

Report subject	Public health disaggregation: progress and overview of decisions
Meeting date	5 February 2025
Status	Public
Executive summary	The report provides an overview of the progress with disaggregating the shared public health service and establishment of two separate public health teams by 1 April 2025.
Recommendations	<p>It is RECOMMENDED that Cabinet:</p> <ul style="list-style-type: none"> (a) Recognises and supports the work done out in partnership with Dorset Council to disaggregate the shared service following BCP Council's decision to terminate the agreement in April 2024. (b) Endorses the decisions that the steering group is proposing to take, set out at para 12 below and Appendix A, recognising the pragmatic approach taken in order to maintain positive working relationships, financial stability and service provision to residents. (c) Notes that the programme is on track to have two separate public health teams place from 1 April.
Reason for recommendations	To ensure continued provision of equitable and effective public health services for both Councils, in line with the Health and Social Care Act 2012. This contributes to the delivery of BCP Council's vision and ambitions around health and wellbeing in the Corporate Strategy.
Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Jillian Kay, Corporate Director for Wellbeing
Report Authors	Jillian Kay, Corporate Director for Wellbeing Sam Crowe, Director of Public Health, BCP Council and Dorset Council
Wards	Council-wide
Classification	Recommendation

Background

1. Public Health Dorset operates under a shared service agreement between BCP Council and Dorset Council. Dorset Council is the lead authority under the agreement. The agreement, which was put in place by Dorset's three upper tier local authorities when public health transferred into local government in 2013, was to exercise public health functions under the Health and Social Care Act 2012 on shared basis to 'better discharge the functions in their respective areas than if the parties were operating independently'. The shared service agreement remained in place following local government reorganisation however with two unitary councils serving similar sized populations, but with differences in public health priorities, a different approach is timely.
2. On 10 April, Cabinet decided to terminate the shared service agreement, in order to place public health more strongly at the heart of the Council's corporate structures, with an embedded public health team and separate Director of Public Health. Following Cabinet, BCP Council's Chief Executive wrote to Dorset Council, giving notice of termination by 1 April 2025.

Progress since April 2024

3. A programme was established between the two Councils, with Public Health Dorset, to plan the transition to separate public health arrangements. The programme is operating under the following principles, approved by Cabinet:
 - a. Delivery of each Council's priorities for public health
 - b. Effective, equitable and efficient delivery of mandated services via the grant
 - c. Effective arrangements for public health advice to the NHS
 - d. Affordability and value for money
 - e. Fairness to staff and effective consultation
4. A steering group was created for the programme, co-chaired by Aidan Dunn, Executive Director, Corporate Development at Dorset Council and Jillian Kay, Corporate Director, Wellbeing, BCP Council. The joint Director of Public Health, Sam Crowe is the professional advisor to the programme.
5. The Regional Director of Public Health, Justin Varney, has been kept informed of the approach to disaggregation and the plans in each council. A formal assurance visit will take place later in the year which will include ensuring appropriate and sustainable use of the public health grant under the new arrangements.

Approach to disaggregation

6. Each Council committed to appoint a Director of Public Health, to be in post by 1 April 2025. Following dialogue with the Health and Adult Social Care Overview and Scrutiny Committee, BCP Council has created a new role, Director of Public Health and Communities. Dorset Council created the role of Director of Public Health and Prevention. Both Councils have appointed candidates to their roles, who will take up the posts as planned from 1 April, with existing arrangements remaining until then.
7. The programme adopted 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 the quality, value, knowledge, expertise and experience of the current service.

8. 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.
9. Following engagement with Trade Unions in both councils, a change management consultation with staff took place between 9 December and 29 January. Responses to the consultation are being reviewed, before moving into the preferencing and selection process. The intention is for teams to be in place in their respective councils by 1 April 2025. The new Directors will work with their teams to design roles, programmes and services as a public health service embedded in a local authority, informed by the corporate strategy and established in the corporate structure.
10. A low-risk approach has been adopted to contracts for services. All shared contracts will remain in place on day 1, with a forward plan for future treatment of contracts aligned with the re-procurement timetable. Both Directors will collaborate on this work in line with their respective corporate plans and budgets.
11. This pragmatic and straightforward method enables a stable platform from which to consider future design and integration of the public health service within each local authority. It also allows for time to embed and align public health with future corporate plans and ambitions. Both teams will collaborate as required to ensure smooth transition establishing the new services and to consider any continuing shared arrangements.

Decisions for Cabinet

12. There are a number of decisions where it would be helpful to have Cabinet endorsement. Under the shared service agreement, Cabinet members were involved in decision making about the use of the budget and service performance through the Joint Public Health Board. However, this was disbanded once a decision to separate was taken. In the absence of the Joint Public Health Board both Cabinets are being asked to ratify the following recommendations:
 - **That LiveWell Dorset remains a pan-Dorset service, hosted by Dorset Council.** 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. While the service will continue to be hosted by Dorset Council, BCP Council will set clear commissioning intentions to ensure the service is targeted to best effect across Bournemouth, Christchurch and Poole. 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.
 - **That the contracts set out in Appendix 1 should be extended to maintain continuity of service.** These are contracts where the public health assessment is that the service is currently working well and are of relatively low value.

Summary of financial implications

13. The separation is based on a financial ratio of 55% (BCP Council) and 45% (Dorset Council), which aligns to the respective contributions of each Council to the 24/25 shared service budget so provides for continuity into 25/26.
14. Under the shared service agreement, any redundancy costs are shared between the two councils. Steps have been taken throughout the programme to minimise the risk of redundancy and the Public Health Dorset reserve has been maintained to cover any related costs. Before the reserve is disaggregated this risk must be fully understood and costed.
15. A Memorandum of Understanding is being developed to capture key agreements between the councils relating to contract approaches, transfer of staff, maintenance of staff terms and conditions etc to further mitigate financial risks.

Summary of legal implications

16. The changes to the delivery of Public Health for BCP Council as proposed in this report will require the Monitoring Officer to update the Council's Constitution, in particular a review of the Scheme of Delegation and the potential review of terms of reference for some committees. Any proposed amendments to the Constitution will require the approval of Council.

Summary of human resources implications

17. As the lead Council under the shared services agreement, Dorset Council is the employer of Public Health Dorset staff.
18. The Head of Paid Service in BCP Council will be required to amend the Council's establishment to include the post of Director of Public Health and will determine clear reporting lines to the Corporate Director for Wellbeing.

Summary of sustainability impact

19. There are no sustainability implications arising from this report.

Summary of public health implications

20. 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.

Summary of equality implications

21. 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.

Summary of risk assessment

22. The approach taken to disaggregation and the recommendations in this report mean the risk to service delivery, finances and public health associated with these decisions are low.

Appendices

Appendix 1 – Summary of shared contracts to be extended