

# APPENDIX 1

## Appendix 1 – Email Correspondence between Cllr Lilley and Cllr Mosdell

**From:** Lilley, Michael

**Sent:** 15 July 2019 08:40

**To:** Mosdell, Clare <[Clare.Mosdell@IOW.GOV.UK](mailto:Clare.Mosdell@IOW.GOV.UK)>

**Cc:** Garratt, Andrew <[Andrew.Garratt@IOW.GOV.UK](mailto:Andrew.Garratt@IOW.GOV.UK)>; Thistlewood, Paul; Nicholson, Cllr John <[Cllr.John.Nicholson@btconnect.com](mailto:Cllr.John.Nicholson@btconnect.com)>

**Subject:** Re: Public Health - Answers to your questions

Dear Clare,

Thank you for your response to my questions. I have put my response to your answers in bold red below under your answers. Although I respect your answers they do not provide the documentary evidence that I feel is needed to substantiate the recommendation to go into an interim let alone a permanent arrangement with Hampshire County Council. I am not saying that Hampshire County Council is not the best option, I am saying that all I have to go on is the report to Cabinet that provides no detail and only the word of yourself and Chief Executive, and a letter from PH Health England that Hampshire is best option (which I feel I am expected to accept without question). However, there is no detail report which supports this “word” which provides risk analysis, needs assessment and value for money assessment to back up the decision.

As IW Councillors, we are being asked to support a decision to contract our statutory PH role to Hampshire County Council, because we were not carrying out our statutory duties effectively (in fact you have previously stated dangerously) with serious risk to public and IW Council and that HCC are best qualified to do this. However, there is no documentary evidence that has been provided to support these claims. As you say in your answers, discussions with Hampshire and PH England have been held in meetings and over the telephone. Where are the notes of meetings and the reports behind the decisions? This is a statutory role and I fail to understand why there is not open and transparent written evidence IW Council has gone through proper process that can be scrutinised other than simply what I describe as “hearsay”. I am not saying you have not made the right decision, I am saying I am not being presented with any supportive evidence that substantiates this decision. It is like being given the answer to a mathematical question without the workings.

I feel Public Health has in the past and continues to be clouded in mystery. I look forward to your further response.

Best wishes

Michael

**Cllr Michael Lilley**

**IW Councillor for Ryde East**

**Vice-Chair of Scrutiny Committee**

**Mayor of Ryde - Ryde Town Council**

On 11 Jul 2019, at 20:30, Mosdell, Clare <[Clare.Mosdell@iow.gov.uk](mailto:Clare.Mosdell@iow.gov.uk)> wrote:

Hi Michael,

Please see below answers to the questions you raised in connection with strategic partnership for Public Health services with Hampshire County Council. I am pleased that the matter was agreed by the Cabinet on Thursday evening and I look forward to your support for making this new approach a success for the Isle of Wight's community.

1. Is the proposal akin to the Section 151 Officer agreement with Portsmouth City Council in regard IW Council will be sharing a statutory Public Health Director who will give specific time to the IW and will have an IW Council office on the Island. As IW Council arrangement regarding Section 151 Officer, there will be a Senior Management PH post responsible with day to day management on IW PH services.

*The Director of Public Health will be employed by Hampshire County Council and will dedicate an element of time to working with members in the strategic leadership of the public health service and in managing the staff team in its delivery. There will be a local public health team employed directly by the Isle of Wight Council.*

**I believe the Section 151 Officer is employed by Portsmouth CC, and we have an agreement that still goes through IW Governance and the IW Council Appointments Panel. The PH Director post is a statutory appointment the same as the Section 151 Officer post, why is it being dealt with differently?**

2. As the Section 151 post, will the statutory PH Director post, go through proper IW process via the Appointments panel who have overseen the Portsmouth agreement.

*No, the Section 151 post requires by law, the approval of the Full Council following a recommendation of the appointments panel. It is not the same for the Director of Public Health.*

**As 1, why is the Director of PH any different from Section 151 as it is governed by law and a statutory requirement under PH Law. As a statutory post I would challenge that the post should be reported to Full Council and question whether it is a Cabinet decision. In any case it should be dealt with through the Appointments Panel which is the case of all IW Council senior management posts. The original PH Director post went through the Appointment Panel, why has this arrangement not gone through the same process?**

3. Is this agreement to share a PH Director post with Hampshire and not the merging of IW And Hampshire County Council PH services?

*Yes, although it is quite likely that some posts in either the HCC or IWC public health service will have a responsibility for the whole area.*

**Please can you clarify this? It is not merging but some posts employed by Hampshire or IW will be responsible for a combined area? Therefore, not merging but some posts merged?**

4. Is there an agreed fee to Hampshire to share their PH Director as there is in regard Section 151 Officer with Portsmouth? Is this fee value for money and cheaper than re recruiting our own? Were other Local Authorities approached such as Southampton or Portsmouth? Do we know we have the best deal with Hampshire? Is there a detailed cost and service analysis report that
- 5.

substantiates the recommended option with clear advantages and disadvantages against each option as stated in report and can this be available to Health and Corporate Scrutiny Committees.

*The final fee is still to be agreed with Hampshire CC but will be within the envelope of the cost (c£132,000) of the previous directly employed Director of Public Health. The arrangement requires the support of Public Health England which did not support a three way merger with Southampton and Portsmouth. (The cities already share a DPH) as it was not comfortable the service had the capacity to subsume the Isle of Wight role.*

**Is there any documentation/notes of meetings/telephone calls that support (provide and audit/evidence) shows a value for money exercise was carried out and that IW Council has the best deal. You state PH England had a view on whether we went into an arrangement with Portsmouth and Southampton so there must have been detailed discussions on options, please can I have copies of notes of these discussions?**

6. The agreement states the agreement would be reviewed in 6 months. Will there be a detailed report that will go to Cabinet, Audit and Scrutiny that provides evidence the arrangement is working and this is evidenced by measurable outcomes? Will IW Healthwatch have a role in monitoring and evaluation of the PH services (the views of service users) alongside other health service providers and commissioners?

*The six month reviews will be undertaken through a joint meeting of senior officers and responsible Cabinet members of the Isle of Wight Council and Hampshire County Council. It is not the intention to produce a detailed report as a result of these meetings. The expected outcomes and activities of the public health service are set out in the corporate plan and the work of the service will be monitored against the corporate plan as is the case for other council provided services.*

**There is a statutory duty for a published IW Council PH report and a Complaints report in the public domain!**

7. Will the PH Director report to IW Social Care and Health policy and scrutiny committee as other IW health directors?

Yes.

8. Have other health partners such as CCG and NHS Trust been consulted in regard the report and recommendation and do they agree with it?

*They have not been directly consulted on the report but have not raised any objections to the working arrangements in place since January 2018. Some comments have been made about the improvements in service delivery since that date.*

**Shouldn't have partners been consulted as part of the intended integrated approach to health delivery as within Corporate Plan and the intention of One Public Realm Strategy? You mention comments, are these in writing?**

9. Are there a full risk analysis, needs assessment, and value for money reports that full support the report and are these available?

*I am not sure what you mean or expect in this regard.*

**I presume that any major changes to statutory duties/role and governance require a detailed Officer report to the responsible Cabinet Member that provides the detailed evidence including the for and against the options being recommended to Cabinet. I am asking for this report which if proper due diligence has been carried out will include risk analysis, needs assessment and a value for money analysis.**

- 10.** Is there an analysis of previous years PH performance, the interim years performance under Hampshire management, and what is forecasted?

*There is not a detailed analysis as you describe. Many of the public health indicators are measured nationally as part of the Public Health Outcomes Framework. Hampshire County Council's initial brief was to review the service, make it safe and fit for purpose. This was done as an iterative process in conjunction with myself and the Chief Executive. It found the council was not effectively fulfilling a number of its public health obligations with particular risks around the drugs and alcohol service, sexual health service, management of the public health team and clear financial plan. All of these matters have been effectively addressed under the leadership of Hampshire County Council so that it can now focus on some of the other key issues of import to the council.*

**What does iterative process mean? You state you and the Chief Executive carried out an iterative process which came to a conclusion that IW PH was not carrying out its statutory responsibilities correctly! Surely, there must be documentary evidence in this regard and surely there have must have been a written report to Cabinet highlighting this serious breach of statutory responsibilities. Were PH England involved in this process? Did Hampshire produce a report and if so, may I see it?**

- 11.** There is a letter of support from PH England, please can I have the letter and report that would have been sent to achieve this support. What was IW Council's detailed case/argument to PH England to gain this support? I want to know the workings and rationale that was behind PH England's decision?

*All of the communication with Public Health England has been in meetings and telephone conversations. Had it not been clear about the Isle of Wight Council's work with Hampshire County Council then it would not have endorsed the proposal in the way that it has done to date.*

**In line with our constitution and the fact this is a statutory role, shouldn't there have been documentary evidence (notes and records) of these discussions?**

- 12.** The Cabinet report on PH states in paragraph 4 that the long-term partnership with Hampshire will be effective from 1st August 2019. The Corporate Plan going to the Cabinet refers on Page B21 to - finalise and implement permanent arrangements for the Role of Director of PH by October 2019? What is the correct date? What will be the review dates and will IW Scrutiny be provided with these reports. Section 151 Officer agreement is reviewed at agreed times. The Cabinet report refers to a two year agreement but Corporate Plan uses the word permanent? Again please clarify?

*The interim arrangements will end in July and therefore the move to the permanent arrangement will begin on 1 August, to maintain continuity of service. The long term arrangement is subject to the chief executive in consultation with me, agreeing the partnership outcomes, required performance outputs and resource requirements for the long-term strategic partnership agreement. these discussions will need to be concluded by October as set out in the corporate plan. I refer you to my answer to question 5 in respect of the review and the service will continue to be subject to scrutiny by the Policy and Scrutiny Committee for Health and Social Care.*

**Please can you clarify the word permanent, as two years has also been mentioned? Will there be a clause clearly setting out how IW Council can withdraw from this arrangement if it wishes? Will this permanent arrangement go for ratification to Cabinet and should it not go to full Council?**

- 13.** It does appear that there has been no IW Public Health Annual Report published for 2017-18. In addition there does not appear to be an annual report regarding public health complaints for 2017-18. These are statutory duties and have PH England asked questions in this regard. As Hampshire would have had responsibility of carrying out this function over the last 12 months, why has this not happened? How can Cabinet determine the interim arrangement has been effective without these statutory required reports? In addition when are the 2018-19 IW PH Annual Reports (PH and PH complaints) are to be published? Is it not premature to negotiate a longer term agreement until 2017-18 and 2018-19 reports are published and analysed? Would it not be more prudent to defer decision until you have clear documented and published evidence in the public domain before making a longer term arrangement?

*There is an annual report available for 2017/18 which I will ask to be sent to you, the 2018/19 report is not due for publication until the autumn. I am unclear of your point about complaints; all corporate complaints, including those from public health are reported on an annual basis through the audit committee.*

**It clearly states in PH legislation that the Local Authority has to publish and make available on its website an Annual PH Report, the 2017/18 report is not on the website and accessible to public? There is a need for a separate Complaints report to be published and it is not as yet available. I would be grateful for copies. I accept 2018/19 reports will be available in Autumn.**

- 14.** Is there assurance that IW Council's PH is a stand alone service with a shared PH statutory Director with Hampshire and IW PH is not under a Hampshire Model?

*Please see my answer to question 3.*

- 15.** What are the outcomes we expect over the next 24 months IW Council expects to achieve under Hampshire County Council management and why are these more achievable than appointing our own Director or in partnership with other local authorities?

*The broad terms of agreement are shown in Appendix A and, as the report sets out, the final details will be confirmed by myself and the chief executive to confirm the detailed partnership outcomes, required performance outputs and resource requirements for the long-term strategic partnership agreement. It has been a challenge for the Isle of Wight Council to recruit and retain Directors of Public Health; this, in my view has led to a lack of stability in the service which has contributed to some of the issues set out in my answer to question 9 and now resolved by the arrangement with Hampshire County Council. This arrangement has provided a robust and resilient approach to the delivery of the public health services with ready access to a wide range of skilled and experienced individuals to quickly address challenges and maximise opportunities within the service.*

**Is there any documentary evidence that supports that IW PH has gone from inadequate to adequate and supports you above statement?**

- 16.** At a Health and Social Care Policy and Scrutiny Committee meeting with Public Health, Dr Saille Bacon clearly stated when asked about the £250k in the PH budget for Leisure 1, that she viewed this did not produce good outcomes and Hampshire would not have commissioned this. She stated that it was a political decision by IW Council. In the light of the new arrangement, can the Cabinet confirm that this money is relocated to produce outcomes that are properly evidenced

and in particularly suicide prevention which is a statutory duty and currently not funded adequately.

*My understanding of Dr Bacon's reply is that she did not have the ability to commission such services within Hampshire as it is a County Council and does not deliver leisure services – which is a district council function. Since making her initial statement she had sight of the outcomes being achieved by the Isle of Wight Council's leisure services and was assured that the funding was being used effectively in support of public health outcomes.*

*The council's budget strategy is considered annually by Full Council, any member is able to make a case for an alternative approach during the process for agreeing the final budget proposals in February. I note that you continue to champion the need to increase the funding to support the council and its partners in meeting national guidelines for suicide prevention, although you have not set out where any additional funding would be spent. I hope that you will appreciate I need to champion all of the public health needs of the Island and secure improvements across the whole community by prioritising a finite sum of money to the areas of greatest need.*

**Please provide the documentary evidence that Dr Salle Bacon changed her comments at a minuted Scrutiny briefing. Health Scrutiny was never informed of this change or provided any evidence on the Leisure/ health outcomes. I still challenge this use of PH monies to subsidise IW Council Leisure has never been properly scrutinised and prevents funding being available for statutory responsibilities such as suicide prevention which is a serious Health issue on the Island.**

Kind regards,  
Clare

Councillor Clare Mosdell  
Cabinet Member for Adult Social Care, Public Health and Housing Needs  
Member for Arreton and Newchurch