PEOPLE AND HEALTH OVERVIEW COMMITTEE

MINUTES OF MEETING HELD ON WEDNESDAY 29 APRIL 2026

Present: Cllrs Louise Bown (Chair), Beryl Ezzard, Ryan Holloway, Stella Jones, Steve Murcer, Jon Orrell and Byron Quayle

Apologies: Cllrs Alex Fuhrmann

Also present: Cllr Steve Robinson and Cllr Gill Taylor

Officers present (for all or part of the meeting):
George Dare (Senior Democratic and Governance Officer) and Rachel Partridge (Deputy Director of Public Health)

Officers present remotely (for all or part of the meeting):

51. **Apologies**

An apology for absence was received from Councillor Alex Furhmann.

52. **Declarations of Interest**

There were no declarations of interest.

53. **Minutes**

The minutes of the meeting held on 16 March 2026 were confirmed and signed.

54. **Public Participation**

There was no public participation.

55. **Councillor Questions**

There were no questions from councillors.

56. **Urgent Items**

There were no urgent items.

57. **Future direction of public health contracts following disaggregation of the Shared Service**

The Deputy Director of Public Health and Prevention introduced the report on the future direction of public health contracts. It had been one year since the disaggregation of Public Health Dorset and the creation of two separate public health teams. Due to the long-term establishment of contracts, there would need to be a gradual and managed transition for them. The item sought views on how the disaggregation of public health is continued with the contracts.

Members of the committee discussed the report and raised the following points:

- Joint working between the two public health teams would be collaborative on shared programmes, such as the integrated sexual health service.
- How the governance for the contracts would work when the two public health teams are working together. There was a Joint Sharing Agreement in place for the financial arrangements.
- Clarification on the AI text messaging service, which was used for programmes by Livewell Dorset.
- The ringfenced budget through the Public Health Grant. The council was under budget for public health, however more had been held in reserves due to the risk of disaggregation.
- Shared contracts could be used when there were better economies of scale. There were also contracts where separation could free up resources.
- Where procurement of a contract was being led by BCP Council, there must be involvement from Dorset Council to ensure it can meet the needs of the Dorset Council area.
- The Joint Sharing Agreement had been developed by the legal services of both councils, and it ensures that payment for services continue. The delivery models of public health may be different due to the different needs of each council area.

Proposed by Cllr Bown, seconded by Cllr Orrell.

Decision:
To recommend to Cabinet that it:

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.

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. 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.

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.

58. **Committee's Work Programme and Executive Forward Plans**

The Committee noted its work programme.

59. **Exempt Business**

There was no exempt business.

Duration of meeting: 6.30 - 7.25 pm

Chairman

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