

Cabinet

25 February 2025

Public health disaggregation: progress and overview of key decisions

For Decision

Cabinet Member and Portfolio:

Cllr G Taylor, Health and Housing

Local Councillor(s):

All

Executive Director:

S Crowe, Joint Director of Public Health, Dorset and BCP Councils

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Report Status: Public (the exemption paragraph is N/A)

Brief Summary: This report provides an overview of the progress with disaggregating the shared public health service, and establishment of two new separate teams.

Recommendation: That Cabinet:

- 1) recognises and supports the work done to date to disaggregate the shared public health service, following BCP Council's decision to terminate the agreement in April 2024;
- 2) endorses the decisions set out in Appendix A that the steering group is proposing to take, recognising the pragmatic approach adopted in order to maintain positive working relationships, financial stability and service provision to residents.

Reason for Recommendations: To ensure continued provision of efficient, equitable and effective public health services for both Councils, in line with the requirements of the Health and Social Care Act 2012.

1. **Background**

- 1.1. Public health responsibility was transferred from the NHS to local government in 2013. At the time the three top tier councils agreed an innovative shared service model to deliver the public health function on behalf of the councils. This was to ensure better discharge of the functions in each of their respective areas than if the parties were operating separately. The model was agreed to deliver a resilient, effective and cost-efficient approach to public health responsibilities for the pan-Dorset area.
- 1.2. Dorset Council acted as the host authority for the shared service, led by a single joint Director of Public Health. The councils pooled a significant proportion of their respective public health grants to enable the shared service to commission and provide a number of mandated public health services, provide professional advice and guidance to local organisations, and deliver the statutory public health duties of the DPH and Councils.
- 1.3. Following local government reorganisation and the creation of two new unitary councils serving similar sized populations the time is right to reconsider the shared model. On 10 April 2024 BCP Council's Cabinet gave notice to terminate the shared service agreement with a view to establishing a separate public health team for BCP Council and separate DPH by April 2025.

2. **Approach to disaggregation**

- 2.1. Following a workshop in July 2024 a programme was agreed between the two councils to plan transition arrangements and the approach to disaggregation. This was officer-led, with an overarching steering group co-chaired by Aidan Dunn, Executive Director for Corporate Development at Dorset Council, and Jillian Kay, Corporate Director for Wellbeing, BCP Council.
- 2.2. Each council committed to appoint a Director of Public Health, to be in post by 1 April 2025. BCP Council created a new role, Director of Public Health and Communities. Dorset Council has also created a new role, Director of Public Health and Prevention. This role will lead the public health and

community and public protection functions. Both Councils have appointed candidates to these new roles, with handover arrangements being finalised.

- 2.3. The programme agreed a clear division approach to disaggregation – under which the existing pan Dorset public health team is divided into two smaller teams to sit within each council. The aim is to ensure that both authorities retain a balance of quality, value, knowledge and expertise of the current shared service.
- 2.4. The financial approach to disaggregation is based on an agreed ratio that reflects the respective contributions to the shared service budget of the two councils. BCP Council has contributed around 55% of the total cost of the shared service, and Dorset Council 45%. This ratio is being used to determine contributions from each council to maintain existing contracts, until they are due for review. This ratio also determines the notional budget for staffing.
- 2.5. Following engagement with Trades Unions in both councils a change management consultation with staff took place between 9 December, closing 29 January 2025. Responses to the consultation are being reviewed, before moving into the preferencing and selection process. The intention is for teams to be in place for their respective councils by 1 April 2025. The new DsPH in each council will work with their teams to design roles, programmes and services as a public health service embedded within a local authority, informed by the Council plans, and transformation opportunities.
- 2.6. A low-risk approach has been adopted to contracts for services. All contracts remain shared on day 1 with a forward plan for future review based on the timescales for re-procurement. Both Directors will collaborate on this work in line with their respective corporate plans and budgets.
- 2.7. This pragmatic and straightforward method enables a stable environment from which to consider future design and integration of services within each local authority. It allows time to think about how to embed and align public health with future corporate plans and ambitions. Both teams will collaborate as required to ensure a smooth transition establishing the new services and to consider any continuing shared arrangements.

3. Decisions for Cabinet

The disaggregation work has been officer led to date. However, there are a number of key decisions where it would be helpful to have Member oversight and endorsement. While the shared service agreement was in place Members from both councils were involved in decision making about use of the budget and service performance through the Joint Public Health Board. However, this was disbanded once the decision to separate was taken. In the absence of the Joint Public Health Board both Cabinets are being asked to ratify the following recommendations with supporting information in Appendix 1.

Recommendations

- A) That LiveWell Dorset remains a pan-Dorset service, hosted by Dorset Council.

Reason for recommendation: This is in recognition of the expertise, scale reach and impact of the service that has been built over the past 9 years, and its brand recognition among partners. The service supports around 10,000 people per year to quit smoking, and adopt a healthier approach to weight, physical activity and alcohol. They are an important service to deliver targeted health checks (mandated by DHSC) as well as helping to achieve current targets for smoking cessation. It should be noted that the service will make a 5% efficiency saving in 24 – 25 to enable the contract value to reduce for 25 – 26, recognising financial pressures facing both councils.

- B) That the contracts set out in Appendix 2 should be extended to maintain continuity of service. The contracts considered are for The Breastfeeding Network, Healthy Homes Dorset, Targeted Health check provision through Livewell Dorset, Treating Tobacco Dependency Programme and Adult Weight Management Programme. The two key license agreements considered are for PharmOutcomes and MOSAIC.

Reason for recommendation:

A review has been conducted of all contracts and financial obligations which come to an end or review period prior to end March 2025 and which have implications for service delivery and continuity for the two new Public Health teams after 1st April 2025. The details of the specific contracts and arrangements needing consideration and agreement prior to the end March 2025 are contained in appendix 2 along with the key recommendations.

- C) That Cabinet supports the proposal to award a grant for up to 3 years (1+1+1) to a suitable provider or providers for the provision of a rough sleepers drug and alcohol treatment service. This service supports the existing housing and substance misuse service offer to a maximum annual value of £374K in 2025/26 (and will be subject to the availability of OHID national grant funding in subsequent years).
- D) That the further step of making any grant award be delegated to the relevant cabinet portfolio holder, after consultation with the relevant Executive Director.

Reason for recommendation:

Since 2021 Dorset Council has been awarded central grant funding as part of the Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG) to implement evidence-based drug and alcohol treatment and provide wraparound support for people sleeping rough or at risk of sleeping rough. This funding has been used to commission five voluntary sector organisations to provide the Reach Out project using annual contract exemptions.

Dorset Council has recently received confirmation of funding for the fourth year of the project for 2025/26 although funding has been reduced by around 5%. It also appears increasingly likely that there will be funding made available for a further two years.

Having appraised all alternative options, the preferred option is to allocate funding through a grant to existing providers either individually or collectively as a consortium through an expression of interest process. This option reduces the administrative and resource burden on the Council (both procurement and commissioning) as well as to the voluntary sector providers. It also provides a simple, efficient and flexible solution that can provide sustainability for the market if offered on a 1+1+1 contract term, whilst ensuring service continuity for service users and avoiding any disruption to project delivery.

4. Financial Implications

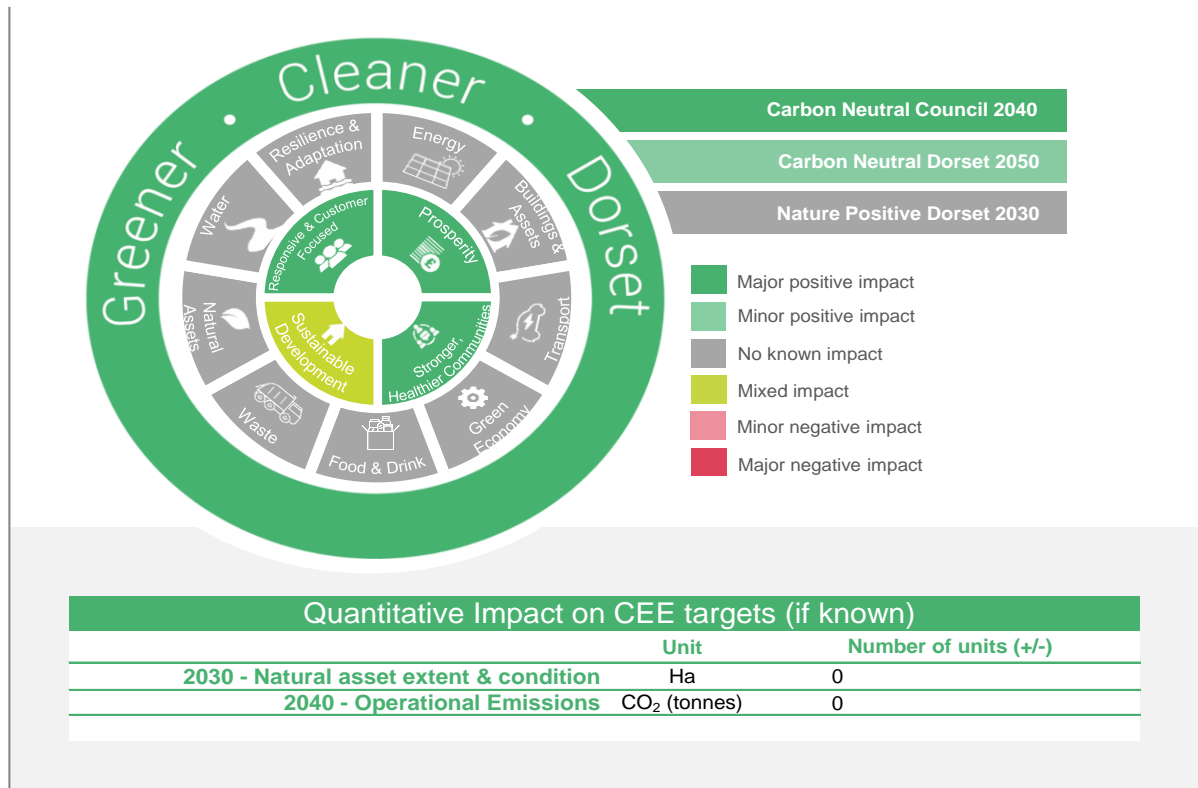
- 4.1. There are some financial risks associated with disaggregating a shared service, namely those arising from risk of redundancy. There is a possible future risk of costlier contracts, especially if decisions are taken to move away from shared contracts that pool the risks associated with pay awards and inflation across a bigger population. Counter to this is the opportunity

of working more closely with the whole of the public health grant in each council to improve the overall impact of the Grant on population health.

- 4.2. The first approach is to mitigate wherever possible risks of redundancies through redeployment opportunity. Under the current arrangement any costs arising due to redundancy would be met from the shared service reserve. Before the reserve is disaggregated this risk must be fully understood and costed.
- 4.3. A Memorandum of Understanding is being developed to capture key agreements between the councils relating to contract approaches, transfer of staff, maintenance of terms and conditions etc to further mitigate financial risks.

5. Natural Environment, Climate & Ecology Implications

- 5.1. There are no significant implications. However, a possible minor positive impact will be reduction in travel between the two council HQs by public health employees.



6. **Well-being and Health Implications**

- 6.1 Wellbeing and health implications arising from the change are predicted to be minor and transitory. This is because of the approach taken to contracts in order to maintain delivery and financial stability. There could be positive implications from having public health teams more embedded within each council – able to exert a greater influence for population health and prevention.

7. **Risk Assessment**

- 7.1 **HAVING CONSIDERED:** the risks associated with this decision; the level of risk has been identified as:

Current Risk: Low

Residual Risk: Low

8. **Equalities Impact Assessment**

- 8.1 There are no equality implications arising from this report. However an equality impact assessment will be undertaken as part of developing and delivering the new arrangements. An EIA is also being carried out as part of the employee consultation process.

8. **Appendices**

Appendix 1 sets out the contracts for which an extension is being sought – for pragmatic purposes.

9. **Background Papers**

[Directors of public health in local government: roles, responsibilities and context - GOV.UK](#)

[Annual report 2022-23 \(F\)](#): Director of Public Health Report setting out progress with recovery of services following COVID-19 – a good summary and overview of the main public health services.

10. **Report Sign Off**

- 10.1 This report has been through the internal report clearance process and has been signed off by the Director for Legal and Democratic (Monitoring Officer), the Executive Director for Corporate Development (Section 151 Officer) and the appropriate Cabinet member.

Appendix 1 – Contracts and shared arrangements

Contracts and shared arrangements

Members of the contracts workstream have reviewed all the contracts and related financial commitments that Public Health Dorset currently have in place and have identified several which need a decision prior to the 1st April 2025. We wish to highlight the following contracts and commitments and our recommendations to allow service continuity as we transition into two new teams.

1. The Breastfeeding Network:

The Breastfeeding Network currently delivers a non-clinical peer support breastfeeding support service for mothers in Bournemouth, Christchurch and Poole and Dorset.

The service works with maternity, health visiting, early help and family hubs to deliver. The service includes support for mothers least likely to continue breastfeeding, including those aged under 25 years. The initial 3-year contract period comes to an end on 31st May 2025, where there is an optional extension for a further 2 years (1+1 year). We need to give the Breastfeeding Network our decision about whether to extend the contract by end of February 2025 at the latest. The annual contract value is currently £40,000. There is some indication that there may need to be a small level of uplift to meet pressure of national living wage commitment for this charity but we will need to engage in negotiation to understand this.

A review and options appraisal has been carried out to inform the decision about whether we extend the contract for this service. Given the quantitative and qualitative evidence and impact presented, alongside the positive service user feedback demonstrating the difference the service is making to the lives of mothers who are breastfeeding; the recommendation is for the service contract to be extended for the remaining 2 years of the contract period as a key Public Health intervention. The recommended option will ensure stability of service provision and support for women and families whilst the two new Public Health teams get established within the Local Authorities and allow time for commissioning decisions to be well informed that will best fit with future public health commissioning arrangements and intentions.

Recommendation 1: Extend the current contract on 1+1 year basis from June 2025

2. Healthy Homes Dorset Programme

Public Health Dorset currently commissions £50k per year to support the Health Homes Dorset programme, which is a partnership between Public Health Dorset,

Appendix 1 – Contracts and shared arrangements

Dorset Council and BCP Council. The Public Health Dorset funding commissions Healthy Homes programme management resource, including funding bid applications and administration of the programme from Dorset Council officers under a Memorandum of Understanding. This also provides some funding which can be used to match fund or supply interventions where not covered by other source. The programme is overseen by a steering group comprising BCP, Dorset and Public Health officers and is chaired by the Deputy Director of Public Health. The successful partnership between DC, BCP & PHD within Healthy Homes Dorset has led to the successful bidding for significant amounts of national funding. Healthy Homes Dorset delivery has been commissioned from Ridgewater Energy to provide advice and interventions to improve homes in BCP & Dorset using government funding including Home Upgrade Grant 2 (HUGS2) This is a 4 year contract which commenced April 2024 at the value of circa £5 million. Commissioning period of 2+1+1 year)

In addition it should be noted that in November 2024 Healthy Homes Dorset, with agreement from BCP, DC and PHD submitted an Expression of Interest for the upcoming Warm Homes Local Grant scheme. If successful this could generate £13m to treat 1,000 homes over the 3 years, equally split between Dorset and BCP councils. All Eols will be assessed by DESNZ, and the final allocations will be communicated in January or February 2025.

In view of this established and very successful arrangement it is recommended that the strategic steering group supports the ongoing resourcing of the Healthy Homes Dorset programme from 1st April 2025 to match the duration of the contract with Ridgewater Energy. This will allow transitional arrangements to be worked through as part of phase 2 development with the two Public Health teams.

Recommendation 2: Continuation of the shared commissioning of the Healthy Homes Dorset programme through a revision of the existing MOU to cover the time period of the contract with Ridgewater Energy ; and with oversight through a joint steering group with representation from both Local Authorities housing and Public Health teams.

3. Targeted NHS Healthchecks through Livewell Dorset.

There has been a two year pilot of Livewell running targeted healthchecks. The recent evaluation has indicated that this has worked well and recommends that this approach is continued through Livewell from April 2025. This element is covered in more detail in the briefing paper for the Public Health Disaggregation Steering Group specifically about the Livewell Dorset service.

Appendix 1 – Contracts and shared arrangements

Recommendation 3: Targeted Healthcheck provision through Livewell Dorset continue for 2025/26.

4. Treating Tobacco Dependency (TTD) Contract Options

Dorset Council currently holds contracts with each of the local NHS Trusts for Treating Tobacco Dependency.

From late 21/22 each Clinical Commissioning Group (now Integrated Care Board) received specific funding to support TTD. There was agreement at that time for Public Health Dorset to receive the funding and contract with Trusts. With changes in the ICB and the separation of Public Health Dorset work is in progress to return these contracts to NHS Dorset, the Integrated Care Board. All three providers, NHS Dorset and Public Health Dorset are working together to agree the best way forward.

For **University Hospitals Dorset**: The current Dorset Council contract ends on 31 March 2025. Termination will be by passage of time. NHS Dorset is working through a gateway process, with the expectation of picking up the contract from 1 April 2025. UHD are aware.

For **Dorset HealthCare** and **Dorset County Hospital**: The current Dorset Council contracts extend to 31 December 2025. NHS Dorset and PHD colleagues are currently working through the 3 potential options for managing the transition with the preference being either a novation of the remaining period of the contract from Dorset Council to NHS Dorset, or an early termination by mutual consent so the contract ends with Dorset Council but is then picked up by NHS Dorset. Details are being worked through with NHS Dorset with the aim of having this clarified and resolved prior to 1st April 2025.

Recommendation 4: The Treating Tobacco Dependency programme contracts with the 3 NHS provider Trusts in Dorset are picked up and managed through NHS Dorset. To note the work going on to identify the most appropriate mechanism to arrange this between Public Health Dorset and NHS Dorset prior to 1st April 2025.

5. Adult Weight management

As part of the weight management pathway offer through Livewell Dorset, Public Health Dorset commission weight management vouchers for access to weight management groups provided by Second Nature and Slimming World. This is a cost and volume contract so we have included the budget allocation within the spreadsheet but recognise that this may be impacted by activity levels which will continue to be reviewed with the service as per contract management

Appendix 1 – Contracts and shared arrangements

arrangements. The contract for these two providers needs review by 28th March 2025 to meet the 3 month minimum notice period for the contract ending 30th June 2025. There is an option for a remaining 1 year extension for this contract which will take the contract to end June 2026. Following a review of the service through Livewell Dorset it is recommended that this contract is extended for the additional and final year of the contract from June 2025.

Recommendation 5: Extension of the Adult Weight management schemes for final year of contract period from June 2025

Licenses & Financial commitments

In addition to the contract for services, Public Health Dorset have also had other financial commitments for services on behalf of the wider Dorset system. The operational workstream will be considering a range of these arrangements in a separate paper, however it makes sense to highlight the financial element of these in this paper. There are two key elements which need conformation prior to 1st April 2025 as they are important and integral to delivery of key programmes of work.

1. PharmOutcomes

PharmOutcomes is a tool for allowing data sharing with Pharmacies through the Community Health Improvement (CHIS) contracts. It is currently mandated in CHIS contract specifications for community pharmacies to use for data collection and payment processes.

Public Health Dorset currently purchase PharmOutcomes on behalf of Pharmacies and other providers on an annual basis in March a year in advance. It is a vital part of the basis for processing activity and payments for these services. This will be considered in more detail as part of the transition and data and intelligence workstreams.

Recommendation: This is a requirement for ongoing services provisions so recommend that license is jointly funded and bought in March 2025 on behalf of pharmacies and providers for 2025/26.

2. MOSAIC

Public Health Dorset currently purchases MOASAIC, which is a population segmentation and profiling dataset on behalf of organisations within the Dorset system, including both Local Authorities and NHS Dorset. This tool is used extensively across the intelligence teams within the Local Authorities and the DiS

Appendix 1 – Contracts and shared arrangements

team. The purchase of the license for a number of organisations allow for a discounted price. Consideration of how to continue with this arrangement after 1st April 2025 is contained with the transition workstream. However we thought important to highlight this as a financial commitment within this paper.

Recommendation: MOSAIC is purchased for the Dorset system in March 2025 for 2025/26 as per existing annual license agreement whilst transition arrangements are worked through as part of phase 2 beyond 1st April 2025.