

CABINET ITEM COVERING SHEET PROFORMA

AGENDA ITEM

REPORT TO CABINET

12 JANUARY 2012

**REPORT OF CORPORATE
MANAGEMENT TEAM**

CABINET DECISION

Adult Services and Health – Lead Cabinet Member – Councillor Beall

THE APPOINTMENT OF DIRECTOR OF PUBLIC HEALTH (DPH) STOCKTON

1. Summary

The report outlines the proposed changes for Public Health functions in the future and seeks approval to recruit to the post of Director of Public Health (DPH) for Stockton.

2. Recommendations

- (1) It is recommended that Cabinet agree to the recruitment of the post of Director of Public Health and note that this is a joint recruitment process involving Public Health England, NHS Tees and Stockton Borough Council.
- (2) Cabinet note the proposed appointment process from the Faculty of Public Health (attached as Appendix 1).

3. Reasons for the Recommendations/Decision(s)

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

4. Members' Interests

Members (including co-opted Members with voting rights) should consider whether they have a personal interest in the item as defined in the Council's code of conduct (**paragraph 8**) and, if so, declare the existence and nature of that interest in accordance with paragraph 9 of the code.

Where a Member regards him/herself as having a personal interest in the item, he/she must then consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest (**paragraphs 10 and 11 of the code of conduct**).

A Member with a prejudicial interest in any matter must withdraw from the room where the meeting considering the business is being held -

- in a case where the Member is attending a meeting (including a meeting of a select committee) but only for the purpose of making representations, answering questions or giving evidence, provided the public are also allowed to attend the meeting for the same purpose whether under statutory right or otherwise, immediately after making representations, answering questions or giving evidence as the case may be;
- in any other case, whenever it becomes apparent that the business is being considered at the meeting;

and must not exercise executive functions in relation to the matter and not seek improperly to influence the decision about the matter (**paragraph 12 of the Code**).

Further to the above, it should be noted that any Member attending a meeting of Cabinet, Select Committee etc; whether or not they are a Member of the Cabinet or Select Committee concerned, must declare any personal interest which they have in the business being considered at the meeting (unless the interest arises solely from the Member's membership of, or position of control or management on any other body to which the Member was appointed or nominated by the Council, or on any other body exercising functions of a public nature, when the interest only needs to be declared if and when the Member speaks on the matter), and if their interest is prejudicial, they must also leave the meeting room, subject to and in accordance with the provisions referred to above.

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SUMMARY

The report outlines the proposed changes for Public Health functions in the future and seeks approval to recruit to the post of Director of Public Health (DPH) for Stockton.

RECOMMENDATIONS

- (1) It is recommended that Cabinet agree to the recruitment of the post of Director of Public Health and note that this is a joint recruitment process involving Public Health England, NHS Tees and Stockton Borough Council.
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DETAIL

1. 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).
2. Key proposed changes are:
 - PCTs and SHAs are to be abolished by April 2013.
 - Responsibility for strategic planning and commissioning of NHS services is proposed to transfer to the NHS Commissioning Board (NHSCB) and Clinical Commissioning Groups (CCGs).
 - 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.
 - 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 are to establish Health and Wellbeing Boards, responsible for Joint Strategic Needs Assessment (JSNA) and high level strategic plans for Health and Wellbeing.
3. "Healthy People, Healthy Lives: Our Strategy for Public Health in England", sets out a vision for the future of Public Health and also the role of the Director of Public Health (DPH).

4. The Government is clear that Directors of Public Health will be employed by Local Authorities in 2013, but the appointment process will be a joint process with Public Health England, who will be able to ensure that only appropriately qualified individuals are appointed and will continue to provide them with professional support and advice. It is proposed that the following Council representatives are part of the Appointment Panel:
 - Leader of the Council
 - Deputy Leader (Cabinet Member for Adult Services & Health)
 - Chief Executive
 - Corporate Director – Children, Education and Social Care
5. The guidance currently states that it is 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.
6. There is some suggestion that the Health and Social Care Bill may explicitly say that the DPH has 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 will give the Secretary of State the power to issue statutory guidance to the effect that DPH should report directly to Chief Executive.
7. There has 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.
8. 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 is not currently the case across Tees/Tees Valley.
9. 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.
10. The appointment of a Director of Public Health in Stockton will also ensure that in the transition year 2012/13 there is additional capacity to ensure the transition arrangements are embedded.
11. The options appraisal also considered whether a number of the Public Health functions, which are provided centrally currently by the PCT Public Health Team, could continue to be provided across the Tees/Tees Valley. These include the following for example:
 - Public Health Intelligence
 - Screening
 - Immunization
 - Seasonal Flu
 - Research
 - Health Needs Assessment
12. 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 has also been proposed that these services will be hosted by one of the Local Authorities still to be determined.

13. It is also envisaged that each DPH will have some delivery teams within their Local Authority and that there will be agreement to lead on key works teams between Local Authorities.
14. There will also be Public Health services that are currently commissioned or resourced to participate in are committed to on a much wider scale than just the Tees/Tees Valley Local Authorities i.e.
 - Fresh – Regional Tobacco Office
 - BALANCE – Regional Alcohol Office
15. The progression of recruitment of the DPH post is one element of the range of changes that will be part of the Public Health transition to the Local Authority. Further details around the transition plan will be brought to Cabinet in March 2012 which will outline the local arrangements that will be required to be in place to address these proposals.

FINANCIAL IMPLICATIONS

The post will be funded for 2012/13 from CESC budgets and then from 2013/14 from ring-fenced Public Health budget.

LEGAL IMPLICATIONS

None

RISK ASSESSMENT

The appointment process categorised as low to medium risk.

SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

None

EQUALITIES IMPACT ASSESSMENT

It is not considered to be necessary for an Equality Impact Assessment to be carried out for the purpose of this report.

CONSULTATION INCLUDING WARD/COUNCILLORS

This is not a Ward specific matter – relevant Cabinet Members have been consulted.

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Background Papers

None

Ward(s) and Ward Councillors

Not ward specific

Property

None