

JOINT PUBLIC HEALTH BOARD

MINUTES OF MEETING HELD ON THURSDAY 16 FEBRUARY 2023

Present: Cllrs Peter Wharf (Chairman) and Jane Kelly (Vice-Chairman)

Apologies: Cllrs Graham Carr-Jones and Karen Rampton

Also present: Cllr Jane Somper

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

Sam Crowe (Director of Public Health), Steve Gorson (Accountant), Chris Harrod (Senior Democratic Services Officer), Jane Horne (Consultant in Public Health), Phil Hornsby (Officer), Sarah Longdon (Head of Service Planning), Lucy Mears (Communications Manager - Public Health) and John Miles (Democratic Services Officer Apprentice)

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

Sophia Callaghan

158. **Apologies**

Apologies for absence were received from Cllr Graham Carr-Jones and Cllr Karen Rampton

159. **Minutes**

The minutes of the meeting held on 9 November 2022 were confirmed and signed as a correct record.

160. **Declarations of Interest**

No declarations of interests were made at the meeting.

161. **Public Participation**

No statements or questions had been received from the public.

162. **Forward Plan**

The Forward Plan was noted.

163. **Finance Update**

The senior accountant introduced the report which set out the public health budget for the 23/24 financial year.

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

- The entire budget was ringfenced and so where there was an occasion that required specific funding to be sourced from within it, for example, additional staff costs, this could be done.
- Healthy reserves had been maintained and work was being undertaken to ensure that there were fewer unallocated reserves and that reserves be used for specific projects instead.
- It was likely that in future years, the flexibilities that Public Health have had available may be reduced.

DECISION

- (i) The 2022/23 shared service forecast outturn of £537k underspend, and the break-even position for the grant kept by each council in 22/23 be noted.
- (ii) The current assumptions that give a 23/24 opening revenue budget for Public Health Dorset of £25.615M be noted.
- (iii) That the recommended approach to any increase in the public health grants, Option 2, which would ensure that any such increases be directed to the shared service to cover inflationary costs relating to service delivery, be agreed.
- (iv) That the recommendation to delegate authority to the Director of Public Health in consultation with the Portfolio Holder for Dorset Council and Portfolio Holder for BCP Council to deliver the agreed approach above be agreed.
- (v) The plans for the use of ring-fenced public health reserves over the next three years, in line with principles agreed at the November Board be noted.

164. NHS Health Checks Update

Sophia Callaghan introduced the report, which set out the work being undertaken on the Health Checks programme.

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

- A flexible approach was being used, that allowed NHS Dorset to work with Primary Care Networks (PCN's) in different ways, that were appropriate to the area.
- The service was due to 'go live' in April and it was suggested that the board reviewed the process after it had been operating for approximately six months, when data would be available surrounding delivery.
- There were some PCN's that hadn't yet replied to the consultation because they were awaiting further information on the agreed weighted payment.
- A key objective of the programme was to deliver health checks of value, which meant that areas of highest deprivation and risk would be focussed on as a priority, where such health checks would benefit most.
- Each GP surgery was being asked to provide Public Health with a delivery plan to demonstrate how they were going to manage this programme within

their respective areas. The majority of pharmacies in the area has also signed up to the programme.

- LiveWell were already well established in Dorset and were highly capable in reaching those who needed support.
- A mixture of both models would allow for delivery targets to be met.
- Contract monitoring would need to be in place, this would be managed by the contract manager and would be reported back to the board.
- A pack was being developed to disseminate to community groups and stakeholders. There was an importance to engage directly with communities, as opposed to just communicating out.
- This was a public mandated health programme, it was important that the board monitored the uptake and reacted accordingly if required.
- Whilst there wasn't an easy way to get data from private providers, unless such providers were directly approached, it may be possible to approach voluntary organisations or charities.
- There was strong governance within the public health team, which included a health checks task group and management was carefully monitoring. In addition to this there were several other bodies that regularly reviewed the programme.

DECISION

That the following recommendations be agreed:

- (i) Increase payments to participating general practices to £3.50 per invitation, providing payment upfront to support programme administration option.
- (ii) Implement a two-tier payment structure for NHS Health Checks delivered, paying £28 per check for patients not meeting target criteria and paying £35 per check for enhanced payments.
- (iii) Allocate £400,000 of the NHS Health Checks budget to primary care to cover the cost of sending out invitations, delivering checks and programme admin.
- (iv) Allocate £200,000 of the NHS Health Check budget to LiveWell Dorset to mobilise and develop their targeted NHS Health Check programme in 2023/4.

165. Treating Tobacco Dependency

Jane Horne introduced the report, which set out the work being undertaken on the Treating Tobacco Dependency programme and sought to clarify the arrangements to ensure transparency and deliver compliance with Dorset Council governance in respect of procurement processes and Public Contract Regulations.

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

- The addictive substance was Nicotine, which is present regardless of whether a traditional cigarette or a vape stick was being utilised, although when vaping, fewer chemicals were being ingested by users, so it was accepted that it was healthier than smoking.

- Health professionals worked hard to encourage patients to reduce their dependency on their nicotine intake.
- The cost of smoking to the partnership councils and to the NHS was approximately £30M
- It was anticipated that the projected cost savings based on the Ottawa Model would amount to approximately £4M.
- The modelling that had been undertaken was planned to take a large sum of money out of costs to the NHS and go towards prevention, but it would be longer before Councils saw the benefits of these savings.
- The data was focussed on those smoking and those who needed support, there were other sources of data that need to be reviewed longer term.
- It should be noted that some people quit smoking the first time around, whereas others took multiple cycles of intervention and the data provided from UHD showed lower levels of smoking an originally anticipated.

Noted

166. Business Plan Monitoring

Sarah Longdon introduced the report by way of a powerpoint presentation, which set out the Business Plan and gave a programme update.

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

- Officers could ensure that a deep dive on some programmes each meeting were facilitated.
- A deep dive would take place in relation to health protection – it was anticipated that this would be in October.
- A national Suicide Prevention Strategy was due to be published in the summer and would provide the opportunity for the Board to review localised work on suicide prevention, the real-time surveillance system and what the Strategy contains.
- A deep dive relating to children's services was already on the forward Plan for the June Meeting.

The Chairman thanked Officers for the presentation and commended the format of data presentation, commenting that its simplistic layout made it far easier to interpret, identify trends and therefore aid discussion.

Noted

167. Director's Update

Sam Crowe, Director of Public Health, provided the Board with his regular update by way of powerpoint presentation, a copy of which has been appended to these minutes, which focussed on 3 key themes:

- Health Protection
- Health Improvement

- Organisation Updates

Further to the initial update, Lucy Mears, Communications and Commissioning Manager, provided an update on the rebranding of Public Health Dorset and set out a brief contextual history and the aim to refresh the logo to reflect the changes in landscape of the Local Government following LGR and the creation of both Dorset and BCP Councils. This was a low-cost update.

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

- Officers could review the wording of the strapline in order to avoid confusion for members of the public.
- The logos of each council would also be included with the Public Health logo where possible, although, it may not always be possible.

The communication officer displayed some slides to demonstrate advertising campaign that Public Health was currently running in relation to mental health support for young people between the ages of 14 and 21. So far, the feedback had been positive as it was being rolled out across key partners, including healthcare providers, schools, colleges and universities, and platforms such as Facebook, Twitter, Instagram and TikTok.

Noted

168. **Urgent items**

There were no urgent items.

169. **Exempt Business**

There was no exempt business.

Duration of meeting: 10.01 - 11.50 am

Chairman

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