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Dear Member

**COUNCIL - THURSDAY, 4 DECEMBER 2014**

I am now able to enclose, for consideration at the Thursday, 4 December 2014 meeting of the Council, the following reports that were unavailable when the agenda was printed.

<b>Agenda No</b>	<b>Item</b>	<b>Page</b>
<b>18.</b>	<b>Appointment of Director of Public Health</b>	<b>(Pages 167 - 175)</b>

Yours sincerely

June Gurry  
Clerk

# Agenda Item 18



**Meeting:** Council

**Date:** 4 December 2014

**Wards Affected:** All Wards

**Report Title:** Appointment of Director of Public Health

**Is the decision a key decision?** Yes

**When does the decision need to be implemented?** As soon as possible

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## 1. Purpose and Introduction

- 1.1 Following the resignation of Torbay's permanent Director of Public Health in 2013, Public Health England gave the Council permission to appoint a replacement on an interim basis whilst undertaking an options appraisal for the future.
- 1.2 The Council now needs to appoint a permanent Director of Public Health to fulfil its statutory obligations, ideally concluding the appointment before 1<sup>st</sup> April 2015 when the current temporary arrangements are scheduled to end.
- 1.3 In recent months the Executive Director and Council Officers have been working with stakeholders with the support from Public Health England, to explore different service models to reflect the emerging Integrated Care Organisation and Pioneer Bid propositions.
- 1.4 Eight options have been explored, including possible joint working with other organisations, including Torbay's Clinical Commissioning Group (CCG) and/or Devon County Council and/or Plymouth City Council.
- 1.5 Stakeholder consultation has now concluded with input from: South Devon Healthcare NHS Foundation Trust, Torbay and Southern Devon Health and Care Trust, South Devon and Torbay Clinical Commissioning Group (CCG), Public Health England, Devon County Council, across Directorates within Torbay Council (e.g. Adults, Children, Place, Community Safety and Public Health), Gordon Oliver, Elected Mayor of Torbay, Chris Lewis, Chair of the Torbay's Health and Wellbeing Board and David Taylor, Chair of Torbay's Local Safeguarding Children Board.

## **2 Proposed Decision**

- 2.1 That a joint appointment be made with the Clinical Commissioning Group to the post of Director of Public Health and that Option 7 of Appendix 1 to the submitted report be adopted as the preferred model for future service delivery.
- 2.2 That it be noted that the Recruitment to the Director of Public Health post must adhere to the recruitment process set out by Public Health England in partnership with Faculty of Public Health and the Local Government Association.
- 2.3 That the Executive Director of Operations and Finance in consultation with the Executive Lead for Health and Wellbeing be delegated authority to agree the detailed arrangements for the post of Director of Public Health.

## **3 Reason for Decision**

- 3.1 Torbay is recognised nationally and internationally as an area of innovation with a model of integrated frontline services supporting adults across health and social care. This model provides both an enhanced quality of service for the local population but also a more efficient use of resources.
- 3.2 South Devon and Torbay CCG already has a strong and successful working relationship with Torbay's Public Health team. In addition there is increasing National interest from the NHS to tackle the direct and indirect causes of ill health. Having a jointly appointed Director of Public Health across both Torbay Council and the CCG will further strengthen and formalise this relationship. All stakeholders consulted expressed a strong desire to tackle the wider determinants of health and the expected outcomes of the joint appointment will include greater focus on addressing the underlying issues that affect the health of our communities.
- 3.3 The proposed model does not affect the statutory responsibilities of the Council.

## **Supporting Information**

### **4. Position**

- 3.4 Local Authorities were asked by Government to assume public health responsibilities in April 2013. A ring-fenced budget allocation is provided as a grant from Public Health England to employ public health expertise and commission public health services. A number of public health commissioning posts, including the Director of Public Health, transferred to the Local Authority in April 2013 from the Primary Care Trust.
- 3.5 The rationale for transferring responsibility for public health to Local Authorities was to better address the wider circumstances that impact on the health and wellbeing of local populations. Torbay Council has influence over the services and conditions that

cause the underlying inequalities in society such as education, housing, the economy and the environment. Inequalities in these wider determinants lead both directly and indirectly to poorer health and lifestyle behaviours.

- 3.6 Torbay's Public Health team commission public health services from a number of local providers, including South Devon Healthcare NHS Foundation Trust (Torbay Hospital) and Torbay and Southern Devon Health and Care NHS Trust (Care Trust). They also provide public health support and expertise to the South Devon and Torbay Clinical Commissioning Group (CCG), who commission the majority of health treatment services locally as part of their statutory responsibilities.
- 3.7 The provision of public health expertise to the CCG has two main benefits. It firstly supports the commissioning of healthcare treatment services and secondly, it focuses the CCG's attention on their contribution to the wider health and wellbeing agenda.
- 3.8 A number of options for future working have been explored across different Local Authorities. There is evidence within the South West of Dorset, Bournemouth and Poole merging their public health commissioners into one team, which represents all three Local Authorities. The public health commissioners across Devon, Torbay and Plymouth have been working collectively for some time on shared programmes of work but the three authorities approach is currently very different, with Torbay Council adopting the innovative Integrated Care Organisation model in 2013.
- 3.9 The options appraisal undertaken identified eight primary options with collective support to pursue option 7, which is a joint appointment of a Director of Public Health between the Council and the CCG. It is therefore recommended to Full Council that option 7 be agreed as a way forward.
- 3.10 Whilst the public health budget within Torbay Council is c£7m, this option potentially facilitates more formalised influence over a combined health budget in excess of £300m. It is also anticipated that services which directly influence the health of the public and which are currently delivered by the wider Council operations, can be supported and strengthened by the proposed option.
- 3.11 Although the post of Director of Public Health will be jointly appointed and part funded by the CCG, it is proposed that the post holder will be employed by Torbay Council in order to meet its statutory requirements and report jointly to the CEO of the CCG and Executive Director of Torbay Council. The successful candidate will become a Full Board Member of the CCG and remain a Director of Torbay Council.
- 3.12 Whilst the Statutory responsibility, budget and immediate Public Health staff employment will continue to be held by Torbay Council, the Director of Public Health's Job Description will articulate the anticipated benefits of the joint appointment and performance management arrangements. It is anticipated for example that the Director of Public Health will ensure that the Council, CCG and ICO boards are aware and able to significantly contribute to Place based determinants.

## **5. Possibilities and Options**

- 5.1 Options for the recruitment of Director of Public Health are detailed in Appendix 1. A range of options were explored, the consensus across stakeholders being that Option 7 should be adopted as the best way forward. It is envisaged that this will facilitate greater integration between the respective health and local authority services.

The benefits identified include:

- There will be more opportunity for integration across services, functions and organisations, developing a 'whole system' approach to all public services and to individual pathways, such as obesity services.
- A greater focus on prevention across organisations, with a united approach to tackling the wider determinants of health, based on a clear understanding of the issues and demands of treatment services.
- The opportunity to look for economic gains within the whole system, for instance by reshaping services to focus more on and thus making savings on 'downstream' costs.
- Breaking down of organisations geographic boundaries, for instance to provide a more unified service within the South Devon area.

## **6. Fair Decision Making**

- 6.1 Consultation has been carried out with key stakeholders within the NHS, CCG, Public Health England and other Local Authorities. Public Health England has indicated that they are supportive of the joint appointment and option 7 as the best way forward.
- 6.2 A full Equality Impact Assessment (EIA) is attached at Appendix 3.

## **7. Public Services (Social Value) Act 2012**

The Council is not procuring a service, it is appointing a Director of Public Health, and therefore the Act does not apply.

## **8. Risks**

- 8.1 If option 7 is agreed, this change will further integrate existing arrangements and enhance the Council's role in influencing the wider health systems and investment. It strengthens the Pioneer work to ensure that we have a holistic approach to health and well-being, and provides opportunity for strengthened partnership working across all council functions.

The risks of not pursuing a joint appointment include:

- The Council not progressing and becoming isolated from the integrated arrangement now in train and the wider determinants of health.

- Not maximising Public Health Commissioning outcomes or the potential added value outputs of the ring fenced grant.
- Not maximising the opportunity to harness the larger spend of the NHS on the wider public health determinants for which Torbay Council has responsibility.
- The joint appointment potentially provides greater capacity and capability, with enhanced resilience.
- The medium term impact on the team whilst the interim arrangements are in place means that the team cannot settle into a more stabilised model for successful service delivery.
- Potentially missing out on efficiency savings.
- Staff morale consequences as this is the preferred option which potentially offers the most innovative and high profile career opportunities.

The risks of pursuing a joint appointment include:

- There is a risk that option 7 may result in more of a health focus rather than a wider determinants model, however, this will be mitigated by accountability to the Health and Wellbeing Board, and the submission of an agreed Business Plan (including spending proposals) and Annual Report to Full Council. Additional scrutiny arrangements can be put into place as required by the Council's Overview and Scrutiny Board.
- Possible confusion as the CCG geography is not co-terminus with the Pioneer Status boundary. This might change in the future.

## **Appendices**

Appendix 1 – Options for Recruitment of Director of Public Health.

Appendix 2 – Contextual note from PHE: Public Health working across Torbay Council and CCG.

Appendix 3 – Equality Impact Assessment.

## **Additional Information**

None.

### Options for the Recruitment of Director of Public Health

Option	Advantages	Disadvantages
<p><b>1. No Change</b> Retain a DPH for each separate Local Authority</p>	<p>Autonomous working. Each Local Authority has a dedicated resource that will increase opportunities for integrated working on wider determinants of health. Co-terminosity with other Local Authority-related functions Sovereignty over budget for individual Local Authorities</p>	<p>Affordability. Potential capacity and skills gaps. Potential inability to recruit specialist staff of sufficient calibre to assure quality of offer from smaller organisation. High transaction costs. Different approaches to cross-boundary issues. Lack of co-terminosity with CCGs. Lack of resilience.</p>
<p><b>2. Minimal integration with another LA</b> Retain two DsPH with some formalisation of cross working with another LA</p>	<p>As 1. above plus addresses capacity and skills gaps. First step to closer working. Retains autonomy. Retains sovereignty over budget for individual Local Authorities. Improves support for bodies crossing Local Authority boundaries such as Clinical Commissioning Groups, Local Resilience Forum.</p>	<p>Affordability in the medium term. May increase rather than decrease transaction costs. No cost improvements possible due to split governance arrangements. Lack of clarity on accountability for statutory functions and associated risks. Differential approaches to recruitment and staffing.</p>
<p><b>3. Partial integration with another LA</b> Separate teams with two DsPH but some formal capacity shared e.g. joint commissioning with DCC or Plymouth</p>	<p>Further step towards integrated working. Advantages as in 2. above.</p>	<p>Affordability in the longer term. No reduction in transaction costs. No reduction in commissioned services costs. Differential approached to recruitment and staffing.</p>
<p><b>4. Partial integration with another LA</b> Retain two DsPH with single shared team managed by one Local Authority</p>	<p>Affordability. Improved resilience and efficiency.. Attractiveness as an employer. Harmonisation of staff terms and conditions. Full advantage taken of increased purchasing power.</p>	<p>Perceived loss of autonomy and sovereignty. Insufficient sensitivity to local politics. One DPH has no direct line management of staff.</p>
<p><b>5. One shared DPH with Deputy DPH in each LA location</b> - Partial integration - Autonomous local deputy/team/budget</p>	<p>Affordability. Potential cost saving. Each Local Authority retains some dedicated resource.</p>	<p>Complex accountability. Capacity of a single DPH to fulfil all functions. Loss of efficiency and resilience due to greater autonomy. Terms and conditions different.</p>

Options for the Recruitment of Director of Public Health

<p><b>6a.</b>  <b>One shared DPH with Deputy DPH in each LA location</b>  - Full integration  - Devolved working  - Local leadership by deputy but one team</p>	<p>Resilient  Potential for cost savings  Each Local Authority retains some dedicated resource.  Maximises balance between local presence and resilience/efficiency.  Harmonisation of staff terms and conditions.</p>	<p>Complex accountability  Capacity of a single DPH to fulfil all functions.</p>
<p><b>6b.</b>  <b>One shared DPH</b>  - Full integration  - Centralised working  - One single team</p>	<p>Resilient  Affordable  Potential for cost savings on staff and budgets.</p>	<p>Complex accountability  Distant relationships  Lack of political and partnership engagement  Reduced quality of offer.</p>
<p><b>7.</b>  <b>Joint Appointment between TC / CCG</b>  - Integrated commissioning team for Torbay area only</p>	<p>Greater health involvement in the wider determinants  Potential for cost savings on staff and budgets  Could lead to integration of other health and Council responsibilities  Exciting and high profile option which will be attractive to staff</p>	<p>Not co-terminus with Pioneer boundary  Complex accountability  Will require Legal requirements confirming, including statutory role of DPH (could remain joint appointment)</p>
<p><b>8.</b>  <b>Joint Appointment between TC, DCC and CCG</b>  - Integrated commissioning team across <u>Pioneer</u> area of South Devon and Torbay</p>	<p>PH is a significant element of Pioneer arrangements for integrated commissioning and provision of services.  Strengthened relations and better alignment with ICO at both operational and strategic level.  Larger footprint/budget would lead to more resilience and potential for broader range of services.</p>	<p>Would require DCC to enter into an agreement with CCG regarding its population and geography  Budgetary impact on DCC.  Complex accountability.</p>



Paper produced by Public Health England

### Public Health working across Torbay Council and CCG

The opportunity has arisen to look at a new option for the way the DPH and the Public Health team work across the organisations in Torbay.

This is a result of the on-going work to integrate commissioning, the increased focus on prevention within the emerging Integrated Care Provider Organisation (ICO) and the development of the Healthy Torbay framework to focus on the determinants of health.

This integrated work on Prevention across the Council and CCG is outlined in the recently approved **Integrated Prevention Strategy (IPS)**. This has three components:

1. Tackling the causes of the causes or the wider or social determinants (Housing, Poverty, Place)
2. Tackling behaviours through healthy lifestyle / health improvement
3. Tackling the way services are accessed and designed.

The IPS was approved at both a recent JCG and at the HWBB and the IPS will be a major key component of the Joint Health and well-being Strategy.

Delivery of the IPS will be across both local authority and NHS. The local authority facing plan is the **Healthy Torbay Framework** (the determinants work within the IPS) and the NHS Facing is the **Joint Commissioning Plan** which incorporates the work around key **behaviours and services**.

The Public Health team will need to work across both LA and CCG in the following way.

#### 1. Local Authority facing: Healthy Torbay.

The **Healthy Torbay Framework** aims to tackle the wider determinants of health through focusing council services on public health outcomes. This process has been ongoing but is being given focus through the 'Healthy Torbay' framework. Work includes actions addressing housing and homelessness, diet, planning and transport, sports and physical activity development and access to alcohol and tobacco. This work will be led by Public Health with a multi-agency 'steering group'.

#### 2. NHS facing: Integrated commissioning – behaviours and services

This involves supporting the CCG and the acute trust / care trust to develop preventative services and embed work on key behaviours, as part of the 'Integrated Prevention Strategy'. Further integration is attractive from a public health viewpoint because it is innovative, integrative and will be more successful in tackling the prevention / treatment divide.

The aims of both programmes are similar and cover the following:

- a) Integration – across services, functions and organisations, especially between NHS and local authority public health functions. Developing a whole systems approach through joint working.
- b) Prevention - especially through tackling the wider determinants of health but with a firm foundation in the issues and demands of treatment services
- c) Health Economics - How do we measure using economic models – do we have that knowledge / expertise on where we can best place and use scarce resource.

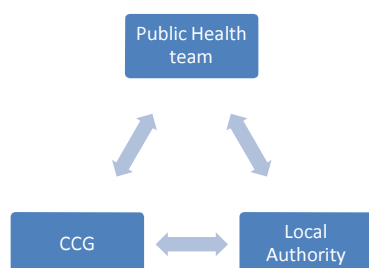
This approach is strongly supported by the recent NHS 'Five Year Forward View' which states that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.'

## Paper produced by Public Health England

### Public Health team organisation to deliver the IPS

Configuration of the team requires further thought as there is a need to:

- ensure support and influence within the local authority
- promote effective and efficient joint working on the prevention agenda with the CCG and ICO



Any new arrangement may require a formal agreement to ensure clarity of roles and responsibilities. The Public Health team will work across both Torbay Council and the CCG as shown and the scope of any agreement or delivery model could include the following features:

- A Joint Public Health Function across CCG and Torbay Council with the statutory function sitting across both
- Management of the ring-fenced budget by Public Health across both CCG and LA areas of work and linked to the PHOF
- Effective commissioning of mandated functions; health checks, NCMP, sexual health – ideally across SD&T and in association with the ICO and other Health improvement functions such as well-being and Lifestyle work as determined by local needs and embedded within ICO.
- Continuation of support to the programme management of Pioneer across the integrated commissioning functions
- Continuing support to health protection and emergency planning across LA, CCG and within Health Protection Forum of wider Devon.
- An agreement with all providers – ICO, GPs and provider functions within the Council to deliver against specific agreed outcomes with support from Public Health to co-produce plans. Outcomes and outputs would have clear accountability and governance. Any agreements would have to outline the expectations of both parties and a monitoring and evaluation process to monitor the agreement and performance from both parties
- Joint appointments where possible to ensure promotion of work to deliver against the IPS with both departments in the Council and the Joint Integration team within the CCG focusing on determinants.