

STOCKTON-ON-TEES BOROUGH COUNCIL

CABINET RECOMMENDATIONS

PROFORMA

Cabinet Meeting12th January 2012

1. Title of Item/Report

The Appointment of Director of Public Health (DPH) Stockton

2. Record of the Decision

Consideration was given to a report that outlined the proposed changes for Public Health functions in the future and sought approval to recruit to the post of Director of Public Health (DPH) for Stockton.

The White Paper "Equity and Excellence" proposed major changes in the arrangements for the delivery of Public Health functions in England and the Government's intended changes were further developed in the Public Health Consultation paper "Healthy Lives, Healthy People: Our Strategy for Public Health in England" (November 2010).

Key proposed changes were:

- „X PCTs and SHAs are to be abolished by April 2013.
- „X Responsibility for strategic planning and commissioning of NHS services is proposed to transfer to the NHS Commissioning Board (NHSCB) and Clinical Commissioning Groups (CCGs).
- „X Responsibility for Health Improvement and Health Protection is to be retained by the Secretary of State to be discharged through Public Health England (PHE). This may include commissioning of some Public Health services through the NHSCB.
- „X Local Authorities are to be given a statutory duty and a ring-fenced budget to improve and protect the health of their population.

Local Authorities would establish Health and Wellbeing Boards, responsible for Joint Strategic Needs Assessment (JSNA) and high level strategic plans for Health and Wellbeing.

"Healthy People, Healthy Lives: Our Strategy for Public Health in England", set out a vision for the future of Public Health and also the role of the Director of Public Health (DPH).

The Government was clear that Directors of Public Health would be employed by Local Authorities in 2013, but the appointment process

would be a joint process with Public Health England, who would be able to ensure that only appropriately qualified individuals were appointed and would continue to provide them with professional support and advice. It was proposed that the following Council representatives were part of the Appointment Panel:-

- „X Leader of the Council
 - „X Deputy Leader (Cabinet Member for Adult Services & Health)
 - „X Chief Executive
- Corporate Director ;V Children, Education and Social Care

The guidance stated that it was a matter for Local Authorities to determine the precise detail of their Corporate Management arrangements, however, given the importance of these new local Public Health functions, the leadership position of the DPH in the local community and the critical health protection functions to be carried out by the DPH on behalf of the Local Authority, they would expect the DPH to be of Chief Officer status with direct accountability to the Chief Executive.

There was some suggestion that the Health and Social Care Bill may explicitly say that the DPH had an appropriate status within the Local Authority in line with the position of Director of Children’s Services for example and that an amendment to the Bill would give the Secretary of State the power to issue statutory guidance to the effect that DPH should report directly to Chief Executive.

There had been work undertaken in the Tees Valley to look at options for appointing and covering the functions of Directors of Public Health across the Tees Valley Local Authorities.

Further guidance from the Director of Public Health NHS North of England indicated that approval to share a DPH post across Local Authorities would not receive approval, unless the Local Authorities wishing to share a role had other similar shared services and a shared Health and Wellbeing Board. This was not the case across Tees/Tees Valley.

The options appraisal undertaken by the Tees Valley Chief Executives subsequently determined that each of the Tees Valley Local Authorities would employ their own Director of Public Health.

The appointment of a Director of Public Health in Stockton would also ensure that in the transition year 2012/13 there was additional capacity to ensure the transition arrangements were embedded.

The options appraisal also considered whether a number of the Public

Health functions, which were provided centrally by the PCT Public Health Team, could continue to be provided across the Tees/Tees Valley. These included the following for example:-

- „X Public Health Intelligence
- „X Screening
- „X Immunization
- „X Seasonal Flu
- „X Research
- „X Health Needs Assessment

The options appraisal proposed that post 2013 the Local Authorities commission these services on a shared basis with other Local Authorities across Tees or Tees Valley. It had also been proposed that these services would be hosted by one of the Local Authorities still to be determined.

It was also envisaged that each DPH would have some delivery teams within their Local Authority and that there would be agreement to lead on key works teams between Local Authorities.

There would also be Public Health services that were commissioned or resourced to participate in were committed to on a much wider scale than just the Tees/Tees Valley Local Authorities i.e.

- „X Fresh ¡V Regional Tobacco Office
- „X BALANCE ¡V Regional Alcohol Office

The progression of recruitment of the DPH post was one element of the range of changes that would be part of the Public Health transition to the Local Authority. Further details around the transition plan would be brought to Cabinet in March 2012 which would outline the local arrangements that would be required to be in place to address these proposals.

RESOLVED that:-

1. The recruitment of the post of Director of Public Health be agreed and that this be a joint recruitment process involving Public Health England, NHS Tees and Stockton Borough Council.
2. The proposed appointment process from the Faculty of Public Health (attached as Appendix 1 to the report) be noted.

3. Reasons for the Decision

The Local Authority will by 2013 be responsible for Public Health and recruitment to this post is part of the transition process.

4. Alternative Options Considered and Rejected

None

5. Declared (Cabinet Member) Conflicts of Interest

None

6. Details of any Dispensations

Not applicable

7. Date and Time by which Call In must be executed

Midnight on Friday 20 January 2012

Proper Officer
16 January 2012