People and Health Scrutiny Committee

22 September 2025

An update on arrangements for public health in Dorset Council following disaggregation

For Review and Consultation

Cabinet Member:
Cllr G Taylor, Health and Housing

Local Councillor(s):

Senior Leadership Team:
S Crowe, Director of Public Health & Prevention

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Statutory Authority:

Report status: Public Choose an item.

Executive summary (maximum of 500 words)

This report provides a brief update on changes to the way public health is provided for the two unitary councils in Dorset. It reports on the disaggregation of Public Health Dorset – a shared service for BCP and Dorset Councils during 2024-25. Following this decision a new Directorate for Public Health and Prevention has been set up within Dorset Council, with a public health and communities team established at BCP Council. A joint steering group from both BCP and Dorset Council helped manage this transition, ensuring services continued smoothly and safely, with both new teams working well from 1 April 2025. The teams continue to work together to make sure key public health services and advice are available to local residents and partners such as the NHS.

Services have continued without disruption, performance remains strong, and the cost of change was well within its allocated budget (funded from the ring-fenced public health grant). An assurance review conducted by the Regional Director of Public Health on 30 June 2025 gave very positive feedback on the performance of the services, and public health advice to partners (including the integrated care board) and confirmed that Dorset Council is using its public health funding in line with the statutory conditions placed around the ring-fenced grant.

There is now a good opportunity for the new public health team to support the council's priorities, including the work on community partnerships, neighbourhood health and improve local health and wellbeing. This could be the focus of a future scrutiny, once the team has had time to become more established.

The report asks committee members to note the successful changes and positive feedback, and to agree on future ways to oversee and review public health performance through the Council's usual committees.

1. Recommendations

1.1 Members of the People and Health Scrutiny committee are asked to note the progress of the establishment of the new arrangements for Public Health in Dorset Council following the disaggregation of Public Health Dorset 31st March 2025.

1.2 To note the positive feedback and assurance around the performance of public health in Dorset following the annual assurance process from Regional Director of Public Health on behalf of Department of Health and Social Care.

1.3 To agree the future arrangements for scrutinising the performance of the Public Health function through Dorset Council's governance structures, primarily through People and Health Overview and Scrutiny Committees.

2. Introduction and summary of progress to the new arrangement for Public Health in Dorset Council.

2.1 In April 2024, BCP Council gave notice to cease the shared service arrangement for Public Health Dorset hosted by Dorset Council and to establish its own team within the Local Authority led by a Director of Public Health from 1st April 2025.

2.2 Both councils indicated the desire to work collaboratively to ensure a smooth transition to the new model of Public Health. The aims were to ensure retention of skilled workforce, minimise impact on delivery of services and the retention of a skilled and well performing workforce and minimise any potential impact on the delivery of Public Health services and in turn minimise impacts on the wellbeing of residents.

2.3 A steering group was established led by directors from both councils, supported by HR, finance, legal and programme managers to ensure disaggregation proceeded smoothly and within the specified timeframe.

2.4 In February 2025, Dorset Council Cabinet received a report on the work done to date to disaggregate the shared public health service. Cabinet endorsed the pragmatic approach adopted in order to maintain positive working relationships, financial stability and service provision to residents throughout the transition.

2.5 This report updates Dorset Council's People and Health Scrutiny Committee on the progress to deliver the new arrangements for Public Health for the Council and residents of Dorset since 1st April 2025.

2.6 Each Council appointed a Director of Public Health to lead the two new Public health teams from 1st April 2025. Dorset Council appointed Sam Crowe as Director of Public Health and Prevention. Whilst Sam Crowe acted as the Interim Chief Executive for Dorset Council March-July 2025, Rachel Partridge served as Acting Director for Public Health and Prevention in Dorset Council. BCP Council appointed Rob Carroll as Director of Public Health and Communities who came into role 1st April 2025.

2.7 Two new teams have been created aiming to ensure that both authorities retain a balance of the quality, value, knowledge, expertise and experience of the Public Health teams. As the host authority for the shared Public Health service of Public Health Dorset, Dorset Council led a formal HR process to transfer staff into the two new Public Health team structures. This was a complex process but well supported by HR colleagues and led to the successful appointment of all but one of the existing Public Health Dorset staff. This was important to retain high quality, skilled and experienced staff and mitigate the risks of redundancy costs.

2.8 A Joint Transition Management Team has been established since 1st April which comprises the senior leadership of both Public Health Teams in BCP and Dorset Council to maintain coordination and oversight of the shared Public Health work programmes and key commissioned mandated Public Health services. Both teams will collaborate as required to ensure smooth transition establishing the new services and to consider any continuing shared arrangements.

2.9 A Contract Oversight Group has been established to manage shared contracts and contract risks, including Livewell Dorset, NHS Health Checks, Community Health Improvement Services and the contracts held with Dorset Healthcare for 0-19 Public Health Nursing and Sexual Health. These remain in place for the duration of the existing contract periods to maintain continuity of service. These are contracts where the public health assessment is that the service is currently working well delivery the required outcomes for our residents.

2.10 The Public Health teams have ensured Public Health leadership, representation and input into a range of system boards and meetings as well as working with key partners and communities at a locality level. The core offer of specialist Public Health advice and guidance to the NHS includes support around intelligence and insights, such as Joint Strategic Needs Assessment to support a focus on public health, early intervention and prevention and reducing inequalities.

2.11 The Directors of Public Health have a statutory role to ensure that plans are in place to protect the health and wellbeing of residents and this includes an assurance role to ensure systems are in place for health protection and emergency preparedness and response. Both DsPH have links to key external partners such as the UK Health Security Agency as well as the Local Resilience Forum.

2.12 The Public Health and Prevention Team for Dorset Council are now working through the next stage of the disaggregation process, including which programmes will continue to be delivered collaboratively across the wider Dorset system and which programmes will be led and delivered more effectively at a Dorset Council and neighbourhood level. There is a clear opportunity to work more closely as an integrated function within Dorset Council to support the delivery of Dorset Council plan priorities and support the health and wellbeing of residents and communities within the Dorset area.

3. Regional Assurance Visit

3.1 There has been significant local oversight through an Executive Director lead strategic steering group and cabinet to ensure the continued good performance and mitigate any potential impact on the delivery of public health services and functions throughout this transition of arrangements. In addition, the Regional Director of Public Health has been kept informed of the approach to disaggregation and the plans in each council.

3.2 The formal annual Public Health assurance visits to Dorset Council and NHS Dorset were undertaken by the Regional Director of Public Health, Dr Justin Varney-Bennett on the 30th June 2025. This year's visit was the pilot of a new more detailed and robust national model of assurance process being tested in the South West to ensure appropriate and sustainable use of the public health grant in Local Authorities. It was noted that this was particularly complex to prepare for in the context of disaggregation of a shared service so it was agreed to prepare for the visits together with colleagues in BCP Public Health and Communities team.

3.3 The quality of the supporting documentation which was prepared for the assurance process and the discussion and presentations which took place

during the assurance visit received very positive feedback from the Regional Director of Public Health and his team.

3.4 The Acting Director of Public Health and the Chief Executives of Dorset Council and NHS Dorset received formal confirmation from the Regional Director of Public Health following his visit that he was assured that Dorset Council was using the Public Health ring-fenced grant in line with national guidelines and requirements. A similar assurance letter was also shared with BCP Council.

3.5 The Regional Director of Public Health recognised the significant work and compassion that has gone into the disaggregation of the public health functions previously shared between Dorset and BCP Councils and the collaborative approach between the two Directors of Public Health and the administrations in doing this in a thoughtful and structured way.

3.6 The assurance process feedback recognised the clear visibility of the Directors of Public Health within current ICB governance and the thinking that is currently taking in place across Wessex on how Directors of Public Health and their teams can best respond to and support the development of new ICB clusters.

3.7 The RDPH recognised and highlighted the examples of excellent work by the Public Health team and services for the residents of Dorset. He also recognised the strong links with Dorset ICB and the close working with public health and primary care around health inequalities, which will provide strong foundations for neighbourhood health systems and services in the future. This work can form a clear link to the Dorset Council Plan priorities, including working closer with communities and the focus on partnerships and prevention.

4. Conclusion

4.1 Two Public Health Teams have been established within BCP and Dorset Councils, each led by a Director of Public Health. The Directorate of Public Health and Prevention for Dorset council has been warmly welcomed as a new addition to Dorset Council and working enthusiastically to embed within Dorset council and support the delivery of Dorset Council priorities.

4.2 All the key commissioned mandated Public Health services providing services to the residents of Dorset remain in place and continue to operate in accordance with existing arrangements and performance oversight to ensure the ongoing provision of good quality services for residents in Dorset.

4.3 The focus remains on ensuring the good practice and strong performance of Public Health services and activities in Dorset for the benefit of the health and wellbeing of residents and communities. There is the opportunity to further develop and build on the work to support the Dorset Council plan priorities,

particularly around working in partnership, with a focus on prevention, through communities for all.

4.4 There is an opportunity to build on the established links between the DPH and wider Public Health team with colleagues in NHS to further develop the model of place based working within Dorset Council area, especially through the national Neighbourhood Health Implementation programme linked to the Fit for the Future 10 Year Health Plan.

4.5 Dorset Council received positive feedback and formal assurance from the Regional Director of Public Health about the effectiveness of the use of the Public Health Ring Fence Grant to provide good quality Public Health services and functions to support the wellbeing of the residents of Dorset. There is an opportunity to build on and develop this good performance to further improve the wellbeing of residents in Dorset, and in particular reducing inequalities in health outcomes.

4.6 It is proposed that the oversight and scrutiny of Public Health services provided through the new Directorate of Public Health and Prevention will be through the established Dorset Council governance routes, primarily using the People and Health Overview and Scrutiny committees and regular strategic performance monitoring. This will further embed and provide visibility and scrutiny of the public health function and activities within Dorset Council.

5. Legal considerations

5.1 Local Authorities must deliver a range of public health functions as set out in the Health and Social Care Act 2012, with five statutory responsibilities defined in law:

- Help protect people from the dangers of communicable diseases and environmental threats.
- Organise and pay for sexual health services.
- Organise and pay for height and weight checks for primary school children.
- Organise and pay for NHS Health Checks for eligible local people.
- Provide public health advice to the NHS.

6. Financial implications

6.1 The Department of Health and Social Care allocates each council a ring-fenced public health grant.

6.2 The financial approach to disaggregation of the shared Public Health service is based on an agreed ratio that reflects the respective contributions to the shared service budget of the two councils. BCP Council 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.

6.3 All shared contracts have remained in place since 1st April and have seen no change. This pragmatic and straightforward approach enables a stable platform from which to consider future design and integration of the public health function and services within Dorset Council within the available budget.

6.4 There has been strong financial oversight throughout the disaggregation process of Public Health Dorset, and the final position at the end of financial year 2024/25 was delivered within the Public Health Ring fence grant.

7. Natural environment, climate & ecology implications

7.1 The wellbeing of the natural environment in Dorset is an important component that supports the health and wellbeing of the residents of Dorset. The Public Health and Prevention Directorate work closely with colleagues and partners in Dorset to support natural, environment, climate and ecology through the work on Healthy places.

8. Well-being and health implications

8.1 Public Health is a key function for Local Authorities to be able to promote and protect the health and wellbeing of residents. A high performing Public Health and Prevention Directorate embedded within Dorset Council will help to provide key skills and experience to support the health and wellbeing of residents, including through the effective commissioning and delivery of key services and functions.

9. Risk implications

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

Current Risk: LOW

Residual Risk: LOW

10. Equalities

10.1 An Equalities Impact Assessment was carried out as part of the employee consultation process during disaggregation. Further EIAs will be undertaken as part of developing and delivering new arrangements.

11. Appendices

11.1 Appendix A – Regional Director of Public Health Assurance feedback letter

12. Background papers

12.1 Dorset Council Cabinet Paper 23rd February 2025 25 01 03 Public health disaggregation including appendix.pdf

13. Report sign-off

13.1 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 Portfolio Holder(s)

Appendix A – Regional Director of Public Health Assurance feedback letter

OFFICIAL-SENSITIVE

Office for Health Improvement & Disparities

NHS

Justin Varney-Bennett
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South West OHID DHSC and NHSE
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10 July 2025

Sent via email:

- Cllr Gill Taylor, Cabinet Member
- Sam Crowe, Interim CEX
- Rachel Partridge, Acting Director of Public Health and Prevention
- Aidan Dunn, S151 Officer

Dear Cllr Taylor, Sam, Rachel and Colleagues,

Thank you for your time last week for the Public Health Ring-Fenced Grant Assurance Visit, I appreciate the effort and resource that has gone into preparing for

the visit and it was a good reflection of the commitment of the Council to its public health responsibilities.

It was great to spend time discussing with you the 23/24 RO return, budget forecasting, governance and the deep dives into the advice to the NHS and miscellaneous spend categories. I am happy to say that following these discussions I am assured of the use of the Public Health ring-fenced grant in line with the national guidelines and requirements.

Throughout our discussions it was good to see the strategic understanding of Public Health within the local authority at a senior level and feel the commitment to addressing health inequalities and improving healthy life span in partnership at the multiple layers of communities of identity, experience and geography, especially in a time of significant organisational churn in many parts of civic society and reflects well on the Council and its leadership.

The ambition for a fairer, more prosperous and sustainable Dorset comes through strongly in your narrative and the importance of the partnership relationships across the County that underpin this ambition for the people of Dorset. With a growing elderly population, a diverse mix of rural and villages and towns spread across rural and coastal geographies and a varied economic footprint including tourism, clean energy, agri- and aqua- tech and defence research there is a lot to consider for the future. The growth of some of the new industries will bring new population demographics to Dorset with new challenges whilst at the same time you work to bring forward the skills for these industries in the local population, and at the same time the ageing profile of the population creates opportunities to really explore and maximise the concept of the Third Age of life as a productive period in which citizens play a more active part to civic life. You raised the increasing demand at both ends of the age spectrum and I encourage you to explore the potential to help citizens to ‘Wait Well’, especially in the early years space where this narrative is perhaps underdeveloped and could help defer some of the need as well as improve citizen’s lives and increase their sense of control. I hope that the regional work on Tomorrow’s Region and the Healthy Ageing Framework will help support your work in these spaces.

I recognise the significant work and compassion that has gone into the demerger of the public health functions previously shared between Dorset and BCP Councils and the collaborative approach between the two DPHs and the administrations in doing this in a thoughtful and structured way. This year will be a year of transition on many fronts and I hope this collaborative and compassionate approach continues as you navigate together some of the major procurements ahead of you and with that in mind I support the proposal to stagger the major public health re-procurements to allow sufficient time for engagement, redesign and collaboration.

Appendix A – Regional Director of Public Health Assurance feedback letter

We discussed the 23/24 RO out turn and the provisional data for 24/25 and some of the variations in planned and actual activity and how this reflected both some of the additional income received and utilisation of the grant reserves which was jointly agreed between both Councils. Through the disaggregation there has been significant work to review some of the historic coding practices and this alongside the assurance visit preparation has been useful reflection and we discussed the potential opportunities I am exploring with national colleagues to develop SW RO Public Health guidelines. In discussion of the 5yr budget forecast we highlighted the risks around the major re-procurements of both the Health Child Programme and Sexual and Reproductive Health services and I support your proposals to stagger these and delay them slightly to allow for the separation of the public health function to settle. I would encourage you to hold some additional reserve above the 5% minimum to support procurement and transition for these contracts as there are some risks linked to inflation, market forces and agenda for change that mean an additional reserve buffer may be prudent. It may also be helpful to reach out to BANES to learn from their experience of PSR procurement and to also review the BNSSG Sexual Health matrix contract model as you start your journey on these major contract reprocurements.

Recent announcements over the clustering of Dorset ICB with neighbouring Somerset and BSW ICBs will result in six local authorities sharing one ICB cluster. Plans were already underway to ensure proactive communication and planning between the DsPH affected, to best respond to the upcoming support required by the ICB cluster, and to address challenges presented by changes in ICB leadership roles, and potential imbalances or duplication in NHS advice provision between each local authority team. It was good to hear the strong level of engagement and understanding of the risks and opportunities of the changing NHS landscape. It was interesting to understand some of the historic issues with Primary Care Networks not having place based geographies and as the cluster arrangements evolve this may be an area to explore alongside the layering of Cluster, Place, Locality and

Neighbourhood system governance and accountability, and as this develops it may be wise to monitor and reflect on the coding of resource and cost in the Advice to the NHS category.

In our discussions of the Miscellaneous spend category there were no areas of concern and we discussed some of the approaches taken in coding. As part of these discussions I highlighted my desire to refresh the regional conversation about fluoridation to position for the national work on consultation and I will ask the regional dental public health team to follow up with the DPHs on this separately.

In terms of the future approach to the grant, you may wish to consider how to manage the risks around the 5yr projections especially the impact of potential future retendering of major contracts where inflation may have been flatlined for a long

period within the contract and market forces have shifted considerable. You may also wish to explore diverse partnership arrangements as the NHS Cluster strengthens your opportunities for closer working with a larger number of authorities. There is clear consideration of the future financial context of the Public Health grant and the pressures on it and the wider Council and keeping the core focus on delivering services and strategies that impact on people's lives and I commend this.

Finally, I want to acknowledge the significant work in preparing the packs for me ahead of the visit and in the presentations, these were really insightful and strengthened my sense of assurance in the Council's approach and Rachel and Sam's leadership.

I look forward to returning to visit you in the autumn for an informal visit to see more of the brilliant work in your authority, and in our next annual assurance meeting.

Yours sincerely

Dr Justin Varney-Bennett (He/Him/His)

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Regional Director of Public Health South West

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