

# Joint Public Health Board

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

Date of Meeting	4 February 2019
Officer	Acting Director of Public Health
Subject of Report	<b>Task and finish group on future of Public Health Dorset: future role and remit of the Joint Public Health Board</b>
Executive Summary	<p>Members of the Joint Public Health Board have undertaken work to review the shared service (Public Health Dorset) over the past nine months, in preparation for Local Government Re-organisation. This paper sets out proposals for how the Joint Public Health Board should change, to better support the creation of two new unitary Councils from April 2019. Consultation with board Members, senior officers and legal and democratic services has indicated support for the Board membership changing to two Elected Members per Council (including the portfolio holder for public health), a CCG Director plus the Director of Public Health. The intention is for the Board to have a clearer focus on oversight and monitoring of the public health services delivered via spend under the Ring-fenced Public Health Grant.</p> <p>This would ensure a clearer separation from the wider health and wellbeing policy and strategy work undertaken by the two sovereign Councils, and their respective Health and Wellbeing Boards.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not required, as no significant change is proposed to policy or services.</p>
<p><i>Please refer to the <a href="#">protocol</a> for writing reports.</i></p>	<p>Use of Evidence:</p> <p>Proposals have been developed in consultation with Joint Public Health Board Members, executive directors and legal and democratic services.</p>
	<p>Budget:</p> <p>The Public Health Grant for 2019/20 within the partnership</p>

	<p>agreement is £27.7m.</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: LOW</p>
	<p>Other Implications:</p> <p>None.</p>
Recommendation	<p>Members of the Joint Public Health Board are asked to support the following recommendations:</p> <ol style="list-style-type: none"> <li>1) Support the proposed role and remit of the Joint Public Health Board to provide oversight and assurance on public health services delivered via the Public Health Grant;</li> <li>2) Consider and agree the updated Terms of Reference for the Joint Public Health Board, in particular the revised membership of the Board.</li> <li>3) Seek endorsement of these proposals via both Shadow Executive Committees during March 2019.</li> </ol>
Reason for Recommendation	<p>Ensure that the work of the Joint Public Health Board is more clearly focused on the monitoring and assurance of the ring-fenced Public Health Grant, and delivery of public health services. This provides assurance that the Councils are meeting their statutory duty to improve health and wellbeing, and reduce inequalities in health.</p>
Appendices	<p>a) Updated Terms of Reference for the Joint Public Health Board (post Local Government Reorganisation).</p>
Background Papers	<p>None.</p>
Report Originator and Contact	<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 reviewing the public health partnership (Public Health Dorset) and identify areas for development in order to best support the new Unitary Councils.
- 1.2. One of the actions that was agreed in the plan from the task and finish group work was to develop a set of clear proposals for how the Board will operate post-local Government Re-organisation (LGR). The Joint Public Health Board on November 19<sup>th</sup> Board agreed for the Director of Public Health to develop proposals for how the Board might operate in future with Members, and to bring these as recommendations to the next Board meeting (4<sup>th</sup> February 2019).
- 1.3. This paper sets out the proposals for how the board could operate, proposes revised membership to reflect the two Unitary Councils and Dorset Integrated Care System, and updates the Terms of Reference accordingly.

## **2. Future role and remit of the Board**

- 2.1. The Joint Public Health Board works as a joint executive body responsible for the public health functions of an executive nature for the three Upper Tier Councils. The current terms of reference (TORs) state that it will continue to function in this way 'for as long as the Councils are working in partnership'. As both Shadow Executive Committees have supported the continuation of the Board for a minimum of 12 months post-LGR, it is proposed that the Board continues to function as a joint executive body.
- 2.2. To focus the work of the Joint Public Health board more clearly, it is proposed that the Terms of Reference are amended so that the board's role is to provide oversight and assurance on performance, delivery and spend of that element of the ring-fenced Public Health Grant in Local Authorities that is passed on to the shared service. This will include the mandated public health programmes, and any service commissioned or directly provided through the shared service using the Grant. See Appendix A for updated Terms of Reference.
- 2.3. The wider remit of Councils in fulfilling their legal duty to improve health and wellbeing, under the 2012 Health and Social Care Act, should in future be the sovereign responsibility of each unitary Council, and covered by the scheme of delegation for the Director of Public Health. This removes the need for the Joint Public Health Board to be involved with developing public health policy, as stated currently in the TORs. This frees the individual unitary Councils to develop suitable policies on housing, licensing and other issues that can have an impact on health and wellbeing in a way that is right for their respective corporate plan priorities, and residents.
- 2.4. For commissioning and procurement decisions, advice from legal and democratic services is that this would need to be agreed by the voting members of the Board only (i.e. the four Elected Members). Lower value commissioning and procurement decisions could be delegated to the Director of Public Health to agree in consultation with portfolio holders.

## **3. Membership**

- 3.1. Future Membership of the Board was discussed at the November 2018 meeting, with two options discussed:

- Portfolio holder plus one further Elected Member from each of the two Unitary Councils (4 Members) plus CCG Director and Director of Public Health;
  - Four Members per Unitary Council, CCG Director, Director of Public Health plus a range of other Executive Directors including the Place Director.
- 3.2. Following consultation with Members in advance of this Board, a majority view supported the first option of Portfolio holder plus one further Elected Member from each of the two Unitary Councils, plus CCG Director and Director of Public Health. It would be useful to also agree whether reserve Members could be nominated for each Council.
- 3.3. Other officers (e.g. executive directors) could be invited to attend the board for items of interest, but will not be Board Members with voting rights.

#### **4. Recommendations**

- 4.1. Members of the Joint Public Health Board are asked to support the following recommendations:
- i) Support the proposed role and remit of the Joint Public Health Board to provide oversight and assurance on public health services delivered via the Public Health Grant;
  - ii) Consider and agree the update Terms of Reference for the Joint Public Health Board, in particular the revised membership of the Board (2 x Elected Members per Council, plus CCG Director and Director of Public Health)
  - iii) Seek endorsement of these proposals via both Shadow Executive Committees during March 2019.

**Sam Crowe**  
**Acting Director of Public Health**  
February 2019

## **Appendix A**

### **Proposed terms of reference for Joint Public Health Board (from April 2019)**

#### **1. Role**

The Joint Public Health Board (the Board) is a joint executive body for the delivery of the public health functions carried out by the shared public health service (known as Public Health Dorset) on behalf of Dorset Council and Bournemouth, Christchurch and Poole Council. The Board will continue to be the joint executive for so long as the two councils are working in partnership.

#### **2. Membership**

The Board will consist of two voting members drawn from the executives of each of the two partner councils (a total of four members), plus a nominated Director from Dorset Clinical Commissioning Group. Each council may at any time appoint replacement members to serve on the Board provided that any such member must be a member of that authority's executive. Notice of any change should be provided to the Democratic Services Manager of Dorset Council as the host authority for the shared service. Each authority may also nominate one non-executive member to attend the Board as a non-voting member.

#### **3. Chairmanship**

The Chairman shall rotate each meeting and it will be usually an executive from the Council hosting that particular meeting.

#### **4. Quorum**

The quorum for meetings of the Board shall be one voting member from each of the two councils.

#### **5. Frequency of meetings**

The Board shall meet as a minimum four times a year, usually in July, November, February and May and subject to room availability the venue for meetings will rotate meeting by meeting around the offices of the two partners.

Additional meetings of the Board shall take place as determined by the Board in order to fulfil its work programme.

Further meetings shall be convened if requested by any two members of the Board.

#### **6. Officers**

The lead officer for the Board shall be the Director of Public Health. As host authority Dorset Council will convene meetings of the Board and will provide administrative, financial and legal advice.

#### **7. Standing Orders**

The business of the Board shall be regulated by the standing orders and procedure rules of Dorset Council as the host authority except to the

extent that they are superseded by the Shared Service Agreement between the two partner councils.

## **8. Terms of Reference**

- I. Discharge of the public health functions of the two councils under the Health and Social Care Act 2012 through the shared service.
- II. Approve, monitor and provide assurance on the delivery of the functions referred to in I. (above) via an annual Public Health Business Plan.
- III. Receive and respond to reports from any subgroups of the Board.
- IV. Monitor progress and performance in the delivery of mandated public health programmes across and within the two local authorities. In doing so, draw on local and national indicators and outcome measures.
- VI. Acting within the requirements of the Code of Practice in Local Government Publicity, seek to influence and advise, local and central government and other agencies on public health issues.
- VII. Ensure that the shared service (Public Health Dorset) provides effective and timely public health advice to the NHS and local Councils.
- VIII. Support the host authority and the Director of Public Health in the performance of their functions.
- IX. Receive and approve the annual budget; monitor budget spend in accordance with the Ring-fenced Grant conditions as set out by Public Health England.