



General Functions Committee 3 May 2017

Title	Creation of Director of Public Health - post, Adults, Communities & Health Department
Report of	Strategic Director for Adults, Communities and Health
Wards	Not Applicable
Status	Public
Urgent	No
Key	No
Enclosures	Job description: Director of Public Health
Officer Contact Details	Dawn Wakeling - Strategic Director for Adults, Communities and Health Dawn.Wakeling@barnet.gov.uk 020 8359 4290

Summary

Policy and Resources Committee on the 27th March 2017 decided to develop a standalone public health service for Barnet from 1st April 2018. Following the termination of the Inter authority agreement (IAA) with Harrow regarding the joint Public Health Service there is a need to create a new post of Director of Public Health to manage the new public health service in Barnet. The creation of one new post – Director of Public Health requires approval by the General Functions Committee.

Recommendations

That the General Functions Committee approves:

- 1. The creation of a 0.6 FTE Director of Public Health post in the Adults, Communities and Health Department, as set out in this report.
- 2. That Strategic Director for Adults, Communities and Health takes all necessary steps to appoint to the post.

1. WHY THIS REPORT IS NEEDED

National policy context

- 1.1 The Health and Social Care Act 2012 transferred public health responsibilities from the NHS to local authorities with effect from 1 April 2013. From this date local authorities inherited responsibility for a range of public health services previously provided by the NHS including most sexual health services and services to address drug or alcohol misuse. Councils also took on a new duty to take such steps as they consider appropriate for improving the health of everyone living and working within the local authority area.
- 1.2 In every local authority area the public health service has four key responsibilities:
 - Leading health improvement and reducing health inequalities.
 - Health protection and ensuring appropriate plans are in place.
 - Public health support to health service commissioning and joint commissioning.
 - Providing public health knowledge and intelligence.
- 1.3 Public health services are funded through a ring-fenced public health grant which runs until 1 April 2019. It is not known whether the grant will be extended beyond this date. The government has indicated that delivery of statutory public health functions will be included in the new responsibilities of local authorities under the proposed business rates retention scheme.

Delivery of public health services in Barnet

- 1.4 In March 2013 the Council entered into an Inter-Authority Agreement (IAA) with the London Borough of Harrow for the shared provision of public health services. The agreement was set for an initial term of five years, with provision to extend the agreement for a further two years, subject to the agreement of both organisations.
- 1.5 The decision to pursue a shared public health service reflected the position of both Councils that it was vitally important to establish a centre of public health expertise with a sufficient critical mass of public health specialists.
- 1.6 In setting up the shared service both Councils were able to achieve efficiency

savings through sharing a single Director of Public Health (DPH), shared administration and commissioning, and more efficient contracts in areas such as School Nursing, Health Visiting, Pharmaceutical Needs Assessment and Substance Misuse services.

Strategic context

- 1.7 In December 2015, the NHS outlined a new approach to ensure that health and care services are built around the needs of local populations. Every health and care system has been working together to produce a Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years.
- 1.8 Local health and care systems have come together in STP 'footprints'. The five London boroughs of Barnet, Camden, Enfield, Haringey and Islington make up the North Central London (NCL) footprint.
- 1.9 The NCL draft STP was published in October 2016. It sets out plans to meet the challenges faced locally and to deliver high quality and sustainable services in the years to come.

The report to Policy and Resources Committee in March set out the strategic reasons for establishing a stand-alone Public Health Service and not renewing the IAA with Harrow Council. The two reasons were: the significant planned reductions in the Harrow public health budget, including in staffing; and the development of Sustainability and Transformation Plans which have placed Harrow and Barnet public health in separate strategic planning arrangements for health.

2. REASONS FOR RECOMMENDATION

2.1 The Director of Public Health (DPH) role is a statutory function and every local authority must have a DPH. DPHs are employed by the local authority with a line of accountability into Public Health England which is also involved in the recruitment of each DPH.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 As outlined in paragraph 1.9 there is no strategic rationale for continuing to share a public health service with Harrow.
- 3.2 The development of the proposal included consultation options being presented to Policy and Resources Committee on the 27th March 2017.

4. POST DECISION IMPLEMENTATION

4.1 Should the recommendation be approved, the Constitution Ethics and Probity Committee will be asked to make the consequential changes to the constitution.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The report concerns the senior management functions of the Council.
- 5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability
- 5.2.1 The proposals set out within this report can be contained within the relevant existing budgets of the Council.

5.3 **Social Value**

The implementation of the recommendations in this report will ensure that the Council can meet its objectives and deliver the corporate plan, of which social value is a component.

5.4 Legal and Constitutional References

- 5.4.1 The HR Regulations state that 'all new posts at Assistant Director level or above shall be created by committee decision (General Functions Committee, Policy and Resources Committee or Urgency Committee) and not by delegated powers'.
- 5.4.2 The functions of General Functions Committee include 'to decide on a. chief officer salary packages b. salary packages to be offered of £100,000 or more'.
- 5.4.3 According to Article 9 of the Council's constitution, the Director of Public Health is listed as a Chief Officer. According to the HR Regulations, appointment of Chief Officers is a function reserved for the Chief Officer Appointments Panel. Section 15, Annex A of the Council's Constitution, Responsibility for Functions, provides that General Functions Committee will decide on and report back to Council on Chief Officer salary packages.

Section 73A National Health Service Act 2006 provides that a local authority must act jointly with the secretary of state to appoint the Director of Public Health. According to section 73A (7) National Health Service Act 2006, the local authority must have regard to any Guidance issued by the Secretary of State regarding the appointment of a Director of Public Health. Such Guidance is contained within the "Directors of Public Health in Local Government, Guidance on appointing Directors of Public Health from 01 April 2013". This Guidance provides, among other things, that the job description for the role must be shared with the Regional Director of Public Health England and the local authority is required to organise a advisory appointments committee in line with Faculty of Public Health guidance and with the advice of Public Health England. Appendix A of the Guidance sets out the essential professional requirements for the post of Director of Public Health.

5.5 Risk Management

5.5.1 The Council's functions are essential to the continuing transformation of services and delivery. To achieve this, the Council requires the right people with the set of skills to commission effective services for our residents.

5.6 Equalities and Diversity

- 5.6.1 The 2010 Equality Act outlines the provisions of the public sector equalities duty which requires public bodies to have due regard to the need to:
 - Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act (2010).
 - Advance equality of opportunity between people from different groups;
 and
 - Foster good relations between people from different groups.
- 5.6.2 The broad purpose of this duty is to integrate considerations of equality into day to day business and keep them under review in decision making, the design of policies and the delivery of services.
- 5.6.3 The job description for the DPH role has been produced and evaluated within normal HR practice.

5.7 Consultation and Engagement

5.7.1 The normal 30 day consultation with staff and trade unions has been undertaken.

5.8 **Insight**

Not applicable

6. DETAILED INFORMATION

6.1 The proposed new Director post is a Grade 6 post under the Council's senior management pay scale (salary range £85,000 - £104,000), including London weighting). The post holder will be employed by the Council. The post will be funded by the Public Health Grant.

7. BACKGROUND PAPERS

The following background papers were used in the preparation of this report: -

- a) Policy and Resources Committee 21 March 2017 Title Future of Barnet Public Health
- b) Directors of Public Health in Local Government, Guidance on appointing Directors of Public Health from 01 April 2013 https://www.gov.uk/government/uploads/system/uploads/attachment __data/file/213008/DsPH-in-local-government-ii-guidance-on-appointments.pdf