

Agenda Item:

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Joint Public Health Board

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

Date of Meeting	3 February 2015
Officer	Director of Public Health
Subject of Report	Bournemouth Health and Adult Social Care Overview and Scrutiny Committee Task and Finish Group Final Report – Public Health Transition
Executive Summary	The purpose of this report is to summarise the work of the Task and Finish Group on Public Health Transition and seek the endorsement of a number of recommendations to the Joint Public Health Board in respect of future working arrangements.
Impact Assessment:	Equalities Impact Assessment: N/A
	Use of Evidence: Recommendations within the report are based on evidence compiled by the Task and Finish Group arising from a number of face to face interviews and review meetings within Bournemouth Borough Council.
	Budget: The report has no budget implications
	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk LOW

	<p><i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p> <p>(Note: Where HIGH risks have been identified, these should be briefly summarised here, identifying the appropriate risk category, i.e. financial / strategic priorities / health and safety / reputation / criticality of service.)</p> <p>Other Implications:</p> <p>The report makes recommendations that may impact on the sustainability of the hosted public health service going forward.</p>
Recommendation	<p>The Joint Public Health Board is asked to consider the following recommendations arising from the task and finish group's final report on Public Health Transition:</p> <ul style="list-style-type: none"> • To consider introducing lead responsibility for a defined public health issue to each of the three local authority locality areas, such as inequalities and cardiovascular disease, including diabetes; • Consider how best to integrate the wider Public Health team into the Bournemouth locality, with flexibility on the team having to spend Mondays and Thursdays in Dorchester; • Consider how robust the hosted model of service is should an Assistant Director leave their position.
Reason for Recommendation	To improve the sustainability and impact of the hosted public health model in Dorset.
Appendices	Appendix A – report of the task and finish group.
Background Papers	None
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Health and Adult Social Care Overview and Scrutiny Panel

Report Subject	Task and Finish Group Final Report – Public Health
Meeting date	4 December 2014
Cabinet Portfolio	Councillor Jane Kelly, Partnerships, Regeneration and Public Health
Corporate Lead	Jane Portman, Adults and Children
Service Director	Sam Crowe, Public Health
Status	Public
Classification	For endorsement and recommendation to the Joint Public Health Board
Key Decision	No
Impacts on Key Policy Framework	No
Task and Finish Group Membership	Councillor Beryl Baxter – Lead Member Councillor Chris Mayne (The Mayor) (March 2014 – May 2014) Councillor John Wilson (May 2014 – September 2014)
Report author	Matt Wisdom, Democratic and Overview and Scrutiny Officer ☎ 01202 451107 ✉ matthew.wisdom@bournemouth.gov.uk
Executive summary	The purpose of this report is to summarise the work of the Task and Finish Group on Public Health and seek the endorsement of a number of recommendations to the Joint Public Health Board in respect of future working arrangements.
Recommendations	That the Panel:- <ol style="list-style-type: none"> 1. Consider and comment on the work of the Task and Finish Group. 2. Endorse the integration across all Council services of the Local Authority’s responsibility for Public Health, particularly through the Panel’s ‘Health at the Heart’ initiative and the upcoming launch of the Sustainability Impact Assessment and Health and Wellbeing Framework. 3. Recommend to the Joint Public Health Board the

	<p>following:-</p> <ul style="list-style-type: none"> • That consideration is given to the introduction of lead responsibilities allocated to the three local authority locality areas, such as inequalities and cardiovascular disease, including diabetes. • That consideration is given to the integration of the wider Public Health team into the Bournemouth locality, with flexibility on the team having to spend Mondays and Thursdays in Dorchester. • That consideration is given to how robust the hosted model is should an Assistant Director leave their position.
Reasons for recommendations	<ol style="list-style-type: none"> 1. To assist with the compliance of the Council's legal duty to improve the health and wellbeing of the residents of Bournemouth. 2. To assist the Joint Public Health Board in reviewing the current working arrangements under the hosted model, due to expire in 2015/16.

Background detail

1. On 11 January 2012, the Health Overview and Scrutiny Panel considered a report detailing the options available to the Council for the transfer of public health functions to Councils from 1 April 2013. Subsequently, the Panel established a Task and Finish Group to consider the implications of this transfer, drawing the views of stakeholders from both Dorset County Council and the Borough of Poole Council.
2. On completion of their work in April 2012, the Task and Finish Group recommended the adoption of a 'one team approach' for the County of Dorset to the Cabinet Portfolio Holder for Corporate Policy Implementation.
3. As part of the Health Overview and Scrutiny Panel's annual work planning process for 2012/13, the Panel resolved to establish a further Task and Finish Group to monitor the implementation plan for the transfer of public health functions to Councils from 1 April 2013. The Task and Finish Group monitored the development of the budget arrangements for the transfer, alongside the hosting arrangements by Dorset County Council.
4. On 27 March 2013, the Cabinet approved the transfer of public health functions to Councils from 1 April 2013, inclusive of the pooled budget and hosting arrangements by Dorset County Council. The Cabinet Member for Corporate Policy Implementation placed on record his thanks to the two Task and Finish Groups for their thorough policy development and monitoring, summarised in the Group's final report.

5. Following the transfer on 1 April 2013, the Health Overview and Scrutiny Panel resolved to receive an initial report from the Assistant Director of Public Health, six months into the new working arrangements. On completion of these six months, the Health and Adult Social Care Overview and Scrutiny Panel established a Task and Finish Group to undertake a scrutiny review of the first year of Public Health in the Council.
6. At an initial scoping meeting on 7 March 2014, the Task and Finish Group agreed the following scope for scrutiny:-
 - a. Visibility and recognition of the Council's legal duty around public health
 - b. Opportunities and areas for improvement of the 'hosted' three Council model/improved integration with Council priorities
 - c. Integration of public health goals with wider work of the Council and extent of recognition of public health within corporate priorities
 - d. Procurement plans for transforming public health services, including mandatory public health programmes, and health improvement – to include discussion of opportunities for developing community motivators in relation to diabetes prevention
 - e. Consider whether developing Lead responsibilities for public health issues across the three local authorities would improve integration and engagement.
7. It was also agreed that the Task and Finish Group would comment on and make reference to current performance and focus of work, notable achievements and issues, and make general recommendations if there were any lessons learned from the transition and first year of public health.
8. At the Group's second meeting, Members undertook an extensive review which covered the following issues:-
 - a. The mandatory programmes local authorities must commission, including NHS Health Checks. Members were interested in the performance of the programme, which led to the scrutiny of a separate summary document for 2013/14
 - b. Performance on public health issues as captured by the Health Profiles 2013 – the point was well made that often the data lag behind to the picture we are looking at relates to the time before transition
 - c. The Public Health in ensuring the best possible outcomes for Bournemouth within a hosted arrangement serving all three upper tier local authorities
 - d. The scope and purpose of key Bournemouth public health meetings, including the Boscombe and West Howe regeneration work, and the Public Health Development Forum at the Council
 - e. The potential to integrate public health advice at the heart of decision making by Councils
 - f. Whether a focus on promoting health and wellbeing and keeping people fit and active for longer would reduce future demand and cost for adult social care.

9. The Group specifically identified the opportunity to allow individual local authorities within the partnership to lead on specific areas of public health relevant to their populations. The example of diabetes prevention was discussed, to display how many of the levers at the Council's disposal were in fact not connected with the commissioning of public health services from the ring fenced public health grant. In connection with this, the Group considered that the following service areas could all contribute to a Council strategy to reduce the impact of diabetes in communities:-
 - a. Developing active travel plans and promoting walking and cycling
 - b. Providing nutritional standards advice to food outlets in line with NICE guidance
 - c. Using the NHS Health Check programmes to identify adults at risk of diabetes and connect people with opportunities to improve health and wellbeing
 - d. Encouraging physical activity in Council parks and leisure facilities
 - e. Ensuring food procurement in schools and other sectors is of the correct nutritional quality and encourages good eating habits.
10. Following the in depth scrutiny sessions undertaken with the Assistant Director of Public Health, the Group set up a series of interviews with key stakeholders, to assess the impact, visibility and effectiveness of Public Health in the local authority. The list of interviewees included the Cabinet Member with the responsibility for Public Health, Public Health and Children's Social Care Officers, Housing and Technical Services Officers, Partnership and Improvement Officers and Environmental Health Officers.
11. The standard list of questions asked of all interviewees was as follows:-
 - a. How visible has public health been in the Council since transition?
 - b. What has your experience been so far of the hosted model, has it worked well, and are there any areas where it could be improved?
 - c. Is public health being recognised within the Council as a new duty, and is this being reflected in corporate plans and priorities?
 - d. What do you consider to have been the achievements and successes in the first year?
 - e. Are there any other comments or observations you would wish to record?
12. The key themes drawn from the interviews by the Group were as follows:-
 - a. Public Health is visible to those who were interviewed but generally unsure how visible it is to the rest of the Council
 - b. The Assistant Director of Public Health has made efforts to engage various service units, particularly through the Public Health Development Forum
 - c. Public Health having a presence within Town Hall is very useful and has made the service accessible
 - d. An improvement to the model could include the integration of the wider Public Health team into the Bournemouth locality and

- flexibility on the team having to spend Mondays and Thursdays in Dorchester
- e. Questions over how robust the model is if the Assistant Director of Public Health was to leave
 - f. Public Health is now recognised within corporate and service plans and there is an increased focus on health generally
 - g. Contacts and opportunities have been provided to teams that have not previously been available, for example, invites to the Health and Wellbeing Development workshop on inequalities and links with GPs
 - h. Achievements include Public Health's contribution and funding to projects including Warmer Homes, health champions, Mental Health First Aid training, and the carbon monoxide pilot with Bournemouth Housing.

Consultation

- 13. As part of the scrutiny review, the Group consulted with a range of stakeholders in the form of interviews.

Options

- 14. The Health and Adult Social Care Overview and Scrutiny Panel are asked to consider and comment on the work of the Task and Finish Group, before submitting a number of recommendations to the Joint Public Health Board.

Summary of finance and resourcing implications

- 15. There are no financial and resourcing implications arising from this report.

Summary of legal implications

- 16. The adoption of the recommendations will assist the Council in demonstrating how it is meeting its legal duties in respect of Public Health.

Summary of human resources implications

- 17. There are no human resource implications arising from this report.

Summary of environmental impact

- 18. There are no environmental implications arising from this report.

Summary of equalities and diversity impact

- 19. There is a positive impact in that ensuring future working arrangements for Public Health are established coherently will assist the Council in its engagement with the community in its decision making.

Summary of risk assessment

None.

Background papers

Health Overview and Scrutiny Panel reports and minutes.

Public Health Task and Finish Group Final Report – April 2012.

Public Health Task and Finish Group Notes – 11 April 2014.

Public Health Task and Finish Group Interview Notes.

Appendices

None.