shared service across Dorset Council and BCP Council. PHD delivers public health services on behalf of both councils. Each council also provides other services with public health impact. These may be different in the two councils. The councils pay into the shared service but may also use part of the grant to support the work in the council.

Monitoring how we spend the grant will help us to know if we are meeting the conditions. It will support better financial planning. It will also help us to be sure we use the grant in the best way to improve health and wellbeing outcomes.

152. Clinical Services Performance Monitoring

The Board considered a report which provided a high-level summary of performance for drugs and alcohol and sexual health services, with supporting data in appendices and were being asked to consider whether the future monitoring of service performance for drug and alcohol services should be delegated to the Combating Drugs Partnership Board and its subgroups – dedicated to supporting the delivery of the ambitions of the national drug strategy “From harm to hope: A 10-year drugs plan to cut crime and save lives”.

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.

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. Whilst agreeing that it was appropriate and beneficial for the future monitoring of service performance for drug and alcohol services to be delegated to the Combating Drugs Partnership Board and its subgroups, they asked to still receive regular summaries about this to see what progress, or otherwise, was being made.

Resolved

- 1) That the information provided and the performance and changes in relation to drugs and alcohol, and sexual health be noted and accepted.

2) That oversight of performance in drug and alcohol services should in the future be delegated to the Combating Drugs Partnership Board and its subgroups to avoid unnecessary duplication, be agreed.

Reason for Decisions

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

The new Combating Drugs Partnership Board and its subgroups will have oversight of the performance of the treatment systems in both Dorset Council and BCP Council, and particularly the progress towards delivering the targets agreed with the Office for Health Improvement and Disparities (OHID) and the use of grant monies.

153. **Business Plan Monitoring 22/23**

The Board were provided with an update on the development of monitoring to enable assurance on the delivery of our business plan, being asked to consider the presentation in Appendix A, and to provide feedback on the approach. In addition, the Board was being asked to develop the forward plan for the Board based on the monitoring report for 22-23.

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 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. It considered there was a satisfactory mechanism to achieve what monitoring was necessary and understood that as it was a working document, it was flexible enough to be adapted. The integration with ICS - in complementing the work of each other - was integral to the success of the Plan and what could be achieved.

As mentioned at the previous meeting, there would be a need to disseminate what was being done to interested parties and Comms would have a part to play in doing this.

Resolved

1) That the performance monitoring report presentation (Appendix A) be noted the format to be used for future board meetings, including key metrics and measures for each programme be agreed

2) That the development of the Forward Plan of key decisions for the Board based on the programme updates in the monitoring report be agreed.

Reason for Decisions

The public health team published its business plan in May 2022, setting out clear priority programmes. Developing an effective monitoring report for the

board is an important step in assuring delivery. It enables Board members to be sighted on progress and challenges in delivering our core programmes of work. Board members are asked for feedback on the report and identify areas for improvement. The monitoring report should also be used to identify key decisions for the Joint Public Health Board, and its forward plan.

154. Dates of Future Meetings

155. Urgent items

There were no urgent items for consideration.

156. Exempt Business

There was no exempt business for consideration.

157. Director's Presentation Slides

Duration of meeting: 10.00 am - 12.00 pm

Chairman

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Directors update: Joint Public Health Board

09 November 2022



National reforms and policy

- Last November we reviewed a number of national policy changes including establishing Integrated Care Systems, Levelling up, and the new Office for Health Improvement and Disparities

Since then ...

- ICS went live 1 July – locally we are leading development of the strategy
- Levelling up – unclear future due to change (s) in PM – awaiting Nov 17 budget statement to see impact on public services of budget gap
- OHID – expected policy on health disparities not now expected. Local work on health inequalities continues via ICS
- Big focus in ICS on secondary prevention rather than primary prevention – health and social care levy repealed ‘but funding will stay at same level’
- National drug strategy *From Harm to Hope* December 2021 – new partnerships to oversee delivery against new funding



Our organisation: update

- Last November the team was coming out of COVID work into a changing system. We needed to develop a new business plan, and understand where to focus our efforts.
- We committed to agreeing the business plan, and developing processes for allocating capacity:

May	Business plan agreed with JPHB
July	Programmes agreed and capacity identified
October	Re-prioritising based on current pressures
November	Monitoring approach – shared with Board today

- Recent major changes – COVID work continues to decline, ICS changes taking up more of team's time. ICS strategy, drugs and alcohol, healthy child programme, mental health and inequalities all in the top 5 currently



Health improvement

- Re-establishing a strong NHS Health Check programme – options paper to be considered today
- Drug and alcohol services – decision required by Cabinet on retendering the service provider in the Dorset Council area
- Live Well Dorset – continuing the work supporting outpatient assessment centres – additional funding secured for South Walks House to expand operations
- Smoking cessation – significant progress with stop smoking services in our local acute hospitals
 - University hospitals Dorset – screened 27,000 people admitted, with 8.3% overall actively smoking. Of these, 1,675 have accepted treatment to quit smoking – 68%



Health protection

- COVID infections falling again but notifications of influenza starting
- National modelling suggests second winter peak in January
- No variants of concern currently – most current infections are omicron BA.4 and BA.5
- Vaccination with autumn booster picking up pace – 47% of eligible groups have received their autumn booster as of beginning of November
- Work ongoing to understand the gaps in building a strong system approach to health protection – not just public health responsibility



Healthcare public health

- ICS strategy is the largest current piece of programme work
- Due to be finalised December 2022
- Will inform the ICB Forward Plan
- Support for population health management and inequalities, as well as general public health support to be set out in a memorandum of understanding
- Agree how much capacity we are putting into the NHS, and also ensure this is on areas linked with the ICP strategy
 - Falls prevention, cardiovascular disease prevention, children's emotional health and wellbeing, JSNA programme of work



Local progress with ICS changes

National reform objective	Local progress
All 42 systems in England will become ICS entities from April 2022	ICS formally went live 1 July – new ICB took over from clinical commissioning group
Integrated Care Partnership – drives strategy – Councils as equal partners	ICP held its first meeting in September 2022 – DPH leading development of strategy, due 19/12
Integrated care board – with new chief executive – NHS plans	ICB in place with entirely new executive team – strong support for work to be guided by strategy
Collaboration across population within ICS footprint – 2 ‘places’ within this in Dorset system based around Dorset and BCP Councils	Places formally established but next steps unclear; Health and Wellbeing Boards have both agreed to have strategic oversight in each place
Population health management used to drive improvements in outcomes, tackle inequalities	Public health supporting healthcare MoU to continue to support these agendas



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