

# Joint Public Health Board

## Insert Item No.

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

Date of Meeting	24 September 2018
Officer	Acting Director of Public Health
<b>Subject of Report</b>	Future of the public health partnership: update and key issues under Local Government Reorganisation
Executive Summary	This report updates the Board on key issues to consider as the public health partnership prepares for Local Government Reorganisation. This includes the work of the task and finish group on the model of service, maintaining the contract and agreement in support of the partnership, and ensuring good governance on key decisions pre and post-LGR. The proposal is to seek agreement via the two Shadow Executive Committees to extend the public health partnership for a minimum 24 months post-LGR, along with a continuation of the Joint Public Health Board.
Impact Assessment:  <i>Please refer to the <a href="#">protocol</a> for writing reports.</i>	<p>Equalities Impact Assessment:</p> <p>An EQIA screening will be undertaken as part of the task and finish group work for any significant proposed changes to the model.</p>
	<p>Use of Evidence:</p> <p>(Note: Evidence within the body text to support the recommendations and, where relevant, include a description of how the outcomes of public consultations have influenced the recommendations.)</p>
	<p>Budget:</p> <p>N/A – see the finance report for current position for 2018/19 and forecast for 2019/20</p>

	<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 HIGH/MEDIUM/LOW (Delete as appropriate) <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>(Note: Please consider if any of the following issues apply: Sustainability; Property and Assets; Voluntary Organisations; Community Safety; Corporate Parenting; or Safeguarding Children and Adults.)</p>
<p>Recommendation</p>	<p>Members are asked to note the progress made to date with establishing the future of the public health partnership under LGR.</p> <p>Members are asked to support the proposed arrangements for governance in the lead up to LGR and beyond, and to endorse seeking a commitment to maintain the partnership for a minimum 24 months via the Shadow Executive Committees in advance of LGR.</p>
<p>Reason for Recommendation</p>	<p>To maintain the partnership agreement for public health pre and post-LGR, ensure good governance and clear decision making as LGR progresses, and the continued effective delivery of the statutory legal public health duties of local authorities.</p>
<p>Appendices</p>	<p>None.</p>
<p>Background Papers</p>	<p>None.</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. Public Health Dorset is a partnership providing the statutory public health functions on behalf of the three Upper Tier Authorities of Dorset, Bournemouth and Poole. It was established on the transfer of public health to local authorities in 2013. It is supported by a legal shared services agreement between the three Councils, and governed by a Joint Public Health Board, with 2 Elected Members per Council sitting three to four times per year.
- 1.2. Under the current Local Government Re-organisation programme (LGR) there is a need to consider the role and function of the current Board, and how clear governance and decision-making will continue up to and beyond Vesting Day for the new Councils.
- 1.3. This brief report updates Members on key issues for the partnership as the work on LGR progresses, and proposes a series of steps to maintain clear governance and decision-making for public health in the run up to LGR and beyond.

## **2. Review of current partnership model**

- 2.1. Joint Public Health Board agreed to convene a task and finish group to look at reviewing the current public health partnership, and provide views on how the public health function should best support the new Unitary Councils. This work is planned as a series of depth interviews with board members, and a final report is due to go to Joint Public Health Board in November.

## **3. Partnerships workstream of LGR**

- 3.1. Under the LGR programme, work is underway to collect information on key issues facing partnerships under LGR. The acting Director of Public Health continues to meet regularly with the programme managers for BCP and Dorset Councils, to understand how the work programme may affect the public health partnership as it develops. Progress on the key issues is summarised below. In terms of the current focus on service continuity and being safe and legal for Day 1, no significant concerns or issues have been identified. We are expecting minimal change to service delivery, and no impact on service continuity.

## **4. Finance and cost sharing**

- 4.1. There has been initial work undertaken to understand how the grant contributions to the partnership will change. We are not anticipating the overall recurrent Public Health Grant Allocation to change – just the amounts that arrive via each of the new Councils. We are working with Public Health England national finance leads to establish a revised grant allocation figure for each new Council in advance of the budget setting process in the autumn.

## **5. Length of contract**

- 5.1. When the public health partnership was established in 2013, there was a shared services agreement between the three Councils setting out how the partnership would function, how the Grant would be pooled, and treatment of any over or underspends. The current view of the Monitoring officer for Dorset County Council, which hosts the partnership currently, is that 'course of conduct' will continue to apply without the need for a new legal agreement. However, this would require the Joint Public Health Board continuing to function beyond LGR.

5.2. In order to maintain continuity, with minimal disruption, it is proposed to take a paper recommending the continuation of the partnership agreement, and Joint Public Health Board for a minimum 24 months to the two Shadow Executive Committees in advance of LGR. This links with the following issue of governance.

## **6. Governance**

6.1. With the partnerships workstream of LGR now underway, there is a need to better understand how decisions will be made in the run up to LGR – and the sovereignty of decision making.

6.2. Key decisions in the Forward Plan that the Joint Public Health Board will take during 2018/19 that will have a lasting implication for the new Councils include:

6.3. February 2019 - Public Health Nursing tender, recommendation to award a £10.9m contract pan-Dorset, 3 plus 2 plus 2 contract term;

6.4. February 2019: Healthchecks and Community Health Improvement Services (CHIS), recommendation to award new contracts under Any Willing Provider Framework (overall value approximately £1.5m, contract term 3 years).

6.5. There is a need to ensure that there is a consultation mechanism with the Shadow Executive Councils for any decisions made in this period that have lasting consequences beyond 2018/19. Members are therefore asked to support the following proposal around governance, that has considered how best to ensure clear decision making in the run up to LGR and beyond.

## **7. Proposal - ensuring good governance (Pre-LGR)**

7.1. November 2018: Joint public Health Board to consider task and finish group report, and makes recommendations as to how the Partnership could align with two new Councils post LGR.

7.2. Under the partnerships workstream of LGR, recommend to both Shadow Executive Committees that the commitment to maintain the current partnership around public health is maintained as a minimum for a further 24 months after LGR. This paper would also recommend continuation of the Joint Public Health Board, and ask Members to consider the future composition post-LGR e.g. two or three Members from the two new Councils, and additional membership such as from Dorset Clinical Commissioning Group (in view of statutory duty to provide public health advice to NHS). The paper should also present options for how best to focus the work of the board more clearly on the partnership, including considering other governance models used for local partnerships. The aim is to more clearly differentiate the work of the Board from that of the two Health and Wellbeing Boards.

7.3. February 2019: Joint Public Health Board recommendations to award on the procurements above. Ensure paper with the rationale for these recommendations is also taken via both Shadow Executive Committees.

## **8. Conclusions**

- 8.1. Members are asked to note the progress made to date with establishing the future of the public health partnership under LGR.
- 8.2. Members are asked to support the proposed arrangements for governance in the lead up to LGR and beyond, and to endorse seeking a commitment to maintain the partnership for a minimum 24 months via the Shadow Executive Committees in advance of LGR.

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