

Meeting:	Cabinet
Meeting date:	17 March 2016
Title of report:	Public health services and designation of director of public health
Report by:	Director for adults and wellbeing

Classification

Open

Key Decision

This is a key decision because it is likely to result in the council incurring expenditure which is, or the making of savings which are, significant having regard to the council's budget for the service or function to which the decision relates.

Notice has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Wards Affected

All

Purpose

To approve a shared service with Shropshire council for the provision of professional services, which include those of the director of public health.

Recommendation(s)

THAT: the director for adults and wellbeing be authorised to take all necessary action to enter into a shared services agreement with Shropshire Council for a period of up to 4 years, at a value of £65k per year (up to £260k in total).

Alternative options

- 1 To continue with the secondment arrangement for the director of public health from Shropshire. This is not recommended, as the current arrangement does not provide

sufficient certainty for either council or for the director of public health himself, would not address the wider issues around joint working in public health to secure best value for money and sustainability of those services, and would be unlikely to be acceptable to Public Health England, which on behalf of the secretary of state for health appoints directors of public health jointly with councils.

- 2 To commence the recruitment of a director of public health for Herefordshire alone. This is not recommended, as this would involve both significant extra cost and there have been considerable difficulties in attracting appropriate candidates to Herefordshire in the past.
- 3 To seek an alternative shared arrangement with Worcestershire. This is not recommended, as the synergies between public health teams are significantly stronger between Herefordshire and Shropshire than between Herefordshire and Worcestershire.
- 4 To delete the post of director of public health. This is not recommended, as the role is a statutory requirement for all upper tier councils.

Key considerations

- 5 The council has been required since 1 April 2013 to appoint an individual as the director of public health (DPH). Since early 2015, Shropshire's DPH has been seconded to the council on a part-time basis to perform this function, devoting an average of two days a week to Herefordshire, during which time he will normally be physically present in the county.
- 6 Having operated for a full year, the secondment has been shown to be successful. In addition, however, it has become clear that there is scope for synergies to be secured in a number of areas of public health wider than simply the director role, while there is a need to ensure appropriate governance and control around the director role itself. It is therefore appropriate that the arrangement should be formalised to reflect the sharing of a service, rather than the secondment of an individual.
- 7 The discharge of functions agreement is being prepared with a view to facilitating further development of sharing of wider services than just those performed by the DPH. For example, the development of joint rotas across the two counties offers scope for more robust emergency health protection cover, while certain tasks such as the development of a pharmaceutical needs assessment require specialist skills and knowledge but are needed only once every two or three years, making them suited to sharing between councils.
- 8 The formal appointment of a DPH must be done jointly by the council and the secretary of state for health. Since the proposal is for the role to be undertaken under a discharge of functions agreement, rather than through a formal appointment to the staff of the council, it is not necessary for the appointment to be considered by the council's employment panel. In order to ensure a robust process, however, a formal interview panel was held on 8 February. This comprised the cabinet member health and wellbeing, the chief executive, the director for adults and wellbeing, the accountable officer of Herefordshire clinical commissioning group (since the DPH provides services to the NHS), the regional director of Public Health England (on

behalf of the secretary of state), and a representative of the Faculty of Public Health. This panel examined Rod Thomson to ensure that he met the requirements to fulfil the role of DPH for Herefordshire, especially in the context of a shared role. The panel was unanimously of the view that he did and a formal letter to that effect is expected shortly from PHE on behalf of the secretary of state.

Community impact

- 9 There is no direct community impact from the proposed arrangements for fulfilling the DPH role. The role itself, of course, has a particular focus on prevention and population health, so the impact of a successful shared service can be expected to have a positive effect on the community across Herefordshire.

Equality duty

- 10 The selection of the DPH has been undertaken in a transparent manner and has no identified equality issues.

Financial implications

- 11 The use of a discharge of functions agreement allows the council to secure the services of a DPH at only half the cost of appointing a fulltime member of staff. The ability to secure synergies with the public health services in Shropshire will allow further savings, through allowing the council to deliver its full public health responsibilities with a smaller staff team than would otherwise be necessary. The net savings have been estimated as amounting to perhaps £100k pa on a recurring basis.
- 12 The costs of the DPH, calculated as £65k per annum, and any associated services have been fully taken into account in the budget-setting process and are fully covered within the ringfenced public health grant.
- 13 The use of a discharge of functions agreement with Shropshire allows proper controls and governance to be put in place, ensuring the council is not exposed to any undue financial risk.

Legal implications

- 14 The council is able to enter into an agreement under the Local Authorities (Goods and Services) Act 1970 for another local authority to provide professional services which would include public health services.
- 15 The duty to appoint a DPH is placed on the council and we can discharge this duty by entering into an agreement with Shropshire to provide their DPH, who will provide the range of responsibilities required under the National Health Service Act 2006 as amended.

Risk management

- 16 There is a risk that such an arrangement may provide insufficient capacity in the Herefordshire service. This risk has been mitigated by the arrangement having been

trialled for a 12 month period and been proved to be satisfactory; should capacity requirements change the shared services agreement contains suitable provisions for periodic review and for notice to be given

Consultees

- 17 Public Health England and the Faculty of Public Health have been consulted throughout the process and are supportive of the arrangement.

Appendices

none

Background papers

none