People and Health Overview Committee

29 April 2026

Update on Public Health Disaggregation including plans for future contracts

For Recommendation to Cabinet

Cabinet Member:
Cllr G Taylor, Health and Housing

Local Councillor(s):

Senior Leadership Team:
S Crowe, Executive Director of Housing, Prevention and Communities

Report author and job title: Rachel Partridge, Deputy Director of Public Health & Prevention
Email: Rachel.Partridge@dorsetcouncil.gov.uk

Statutory Authority:

Report status: Public Choose an item.

1. Executive summary (maximum of 500 words)

1.1 This report updates members on progress following the disaggregation of Public Health Dorset in April 2025 and the establishment of two separate Public Health teams within Dorset Council and Bournemouth, Christchurch and Poole (BCP) Council. It also sets out the proposed future direction for how Public Health functions and services will be delivered and commissioned, including where joint working between the two councils should continue.

1.2 Over the past year, the priority has been to establish the two new Public Health teams while maintaining stability and continuity of services for residents. During this period, a number of Public Health programmes and contracts have continued to operate on a joint basis. This approach has ensured services remain effective and responsive while a longer-term review of commissioning and governance arrangements has been undertaken.

1.3 Members are asked to consider and agree a set of guiding principles that will shape future decisions. These principles emphasise that joint working should continue only where there is a clear benefit—such as improved quality, efficiency or value for money—while moving increasingly towards a place-based approach with clearer accountability within each council. Where

services remain jointly commissioned, appropriate governance and oversight arrangements will ensure transparency, effective performance management and statutory assurance through the respective Directors of Public Health.

1.4 An overview is provided of anticipated contract and procurement activity for 2026/27 and 2027/28. This includes those services that are expected to remain joint, those that will transition to a single lead authority over time, and those subject to re-procurement when existing contracts expire. All proposals have been developed with legal, procurement and finance colleagues and are aligned with existing contractual commitments and the three-year indicative Public Health Grant settlement from April 2026.

2. The People and Health Overview Committee is asked to consider the report and make recommendations to Cabinet that endorse the progress made to date, agree the proposed principles for future joint commissioning, and support the recommended future direction for Public Health services. Approval is also sought by Cabinet to delegate procurement-related decisions, within agreed governance and financial thresholds, to enable timely decision-making and ensure Public Health services continue to support improved health outcomes and reduce inequalities for residents.

3. Recommendation(s)

To recommend to Cabinet that it:

3.1 Endorse the work completed to establish the Public Health teams within Dorset and BCP councils and the continued good performance in line with statutory responsibilities for Public Health as set out in the 2012 Health and Social Care Act.

3.2 Agree the proposed principles for the planned joint commissioning of Public Health services where is makes sense to continue to do so to maintain service quality, performance, efficiency and value for money for the residents of Dorset.

3.3 Agree the proposed future direction for the delivery of public health functions and services through the two Public Health teams in Dorset and BCP council.

3.4 Delegate responsibilities for decisions associated with future procurement approaches to the Cabinet Member for Health and Housing in consultation with the Director of Public Health and Prevention, in line with appropriate scheme of delegation and procurement regulations.

4. Reason for the recommendation(s)

4.1 It has been a year since two new Public Health teams were established in BCP and Dorset Councils. This paper and recommendations provide updates to elected members on the progress establishing the new Public Health teams. They provide an overview of the preferred options for how we intend to commission and provide Public Health functions and services in the future.

4.2 It is timely to review and set the future ambitions for the Public Health functions and services over the coming years in line with the 3-year indicative ring fenced grant allocation and the ambitions set out within the Dorset Council Plan.

5. Report

5.1 When Public Health Dorset disaggregated in April 2025, many Public Health programmes and contracts remained jointly managed by colleagues located across the two new Public Health teams in BCP and Dorset Council. Over the past year we have been reviewing and working through arrangements and further establish and strengthen the two Public Health teams. NHS structures are changing with the Integrated Care Board in Dorset being replaced by a larger strategic Cluster and two “Places” under the two Health and Wellbeing Boards of BCP and Dorset Councils. Creating two unitary council based public health teams aligns with this direction of travel. This is an important time for review and to agree the future arrangements for providing Public Health functions in Dorset Council and BCP Council, including identifying which Public Health contracts should remain joint where it makes sense to do so.

5.2 To guide our work and recommended direction of travel the senior Public Health leadership teams, led by the Director of Public Health and Prevention in Dorset Council and Director of Public Health and Communities in BCP Council, and in consultation with the respective lead elected members for Public Health, have developed some guiding principles.

Our guiding principles

Joint Working – only where it makes sense

- We are two separate teams, with our own work priorities unless there is a good rationale for working together.
- We’ll keep joint Public Health contracts and programmes that benefit from scale.
- Joint oversight groups will set direction and keep things on track for joint work. Programme plans will be overseen jointly by the Directors of Public Health for their statutory assurance role whilst performance will be monitored on a Local Authority basis through the established governance

structures within Dorset Council and BCP Council for clear member engagement and oversight.

Moving toward a Place-Based focus

- We will increase delivery and accountability within each local authority.
- The work will be phased through 2026/27 to ensure an effective and smooth transition.
- It is important to note that some big contracts won't change until 2027–28 due to existing contract terms. These contracts are monitored jointly and continue to provide good services for our residents.

Fairness and equity

- Leadership, commissioning, and support functions will be shared fairly.
- We'll review support functions where capacity is uneven – things like intelligence, communications, Community Health Improvement Service contracts (CHIS) processing, and procurement.
- Schedules will be updated alongside the Joint Sharing Agreement for 2026/27.
- The shared focus of both Public Health teams, under the leadership of the Directors of Public Health and Cabinet and Lead elected members for Public Health is to ensure public health outcomes are delivered equitably across BCP Council and Dorset Council.

5.3 This paper is to seek the engagement and input of elected members through the People and Health Overview Committee in Dorset Council prior to an update being considered by Cabinet in May.

5.4 The plans for the upcoming contracts and procurement activity for the Public Health Services and activities in 2026/27 and 2027/28 will be subject to the necessary governance, legal and procurement processes as appropriate for each contract by the agreed lead Local Authority.

5.5 The proposed contracts and procurement activities have been developed with support from legal and procurement colleagues and all proposed joint contracts have been taken to the Commercial Board for awareness and approval in accordance with Dorset Council processes.

5.6 A focus of the Joint Sharing Agreement between BCP and Dorset Council relates to the management of contracts, commissioning and payments due to the need to have clear legal frameworks for the flow and payments of Public

Health funding between the two Local Authorities where we have existing joint contracts. These are summarised in appendix 1

5.7 Another key mandated function of Public Health in Local Authorities is to provide advice and guidance to the NHS. There are a number of ways we currently fulfil this duty including Joint Strategic Needs Assessments (JSNAs), evidence reviews and development and input into Integrated neighbourhood teams and the development of place based partnerships. There are currently significant changes associated with the clustering of Integrated Care Boards, focus on strategic commissioning and delivery of the NHS 10 year Plan For Health, as well as a shift towards place and neighbourhood working. We are currently working with colleagues at NHS Dorset, the ICB cluster and local health providers to identify how we can effectively and efficiently provide Public Health advice, guidance and support through the changes, whether at the cluster level, a BCP or Dorset Council or at a neighbourhood level.

5.8 There are a number of other mandated functions that Directors of Public Health need to fulfil for their statutory functions. These are important roles and functions to consider through existing governance structures in the future in Dorset Council through People and Health Overview and Scrutiny committees, however the focus of this current paper is specifically on agreeing the proposed future direction for the Public Health contracts and note the input to the changing NHS structures.

6. Alternative options considered

6.1 The alternative arrangements for a complete separation of all Public Health functions, services and contracts was considered neither feasible or desirable.

7. Legal considerations

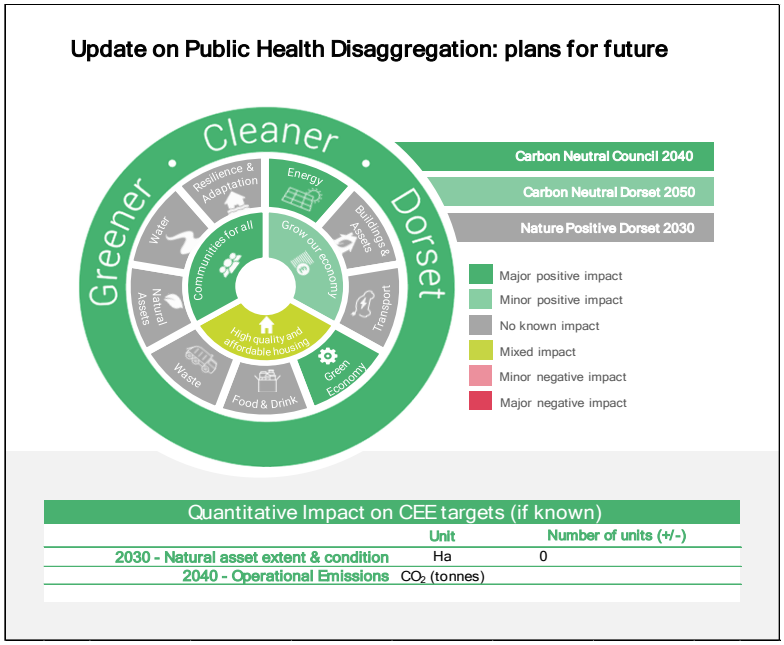
7.1 The existing Joint Sharing agreement and any subsequent revisions and updates provides the legal framework for BCP and Dorset Councils to work together to provide and commission public health services on behalf of their residents. Any future contracts will be established in accordance with the necessary legal, procurement, financial and governance arrangements as determined on a case-by-case basis.

8. Financial implications

8.1 The Public Health functions and services are funded through the ring fenced Public Health Grant given to each upper tier Local Authority. Dorset Council and BCP each received a 3 year indicative settlement from April 2026 and all Public Health services and contracts have been modelled to ensure these are delivered within the grant amount. The efficiency and value for money

considerations are part of the rationale to commission mandated Public Health services jointly where this is beneficial.

9. Natural environment, climate & ecology implications



10. Well-being and health implications

10.1 Public Health is a statutory requirement for all upper tier Local Authorities. There is a clear ambition to retain and provide high quality public health functions and services to support the health and wellbeing of the residents for Dorset and BCP residents and reduce inequalities in outcomes.

11. Other implications

11.1 Not applicable

2. Risk implications

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

Current Risk: LOW

Residual Risk: LOW

3. Equalities

11.3 The work of Public Health provides high quality services to the residents of Dorset and seeks to improve health and wellbeing and reduce inequalities in outcomes. Equality Impact Assessments are completed and performance data is regularly reviewed to mitigate and address an inequalities of access and outcomes.

12. Appendices

12.1 Appendix 1 BCP and DC planned Joint Public Health contract work during 2026/27.

13. Background papers

13.1 Dorset Council Cabinet Paper 23rd February 2025: Public Health disaggregation

13.2 People and Health Scrutiny Committee 22nd September 2025: An update on arrangements for public health in Dorset Council following disaggregation

14. Report sign-off

14.1 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.

Appendix 1 BCP and DC planned Joint Public Health contract work during 2026/27

Contract	Activity	Proposed Lead Local Authority	Timeframe
	Agree Joint Sharing Agreement for 2026/27	BCP & DC	For April 2026
Community Health Improvement Service (CHIS) contracts	Novation of BCP contracts to BCP. Includes contracts for NHS Health checks, smoking cessation, Drug & Alcohol treatment, Contraceptive services.	BCP & DC	For 2027/28
Integrated Sexual Health and HIV service	Procurement of replacement contract	BCP	For 1st April 2027
0-19 Public Health Nursing service	Procurement of replacement contract	DC	For 1st October 2027
Breastfeeding Network Peer Support	Review and procurement to replace existing contract.	TBC	June 2027
Online Smoking Cessation Service	New contract following successful pilot	DC	In progress
Dental Epidemiological survey	Establish compliant contract for existing service provision	DC	In progress
Supervised toothbrushing	Procurement for new service as temporary arrangement.	BCP	In progress
Weight management services	Replace existing contracts	TBC	For 1st July 2027
Smoking cessation support	Replacement/extension of existing contract (Allan Carr Easy Way) Vapes supply	TBC TBC	For Oct 2026 For 1st April 2027

Contract	Activity	Proposed Lead Local Authority	Timeframe
AI text messaging	Procurement for new service	DC	Early part of 2026/27
MyQuit app or equivalent	Replacement of existing provision	DC	For April 2027
SmokeFree app or equivalent	Replacement of existing provision (cost and volume)	DC	TBC – when existing provision is fully utilised
LiveWell Dorset digital platform	New contract or arrangement to replace existing contract	DC	For 1st April 2027
Health Checks	Consideration of new model of service provision	TBC	From 2027/28
Healthy Movers	New grant award for 3 years	DC	From April 2026