

Joint Public Health Board

Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	02 February 2017
Officer	Director of Public Health
Subject of Report	Future direction of public health in Dorset
Executive Summary	This discussion paper proposes a future focus for the work of Public Health Dorset given budget uncertainties, the requirement to deliver prevention at scale and integration as part of the Sustainability and Transformation Plan. It recommends changing the format of future JPHB meetings to incorporate a Part 2, to function as an advisory board for Prevention at Scale.
Impact Assessment:	Equalities Impact Assessment: N/A
	Use of Evidence: Public Health Dorset routinely uses a range of evidence to support the development of business plans and priorities as part of its core business.
	Budget: The Public Health Grant is reducing, and national policy is for the Grant to be fully funded from local retention of business rates by 2020. This has implications for our future role as a pure commissioner.

	<p>Risk Assessment:</p> <p>N/A</p>
	<p>Other Implications: N/A</p>
<p>Recommendations</p>	<p>1) Members of the Joint Public Health Board are asked to endorse the internal re-focusing of Public Health Dorset to meet the requirements of the priorities of the new Local Authority restructure in tandem with the Sustainability and Transformation Plan (STP), especially Prevention at Scale and the integration agenda.</p> <p>2) Board members are also asked to agree to change the format of Joint Public Health Board meetings so that future meetings are in two parts – a formal part one, followed by a part two meeting to advise on delivery of the Prevention at Scale programme for Dorset, linking with the respective Health and Wellbeing Boards.</p>
<p>Reason for Recommendation</p>	<p>To provide more public health support transformation and ensure the people and place-based view of how best to meet differing population challenges within the STP footprint is achieved.</p>
<p>Appendices</p>	<p>None.</p>
<p>Background Papers</p>	<p>None.</p>
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Director's name: Dr David Phillips
Director of Public Health
 November 2016

1. Recommendations

- 1.1 Members of the Joint Public Health Board are asked to endorse the proposed internal re-focusing of Public Health Dorset so that it is better able to meet the requirements of the Sustainability and Transformation Plan (STP), especially Prevention at Scale and Integrated Community Services.
- 2.1 Board members are also asked to agree to change the format of Joint Public Health Board meetings so that future meetings are in two parts – a formal part one, followed by a part two meeting to advise on delivery of the Prevention at Scale programme for Dorset, linking with the respective Health and Wellbeing Boards.

2. Reason

- 2.1 To ensure that Public Health Dorset continues to focus its work in support of the wider health and care system challenges including delivery of Prevention at Scale and associated STP programmes. It will also support Local Government Reform as discussions continue on how best to deliver place-based improvements to health and wellbeing through the STP.
- 2.2 The proposed changes will improve our internal efficiency and ensure we have a clearer direction of travel around commissioning, given the external pressures described in this paper.

3. Background and current focus

- 3.1 Public Health Dorset has had a successful first four years since transferring from the NHS to local authorities. In that time, the focus has been twofold:
 - Delivering mandatory and core public health programmes. This includes transforming effectiveness and equity of commissioned services, delivering savings and efficiencies, including reducing the transaction costs and numbers of contracts inherited from the NHS;
 - embedding public health in local authorities including supporting the wider health and care system.
- 3.2 Notable successes have included transformation of health improvement services, development of new locality models for children's universal public health nursing services, integrated governance and commissioning of drug and alcohol services, increasingly on a pan-Dorset basis, and development of joint commissioning arrangements for sexual health services.

4. National policy and external drivers

- 4.1 We are now at the point where as a team we need to refocus our future efforts. The future of the Public Health Grant in particular remains unclear. Public Health Dorset can continue to make savings in line with the projected 20 per cent reduction by 2019/20. However, beyond this time period it is less clear how and to what extent the Grant will be funded. The stated intention is to remove the ring-fence and move to the Grant being fully funded from business rates.
- 4.2 Greater Manchester, Birmingham and a number of other councils announced that they would be piloting this approach for the financial year 2017/18. However, for an area like Dorset, Bournemouth and Poole, it is not clear whether full business rate retention would be adequate to cover the Public Health Grant and other central grants currently received by local authorities at current expenditure levels. This uncertainty over the sustainability of future public health grant funding has prompted Public Health Dorset to consider its role as a 'pure' commissioner of public health services.

- 4.3 Sustainability and Transformation Plans and the requirement to deliver prevention and integration at scale are national policies where there seems to be more certainty in the medium term. Regardless of local progress on the STP, the challenges of rising demand and an ageing population faced by the health and care system are not going to go away. Transformation of the NHS is helpfully coinciding with further local authority transformation, through the proposals for Local Government Reform.
- 4.4 Given the above policy drivers Public Health Dorset has identified a need to focus senior public health team members increasingly on helping to address the emerging priorities of the STP, especially prevention at scale and integration.

5. Current focus and actions

- 5.1 Last year the Public Health Dorset business plan made clear our intention to identify ways of releasing more senior capacity to support systems leadership, and in particular the STP. This includes improving our input to providing intelligence and analysis to support better understanding of the system pressures around health and social care.
- 5.2 To some extent this has happened, but much of the team's current workload is still concerned with commissioning and contracting on a day to day basis, including preparing for some fairly complex re-commissioning exercises in children's public health nursing and drug and alcohol services. While the overall number of contracts for public health services has reduced considerably there is still a large amount of the team's capacity taken up with managing contracts for relatively small scale public health provision (community providers including GPs and pharmacy).
- 5.3 With this challenge in mind, we are working internally to identify the future destination for these commissioning responsibilities, including where services might be solely commissioned by public health, co-commissioned with local authorities and or Dorset CCG. This work is also looking at where there might be opportunities for generating income from activities undertaken by Public Health Dorset in the future.
- 5.4 As part of the systems leadership agenda there has been good progress made with developing Prevention at Scale plans, and supporting the STP. However, there will be an increasing work programme connected with delivering Prevention at Scale that we do not see diminishing. This will involve direct delivery of 4-5 projects for which Public Health Dorset has the lead, and ensuring leadership to influence other players in the system to step up and lead on additional actions that contribute to prevention at scale.
- 5.5 Finally, Public Health Dorset has been playing an increasing role supporting the development of Health and Wellbeing Boards, both by aligning and refreshing the Joint Health and Wellbeing Strategies with Prevention at Scale, and the emerging place-based approach to improving Health and Wellbeing across the populations of both boards.

6. Proposed changes for 2017/18

- 6.1 The major commissioning activity as set out in the Business Plan for children's public health nursing services and drug and alcohol services will continue as planned. However, there will be an increasing focus to reduce the transaction costs of commissioning and contracting as we move into 2017/18.
- 6.2 The senior team's efforts will be re-organised so that there is a clearer division of responsibilities around supporting Prevention at Scale, and wider health and social care integration in support of the STP. In particular, we are exploring how best to

organise the governance and oversight for delivery of the Prevention at Scale agendas in the next year. Recognising the growing importance of the people and place agenda, and Local Government Reform, one option would be to develop a place-based delivery board for Prevention at Scale reporting to the two Health and Wellbeing Boards.

- 6.3 To support each delivery board, Public Health Dorset is recommending the establishment of a Prevention at Scale Advisory Board. Joint Public Health Board members are ideally placed to carry out this role, alongside the portfolio directors of other relevant STP programmes, including Integrated Community Services / Primary Care. Having a JPHB meeting in two parts, with a formal part 1 reserved for the core business of assurance over how the Grant is being used, and part 2 used as the advisory board would provide a ready and knowledgeable forum for oversight of delivery of the PAS programme without the need to establish additional meetings or programme boards.

7. Conclusion

- 7.1. Public Health Dorset is seeking the Board's support to re-organise internally to better support the priorities outlined in the discussion paper above. Namely:
- Prevention at Scale
 - Health and social care integration
 - Reduce the transactional costs of commissioning and contract management
 - Leadership to support the role of Health and Wellbeing Boards in developing clear place-based prevention at scale and integration plans, guided by the advisory board as set out in 6.3.
- 7.2. In addition, Public Health Dorset is seeking the board's approval to establish a part 2 within the JPHB meeting, to function as a Prevention at Scale advisory board.

David Phillips
Director of Public Health
17 January 2016