North Northamptonshire Council

Item no: 17

Full Council
1st December 2021

Report Title	**Blueprint Change – Director of Public Health**
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1. Purpose of Report

1.1 The purpose of the report is to seek member's agreement for a change to the previously approved blueprint and move from having a single shared Director of Public Health (DPH) across North Northamptonshire Council and West Northamptonshire Council and the new Integrated Care System (ICS) to two DPHs employed by North Northamptonshire and West Northamptonshire respectively but both working in conjunction with the ICS.

1.2 For Council to consider the creation of a dedicated DPH Statutory Chief Officer role within North Northamptonshire senior structure funded through the Public Health Grant.

1.3 For Council to consider commencing the process to secure a DPH for North Northamptonshire overseen by an Appointments Sub Committee established by the Employment Committee and with any recommended appointment being subject to the approval of the Office for Health Improvement and Disparities at DHSC (previously part of Public Health England) in line with legislation.

2 Executive Summary

2.1 The role of the Director of Public Health (DPH) is a critical one for the Council. The DPH is the senior statutory role responsible for Healthcare Public Health, Health Improvement and Health Protection. The importance of the role and leadership in these areas has never been more clearly demonstrated than during the COVID pandemic when the shared DPH has had to oversee the most significant public health issue the country has seen.

2.2 The DPH has also had an increasingly key role in the development of the design of the new Integrated Care System (ICS) and the underpinning principles since the government introduced the ***Integrating care – building strong and effective integrated care systems*** legislation earlier this year.

2.3 These design principles of the ICS were agreed by Executive at its meeting on 5th August 2021 and included the development of Population Health Management capabilities and a wider system outcome framework.

2.4 The creation of the Unitary Councils also presented a significant opportunity to join up thinking and services across Public Health, Adults, Children's, Housing, Communities and Leisure in a way that was not possible when two tier Local Government was in operation.

2.5 The original Blueprint design had a shared Councils/CCG DPH and intelligence team, but it was always intended that the Public Health Grant and wider Public Health Team would be split, with a dedicated North and West service but some specialist technical leads shared across the county in a matrix style working approach.

2.6 Whilst the original design recognised the value of a shared role between the two Councils and the CCG, it has become clearer over time that although there are benefits of the shared role, with the emerging levelling up agenda and different population and inequality challenges, working across the two councils may make it challenging to address the populations need, areas of inequalities and ability to join up thinking and services for the benefit of each separate Council areas.

2.7 The differences in localities and areas of required improvement in North and West Northamptonshire, in terms of public health outcome measures, require different responses and alliances. This is recognised in the planned ICS designs using place based (Unitary footprints) as the focus of future service delivery.

2.8 Discussions were instigated by West Northamptonshire Council, and it was concluded that to ensure the right level of population focus for each area and to address the emerging thoughts and findings of the levelling up agenda, the previously agreed blueprint and each Council should be amended to appoint its own dedicated DPH overseeing the team and budget for their council area .

2.9 This report therefore recommends that the blueprint is amended and each Council proceeds with securing its own dedicated and directly employed DPH.

2.10 The Council has also confirmed that it will continue to support a shared intelligence team so that the wider system health and wellbeing strategy and partners continue to benefit from the capabilities and specialisms that Public Health bring when setting County wide initiatives. These commitments to the ICS will form part of the updated Job Description for the role and duties of the DPH alongside the continued collaboration with partners.

3 Recommendations

3.1 It is recommended that the Council:

(i) Agrees that the blueprint will be amended from 31st March 2022 to include a separate Director of Public Health for North and West Northamptonshire Councils.

(ii) Notes that the Director of Public Health for North Northamptonshire Council will be funded by the Public Health Grant in accordance with s73A (2) National Health Service Act 2006.

(iii) Delegates authority to the Employment Committee and the Chief Executive to take all necessary actions to complete the recruitment process and appoint a Director of Public Health for North Northamptonshire Council in conjunction with the Office for Health Improvements and Disparities at DHSC and the Faculty of Public Health.

(iv) Note that the salary of the post will be in line with the Pay Policy agreed by Council in February 2021.

Reason for Recommendations

3.2 The reason for the recommendation is to ensure that each Council has their own dedicated Director of Public Health to ensure specialist capacity and capability to each authority. This will ensure that the Council can further build upon improving the health and wellbeing of residents and ensure the Council maximises the opportunity of public health working more closely with other services to improve the wellbeing of residents and support the emerging levelling up agenda.

4 Report Background

4.1 The original blueprints for Public Health in North and West Northamptonshire Councils were signed off by the Shadow Executive from both Councils in September 2020.

4.2 The blueprints comprised of a shared Director of Public Health (DPH) and Intelligence function sitting within the Integrated Care System (ICS) and two operational teams for the remainder of the public Health's functions for North and West Northamptonshire respectively and working alongside other Council services and partners. The design assumed that there may also be shared specialisms where one Council is employed as the lead in a particular Public Health specialism and outlined additional capacity in the public health team, including an Assistant Director for each of the three organisations covered by the shared post.

4.3 The proposed date for the disaggregation of the wider operational public health team was pushed back to April 2022 following reviews by a member task and finish group and to avoid disrupting the public health effort during the height of the pandemic.

4.4 The Public Health Grant and budget was also disaggregated in order that each council could monitor and report its expenditure against the grant conditions and retain accountability for how the grant was spent.

4.5 The role of the Director of Public Health is a critical one for the Council as the senior statutory role responsible for public health outcomes relating to:

- **Healthcare Public Health -** Clinical effectiveness, Service planning, Clinical governance, Equity of access, Audit and Evaluation
- **Health Improvement –** Inequalities, Healthy lifestyles & Surveillance & monitoring of specific risk factors & diseases, Education & employment, Housing, Health education & empowerment, Community development,
- **Health Protection -** Infectious disease prevention/reduction, Outbreak management, Environmental health hazard reduction, Emergency response, Screening and Vaccination.

4.6 The creation of the unitary Councils presented a significant opportunity to join up the thinking and services across Public Health, Adults, Children's, Housing, Communities and Leisure in a way not possible when it operated as a two-tier Local Government.

4.7 It is well known that the wider determinants of health: where people live, their employment status, their access to leisure and green spaces and the preventative services that the Council can offer in a locality are key to residents' wellbeing and to ensuring the improvement in life outcomes.

4.8 The new Directorate of Adults, Community and Wellbeing was also created to reflect this and ensure that the Council could start looking at place shaping, and a wider wellbeing offer now that so many interrelated services sit together.

4.9 Prior to Vesting Day, the Director of Public Health was seconded half time to the Clinical Commission Group (CCG) whilst still undertaking their statutory role within the Council.

4.10 Both Councils agreed that they would continue with the secondment arrangements with the CCG whereby the DPH not only acted as the statutory DPH for North and West Northamptonshire but also as the Director of Population Strategy in the CCG (with input dropping to one third of the working week). This created a three-way responsibility although the DPH substantive post remained employed in North Northamptonshire Council.

4.11 Early in 2021, after the Blueprint was agreed, the Government also published a white paper Integrating care – building strong and effective integrated care systems.

4.12 This legislation required that each area developed its plans for an Integrated Care System (ICS) and the principles of how it would operate. Work commenced on the Northamptonshire ICS design and included the development of Population Health Management capabilities and a wider system outcome framework.

4.13 These design principles of the ICS were agreed by Executive at its meeting on the 5th August 2021.

4.14 The legislation required local authorities to formalise ICS arrangements for the county and highlighted the key role that Population Health Management needed to play in shaping designs and future delivery. The Council's DPH has provided valuable leadership and capability in helping shape this, support the ICS, and underpin the Councils system Health and Wellbeing Strategy to improve outcomes and reduce inequalities.

4.15 The agreement for the current DPH to fulfil the dual role of DPH and the CCG role of Director of Population Health Management has added significant workload and responsibility to the DPH including wider line management of health intelligence staff and budgets alongside maintaining responsibility for both North Northamptonshire and West Northamptonshire public health duties, COVID response, commissioning, and public health grant. Although this was understood when the continuation of the secondment was agreed with the CCG, with the emerging levelling up agenda and different population needs and inequalities in the two council areas, it is now considered a sensible time to review the arrangement across the three organisations and consider the specific needs and ambitions of each authority.

5 Issues and Choices

5.1 As part of the discussions and review, three alternatives have been considered:

(a) Maintaining the single shared Director of Public Health;
(b) Establishing three new Assistant Directors as dedicated North/West Senior leads reporting to a single Director of Public Health; and
(c) Creating dedicated Director of Public Health roles in each Council

Maintaining the single shared DPH

5.2 The focus on the ICS and the shared role approach, with the emerging levelling up agenda means that North and West Northamptonshire Councils need to review the benefits of the shared arrangement,.

5.3 There are clear opportunities to link up a range of community, wellbeing and people services to deliver better outcomes for residents and to make the most

of the responsibility now sat with the unitary councils for all elements of local government.

5.4 Each unitary now delivers adults social care, public health, economic development, education, housing, leisure and community services and this enables each council to positively influence the key determinants of wellbeing, such as jobs, housing and access to green spaces; and links services in a way that was more challenging in the past.

5.5 Both Councils want to develop strategies that focus on local prevention and early interventions, and both have signed up to the ICS principles of population health management and outcomes measures with targeted local delivery designed to reduce local health inequalities and address local health issues, these vary across place, and this is reflected in the plan for the ICS and council services to operate at locality level.

5.6 There is also a need to join up the people and place commissioning services in each Unitary with the DPH, Adults, Children's and property commissioners all working together to inform place shaping and address specific local health inequalities in the two new areas.

5.7 The new ICS design recognises the benefits of a single population health strategy for the county underpinned by an outcomes framework that all partners work within to reduce inequalities and into which the DPH would feed.

5.8 However, it is also recognised that there will be two "places" (set on the unitary boundaries) that will have their own health and wellbeing strategies and boards which understand and focus on the characteristics of North and West Northamptonshire' residents and specifically tackle the health inequalities, long term conditions and poor health at a local level to make sure services reflect that local need.

5.9 It is a statutory duty of each Council to meet the needs of residents and it is important in the emerging Council strategies that there is a focus on local need and how resources and assets are deployed to ensure that people of all ages have the best life chances. It is the view of the Executive these aims would be better supported by having a dedicated North and West DPH.

5.10 While sharing a DPH provides joined up thinking and alignment across the county and with health partners working at county footprint levels, there is a risk that there is less focus on unique characteristics and needs of each unitary boundary and the specific wider determinants of health that affect them.

5.11 It is important that the DPH works closely with other Council officers responsible for People and Place. Whilst these relationships have been progressed by the current postholder, working across organisations reduces the DPH's capacity to achieve even greater integration and the best possible use of assets and resources to improve outcomes.

5.12 This is not therefore considered the best option for the Council.

Establishing three new Assistant Directors as dedicated North/West/CCG Senior leads reporting to a single Director of Public Health

5.13 The above option (which was part of the original Blueprint) has been considered and was the recommendation of the existing DPH, this option is not however recommended as the statutory responsibility for North and West Northamptonshire Council remains in a shared post and creates the potential for conflicting priorities and focus between a shared DPH and dedicated Assistant Directors.

Creating dedicated Director of Public Health roles in each Council

5.14 Creating dedicated DPH roles in each Council is the preferred option of the Executive. The considerations above regarding the reasons why a shared DPH is not considered to be the best option highlight that a single DPH will ensure the best accountability and focus on resident outcomes. It should however be noted that an additional cost will result from this option.

5.15 There will be an increasing need for the Council and members, who are responsible for their populations, to evidence local focus and address the levelling up agenda for the two council areas, request local interventions and make budget investments that match local priorities; these will not always be aligned between the Councils and a single DPH has been recommended so sole focus and decisions can be based on a single council area.

5.16 Having a single DPH in each Council addresses the needs outlined within the report and creates clear accountability for residents in North Northamptonshire. It will also provide a clear line of sight for members and a clearer alignment of roles, budget, services and focus.

5.17 When health leaders and chairs were advised of the proposal to move to a single DPH, they raised that the split may undermine the work done to date and the agreed principle of the ICS having a single population health management strategy and capability and a single cross cutting county health and wellbeing strategy.

5.18 To mitigate these concerns, the Chief Executives and Leaders of both North and West Northamptonshire Councils entered into discussions to agree and reinforce the authority's continued commitment to their principles.

5.19 The Councils also agreed that a key component of the new DPH duties and job descriptions would be the requirement to collaborate with the CCG/ICS and other Council DPH counterpart in the creation of joint strategies whilst recognising that below this each of the two "Places" (unitary council footprints) in the county would each need to have their health and wellbeing strategies that were overseen by the Health and Wellbeing Boards in each.

5.20 In addition, it was also agreed that the Councils would continue to support a shared intelligence and decision-making unit by providing a team of shared analysts to make sure that the unit could support system wide evidence and intelligence to inform policy. The detail of this arrangement will be developed further with the ICS.

5.21 This option has been subject to consultation with the current post holder, Office for Health Improvement and Disparities (OHID) and with health colleagues. OHID and the Faculty of Public Health have confirmed this change can be executed, assisted with the development of a new Job Description and will be part of the planned recruitment processes as this is a jointly appointed role between OHID, a Faculty Assessor and the Council.

5.22 The current postholder has been consulted throughout the process. Employment policies and procedures will be followed with regard to the current postholder.

6 Implications (including financial implications)

Resources and Financial

6.1 The main implication of the recommendation is that each Council will need to fund the full cost of a DPH from within its Public Health Grant (estimated as an additional £92,000) over and above the 33% salary currently contributed in the current shared arrangement with West Northamptonshire and the CCG.

6.2 This will be subject to confirmation of the final grading set by the workforce panel used for this purpose. The total estimated recurring cost of £92,000 will be funded through Public Health Grant.

6.2.1 The Council's agreed Pay Policy states that the Head of Paid Service has authority to agree and make severance payments. Decisions will be exercised in consultation with the Monitoring Officer and Section 151 Officer. If a severance payment is required due to the recommended decision the cost will be shared between North Northamptonshire Council and West Northamptonshire Council. Any costs associated with the changes outlined in this report will be met from within existing Council resources and use of the Public Health Grant where appropriate.

6.3 Recruitment costs for the new DPH roles will be funded through the Public Health Grant.

Legal

6.4 The appointment of the DPH as a Chief Officer of the Council meets the statutory responsibilities of the Council but is a joint appointment with the Secretary of State exercised through the Office for Health Improvement and Disparities at DHSC.

6.5 The DPH must have the following statutory functions and the dedicated role will have delegated responsibility for these functions and hold the proper officer function of each council.

6.6 The Monitoring Officer for each Council will make any necessary amendments to the Constitution to give effect to this decision.

6.7 The Council's duties to take steps to improve the health of the people in its area are:

- Public health protection or health improvement functions that the Secretary of State delegates to local authorities, either by arrangement or under regulations – these include services mandated by regulations made under section 6C of the 2006 Act, inserted by section 18 of the 2012 Act.

- Exercising the Council's functions in planning for, and responding to, emergencies that present a risk to the public's health.

- Exercising the Council's role in co-operating with the police, the probation service, and the prison service to assess the risks posed by violent or sexual offenders.

- Exercising the Council's public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications.

- If the Council provides or commissions a maternity or child health clinic responsibility for providing Healthy Start vitamins.

- To serve on the Council's Health and Wellbeing Board as the Council's Public Health representative; and

- Such other public health functions as the Secretary of State specifies in regulations:

    - The authority's power to appoint staff and to determine their terms and conditions of employment is under Section 112 of the Local Government Act 1972.

    - There are mandatory Standing Orders governing the recruitment, appointment, and dismissal of senior management staff in a local authority, as set out in the Council's Officer Employment Procedure Rules in the Council Constitution. These derive from the Local Authorities (Standing Orders) (England) Regulations 2001, as amended by the Local Authorities (Standing Orders) (England) (Amendment) Regulations 2015.

    - The Employment Committee has delegated powers to appoint Directors, however the Head of Paid Service, the Monitoring Officer and the Section 151 Officer shall be designated by

Council. Actions taken as a result of the decision shall be in accordance with constitutional, legislative and internal employment policies and procedures.

- The Openness and Accountability in Local Pay: Guidance under section 40 of the Localism Act makes clear that full council should be given the opportunity to vote before large salary packages offered in respect of a new appointment. This is also included within the Council's approved Pay Policy

Risks

6.8 The main risk to this decision is the inability to recruit to the new Director of Public Health role and the council will commence a recruitment campaign following approval to attract candidates.

Consultation

6.9 The appointment of a DPH is subject to agreement with the Office for Health Improvement and Disparities at DHSC. The Regional Director for the Office for Health Improvement and Disparities at DHSC and Faculty of Public Health have been consulted on the proposal and agreed it in principle. They have also reviewed and agreed the content of the proposed job description.

6.10 The proposal has also been subject to consultation with the current DPH who has had the opportunity to review the proposal and make comments and suggestions. The current post holder will be entitled to express an interest in one of the new roles which have been deemed a suitable alternative to the current post. While the new post will have a smaller staff and budget than the current shared role the salary will be commensurate.

Consideration by Scrutiny

6.11 Not applicable.

Climate Impact

6.12 Not applicable

Community Impact

6.13 The proposal is likely to result in greater focus on the communities and needs of North and West Northamptonshire residents. This will be realised by having more dedicated resource and capability working alongside the other services and directors to deliver **the Council's** corporate priorities.

7 Background Papers

None