

# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	<b>Future of Public Health in BCP Council</b>
Meeting date	15 July 2024
Status	Public Report
Executive summary	This report provides an update to the Committee on the development of BCP Council's public health function and the process of separating from the shared service agreement with Dorset Council.
<b>Recommendations</b>	<b>It is RECOMMENDED that:</b>  The Committee note the report.
Reason for recommendations	The report was requested by the Committee at the previous meeting on 24 May.

Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Well-Being.
Corporate Director	Jillian Kay, Corporate Director for Well-Being.
Contributors	Jillian Kay, Corporate Director for Well-Being
Wards	All
Classification	For recommendation

## Background

1. The Health and Social Care Act 2012 enacted the transfer of public health responsibilities into local government. In Dorset, those responsibilities have been discharged as a shared service since then. The current arrangement is that Public Health Dorset operates under a shared service agreement between BCP Council and Dorset Council. The shared service is hosted by Dorset Council.
2. BCP Council's corporate strategy sets out a new vision for the Bournemouth, Christchurch and Poole area: 'Where people, nature, coast and towns come together in sustainable, safe and healthy communities'. It was adopted in January 2024 and puts greater emphasis on the principles of developing healthy communities, putting public health more strongly at the heart of the Council's strategy and aspirations.
3. On 10 April 2024, in this context, BCP Council Cabinet agreed to give notice to terminate the shared service agreement and to establish a programme to shape the future public health function. The Chief Executive wrote to Dorset Council's Chief Executive on 19 April, providing the requisite notice. A joint programme board has been established across the two Councils, and planning has begun to oversee the transition and deliver the separation by April 2025.
4. As part of the process, Cabinet invited the Committee to:

'Assess options for configuring public health functions within the council's corporate structures to maximise community benefit, and to report findings to the Corporate Director for Wellbeing by the end of May to inform this work ahead of any job design or appointments process'.

## HASC O&S recommendations

5. At their meeting on 24 May, the Committee made the following decisions:
  1. This committee agrees to indicate to the Director of Wellbeing that the role of Director of Public Health Should be primarily one as a provider to enable budgetary management, whilst at the same time being able to offer independent expert advice to Officers and the Council.
  2. This committee is open to the role, incorporating other services or functions, providing those are not too broad and to ensure that this is led by public health intelligence. The committee agrees that there are a number of areas where influence could be of benefit and that these should continue to be explored. The Committee discussed areas where influence could be used and gave the following examples: active travel, knife crime, drug addiction, early intervention.
  3. Committee members agree that a further report will be provided to the meeting in July

## **Shaping the future of public health in BCP Council**

6. Since 24 May, the following progress has been made:

- The joint programme board with Dorset Council has continued to meet, and overseen a series of workshops covering finance, contracts and HR. We are developing a statement of what we aim to achieve by the proposed end date of the notice period, which coincides with the end of the financial year, and a critical path for the programme. It is already clear that the 'separation' phase of work to April 2025 will be followed in both councils with further work to develop the new public health functions to their full potential.
- Building on the Committee's recommendations, we are developing a proposal that public health be combined with communities, creating a new function within the Wellbeing Directorate. It will enable a strong connection to the areas highlighted as priorities by the Committee in their recommendation. There is well established practice in local government of combining these functions to good effect<sup>i</sup>.

### **Next steps**

7. We are engaging with staff and consulting with the Regional Director of Public Health and the Faculty of Public Health on the role. The change brief will be taken to the Corporate Management Board for formal sign off.
8. We will move into more detailed design and development of the new function over the coming weeks. This includes further discussion with Dorset Council on areas where we may continue to share services, hosted by either council. We are working with the LGA to ensure that we draw on best practice and support from across the sector.

### **Summary of financial implications**

9. None

### **Summary of legal implications**

10. None

### **Summary of human resources implications**

11. None

### **Summary of environmental impact**

12. None

### **Summary of equality implications**

13. None

### **Summary of risk assessment**

14. None

### **Background papers**

BCP Council Cabinet paper – 10 April – Future of Public Health in BCP Council

HASC O&S Committee paper – 24 May – Future of Public Health in BCP Council

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<sup>i</sup> For example, Bristol City Council, Director for Communities and Public Health; Essex County Council, Director for Wellbeing, Public Health and Communities.