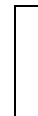


# Joint Public Health Board



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

Date of Meeting	19 November 2018
Officer	Acting Director of Public Health
<b>Subject of Report</b>	<b>Task and finish group on future of Public Health Dorset: findings and recommendations from stakeholders</b>
Executive Summary	This paper summarises the findings of a series of interviews with Members of the Joint Public Health Board task and finish group on the future of the Public Health Dorset partnership. Members were in a high degree of agreement about the successes of the partnership to date, and the areas for improvement in future. The paper discusses some key development areas arising from the task and finish group, and presents recommendations from the moderation meeting as to how the partnership should evolve under Local Government Reorganisation.
Impact Assessment:  <i>Please refer to the <a href="#">protocol</a> for writing reports.</i>	Equalities Impact Assessment:  Not required, as no significant change is proposed to policy or services.
	Use of Evidence:  Interview findings from Joint Public Health Board Members has been used to compile this report.
	Budget:  The Public Health Grant for 2018/19 within the partnership agreement is £28.5m.

	<p>Risk Assessment:</p> <p>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>
	<p>Other Implications:</p> <p>None.</p>
<p>Recommendation</p>	<p>Members of the Joint Public Health Board are asked to note the task and finish group report’s findings. In addition, Members are asked to support the following immediate recommendations:</p> <ol style="list-style-type: none"> <li>1) Work with task and finish group members on a set of clear proposals by March 2019 for how the Joint Public Health Board will operate post-LGR. This is in order to better differentiate it from the work of the two Health and Wellbeing Boards. This work should include ensuring regular representation from Dorset CCG, and to explore the potential for future joint appointment of the substantive Director of Public Health between the CCG and Councils.</li> <li>2) Approve the action plan attached as Appendix 2 in this report, which summarises the areas for development of the Public Health Dorset partnership, particularly those relating to working more closely with Members.</li> </ol>
<p>Reason for Recommendation</p>	<p>To continue to ensure that the Partnership functions effectively and efficiently to help deliver the legal public health duties of the new unitary Councils in Dorset.</p>
<p>Appendices</p>	<p>a) Action plan summarising areas for future development</p>
<p>Background Papers</p>	<p>Task and finish group on future of Public Health Dorset – a shared service model for Dorset, Bournemouth and Poole.          Findings from interviews with stakeholders</p>
<p>Report Originator and Contact</p>	<p>Name: Sam Crowe          Tel: 01305-225884          Email: s.crowe@dorsetcc.gov.uk</p>

## **1. Background**

- 1.1. The Joint Public Health Board agreed in 2018 to convene a task and finish group to look at the reviewing the public health partnership (Public Health Dorset) and identify areas for development in order to best support the new Unitary Councils.
- 1.2. Nine depth interviews were conducted by an independent research consultancy during the autumn, and a summary report produced with key findings. This report was considered at a moderation meeting on 24 October. Members agreed a series of recommendations, focusing particularly on areas for development to ensure the continued effectiveness of the partnership under LGR.
- 1.3. This brief report summarises the main findings and themes that emerged from the interviews. It includes two appendices – the report from the researchers, and a draft summary action plan for agreement by the Joint Public Health Board.

## **2. Review findings**

- 2.1. Most interviewees said that the delivery of public health as a shared service over the past five years had been good. The Public Health Dorset function was seen as well managed and performing well, despite the nationally imposed 20 per cent budget reduction.
- 2.2. Commissioning of public health services was seen to have improved hugely since the transition of public health from the NHS to Councils. Eight of the nine respondents identified that the shared service approach had delivered clear benefits at scale, and the influence on strategic planning in the system.
- 2.3. Key strengths included leadership across the system, and particularly the work to embed prevention within the Sustainability and Transformation Plans. The benefits of operating the shared service at scale, pan-Dorset, were emphasised by a significant majority of those interviewed.
- 2.4. Areas for future development included understanding the importance of public health to the future success of the wider business of Councils and the NHS. In particular, there was a clear desire to see greater emphasis on health and wellbeing throughout corporate plans, decision making and delivery in the new Councils. In addition, interviewees consistently raised the importance of closer working with Members to enable them to fulfil their leadership roles. This included improving communication and co-ordination of efforts on Prevention at Scale, working closely with GP localities, and the Health and Wellbeing Boards, and other locality structures including Family Partnership Zones.

## **3. Next steps**

- 3.1. At the moderation meeting to consider the draft report of the task and finish group, there was extensive discussion of some of the areas highlighted for development of the public health partnership.
- 3.2. These recommendations generally fell into two categories – those that could be enacted fairly quickly, relating to how public health Dorset currently operates, and those relating to the future operating model of the Joint Public Health Board. For example, ensuring the design of an engaging induction programme for new Members, improving communications and engagement with the public, involving Board members in

assessing priorities and setting direction in the annual business plan, and developing options for pursuing a health and wellbeing approach in the new Council(s) priorities, strategy and policies.

#### **4. Recommendations**

4.1. Members of the Joint Public Health Board are asked to note and support the task and finish group report's findings (Appendix A). In addition, Members are asked to support the following immediate recommendations:

- To work with task and finish group members on a set of clear proposals by March 2019 for how the Joint Public Health Board will operate post-LGR. This is in order to better differentiate it from the work of the two Health and Wellbeing Boards. This work should include ensuring regular representation from Dorset CCG, and to explore the potential for future joint appointment of the substantive Director of Public Health between the CCG and Councils.
- Approve the action plan attached as Appendix B in this report, which summarises the areas for development of the Public Health Dorset partnership, particularly those relating to working more closely with Members.

**Sam Crowe**  
**Acting Director of Public Health**  
November 2018

**Appendix A**

<b>Development area</b>	<b>Comments</b>	<b>Proposed actions</b>	<b>Target date for delivery</b>
Develop how PHD works with Elected Members	Report identified need to work with Members further in advance of Board meetings, and to ensure wider group of Members understand public health	<ul style="list-style-type: none"> <li>• Continue briefings with Portfolio holders but ensure forward plan is considered and developed jointly</li> <li>• Develop new Member induction content on public health function of Councils</li> </ul>	April 2019
Include assurance on Health Protection function and responsibilities via the JPHB	Should include brief update on issues from Health Protection Network and other strategic fora	<ul style="list-style-type: none"> <li>• Include health protection on new Member induction, and offer a development session in 2019</li> </ul>	May 2019
Greater engagement with schools	Head Teachers Alliance Starting Well work – links with communications actions	<ul style="list-style-type: none"> <li>• Board paper on work with Schools on forward plan of JPHB – to be developed with Member input</li> </ul>	February 2019
Setting the agenda, priorities and business plan, including options and priority setting	Opportunity to tell a clearer story that links finance, outcomes and choices	<ul style="list-style-type: none"> <li>• Invite Members to join business planning session for 2019/20 – for February Joint Public Health Board</li> </ul>	February 2019
Improve communications and raise profile of public health work with Members and the public, to help them fulfil their leadership roles	We now have clearer resources for communications, and a strategy	<ul style="list-style-type: none"> <li>• Refresh comms plan with Member input</li> <li>• Identify public health issues where joint work could improve public understanding and engagement (health checks, drug and alcohol services)</li> </ul>	June 2019
Raise profile of public health by participating in scrutiny committees	Needs more consistent approach in the new model across both Councils	<ul style="list-style-type: none"> <li>• Schedule key public health topics on scrutiny committees of both Unitaries – minimum once per year</li> </ul>	April 2019

**Appendix A**

Improve integration of public health duty in new operating model for Councils including via a Health in all Policies approach	Need to understand how to do this effectively so that it is not just token, and does not lead to conflicting priorities	<ul style="list-style-type: none"> <li>Contact Local Government Association for support via the Sector Led Improvement programme to identify a development partner in a successful authority to work with</li> </ul>	April 2019
<b>Task and finish group recommendations for Governance (by March 2019)</b>			
CCG to join Board as a key partner in the shared service service (mandation to provide public health advice to NHS)	There has been irregular and unclear attendance on Joint Public Health Board – should be formalised because of mandated service	<ul style="list-style-type: none"> <li>Work with CCG to ensure regular attendance on Board (named director)</li> </ul>	March 2019
Clarity over DPH responsibilities and managerial relationships in new Unitaries – including corporate leadership role, line management and relationships with Cabinets	Need to understand how the evolving shared service model can provide clarity over the DPH role, while recognising that it can't work in exactly the same way as a single council service directorate	<ul style="list-style-type: none"> <li>Work with Members on a revised model for the partnership that ensures clear links between DPH and both top tier leadership teams and their Cabinets</li> </ul>	March 2019
Clarify future operating model for the JPHB, to enable clear separation between strategic health and wellbeing work (Health and Wellbeing Boards) and assurance over public health delivery via the Public Health Grant (shared service model)	This should evolve as work on LGR progresses, and the place of Health and Wellbeing Boards within the governance for the ICS becomes clearer	<ul style="list-style-type: none"> <li>Task and finish group to consider different models – executive oversight as per Learning and Skills Board, vs continuing as a public meeting and shared executive</li> </ul>	March 2019
Explore making DPH position a joint appointment between 2 Unitaries and the CCG / ICS	In the past, DPH appointments were usually joint between NHS and Councils	<ul style="list-style-type: none"> <li>Acting Director to raise this with CCG</li> </ul>	March 2019