



Report of the Director of Adult Social Services

Executive Board

Date: 7th April 2010

Subject: Joint Appointment of a Director of Public Health

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In
(Details contained in the re

1.0 EXECUTIVE SUMMARY.

- 1.1 A proposal that there should be a jointly appointed Director of Public Health (DPH) for Leeds, was first made in 2006. Whilst the timing of an initiative has been delayed, joint working in the area of health and well-being, with a particular focus on tackling health inequalities, has been at the forefront of joint work over the last three years.
- 1.2 Leeds is now in a minority of local authorities in the region without a jointly appointed DPH. However, as the recent KPMG thematic review of tackling health inequalities confirmed, good progress in partnership working has been made, but such is the challenge presented by poor health within the city, there is much more to be done.
- 1.3 Experience from elsewhere confirms that a jointly appointed DPH, with a clear leadership role for public health, has the potential for delivering significant benefits for the city, particularly improved outcomes for people at greatest risk of poor health in the future.
- 1.4 This report describes the working arrangements for a joint public health team led by the DPH and seeks Executive Board agreement to proceed with negotiating a Memorandum of Understanding, which will set out the agreement by the council and NHS Leeds in support of these arrangements.

2.0 Purpose Of This Report.

- 2.1 This report seeks approval to the formal appointment of a Joint Director of Public Health. The report describes the accountability arrangements within the Council and how joint accountability would be managed under a joint appointment. The agreement with NHS Leeds to support a joint appointment includes a proposal that the post would have leadership of a joint staff team and would be supported by a joint commissioning structure for health and well being.

3.0 Background Information.

- 3.1 In 2006 the Association of Directors of Public Health proposed a national framework for jointly appointed Directors of Public Health (DPH) in a document entitled Public Health: Fully Engaged. This framework complemented guidance issued by the Department of Health at the time, which encouraged new PCT's, which were just being established, wherever possible to agree a jointly appointed DPH. In unitary authorities, which are entirely coterminous with a single PCT, most have now made such appointments. In the Yorkshire and Humber region the majority of authorities have joint appointments and many of these joint arrangements are long-standing. Whilst Leeds may be in a minority on this point, good progress has been maintained on building a strong Healthy Leeds partnership, including a Health and Well Being theme plan and joint implementation plans.
- 3.2 In response to the 2006 national guidelines, work was undertaken to agree a Memorandum of Understanding (MoU), as proposed in the guidelines, between Leeds City Council and Leeds PCT (now NHS Leeds). This draft Memorandum agreed some principles that would underpin a joint appointment in Leeds and then described a process the two organizations would follow to establish a joint post. This draft MoU was never formally agreed, although the continuing relevance of the principles underpins recent work to further the objective. The current job description for the Leeds DPH, also reflects the national template, which emphasises the importance of the inter-face with key directors in the local authority, in particular the Director of Adult Social Services and the Director of Children's Services.
- 3.3 At a national level there has been a programme of active support for joint DPH appointments, from the professional associations representing the three key director groups, with the assistance of the I&DeA. Two key publications; Perspectives on Joint Director of Public Health Appointments (2008) and Leading Together Better (I&DeA 2009) have been important reference documents in influencing the proposals contained in this report. Each publication draws directly on the experience of authorities in joint working to tackle health inequalities and promoting well-being, exploring barriers and issues and summarising key messages. The opportunity to draw on this national experience will provide an opportunity to avoid the barriers to effective joint posts, an example of which is those authorities where the post is simply a symbolic appointment, and apply best practice in shaping the proposals for Leeds.

4.0 The Case for a Joint Director of Public Health.

4.1 The present national policy context provides a focus for joint working and the partnership between the three directors, (DPH, DCS, and DASS). Some examples of the need for joint working include:

- Delivering the national outcomes framework for adults and children;
- More visible local leadership for health and well being, including the findings from the recently published Marmot Review – Fair Society, Healthy Lives;
- Adding substance to the ‘duty to cooperate’ and the increased importance of the cross-cutting agenda for children and adults;
- Increasing national emphasis on a ‘preventative’ agenda for both health and social care, which requires greater cross-cutting work.

4.2 At a local level, there is a long history of public health leadership recognising that good public health is not just an issue for the NHS, by placing emphasis on influencing the determinants of good health, e.g. housing, regeneration, community safety and the environment. Evidence for this can be found in the Leeds Public Health Annual Report, a statutory report published each year by the Director of Public Health. The 2009 report gives particular focus to the work in four localities in the city, emphasizing the important role that all services play in improving health. This broader perspective differentiates Leeds, as the evidence from other areas as highlighted in the I&DeA publication ‘Leading Together Better’ suggests that in many authorities there is a narrower focus for their joint appointment in more traditional areas of partnership working for children and adults, for example:

- Child and adult obesity;
- Teenage pregnancy;
- Child and adult mental health;
- Safeguarding;
- Low life expectancy;
- Migration;
- Delays in discharge from hospital;
- Infection control;
- Drug and alcohol misuse.

4.3 The same report concludes that there is a growing awareness amongst authorities of the wider determinants of health agenda as a focus for joint work, but this was by no means universal. This perspective is strongly endorsed by the Marmot Review, which concludes that reducing health inequalities ‘is a matter of fairness and social justice’. Tackling health inequalities will have many benefits for our society, including making a significant contribution to future economic growth, and calls for

action around six policy objectives including, giving every child the best start in life, create fair employment and good work for all and strengthening the role and impact of ill-health prevention.

- 4.4 The Joint Strategic Needs Assessment (JSNA) is also a key requirement for joint working between the three Directors. Many authorities experienced a JSNA that was delivered by the DPH with support from the other two directors. In Leeds, not only was there shared leadership, but from the outset a key decision was taken to develop the JSNA more broadly than health and well being. For the council corporate ownership has been a significant success factor in this process.

5.0 What are the potential benefits of a Joint DPH appointment for Leeds?

- 5.1 In April 2009 KPMG published their thematic review of Tackling Health Inequalities in Leeds. Whilst commenting that the review 'found that partnership arrangements in Leeds are as strong if not stronger than those seen in other areas where we have reviewed health inequalities' the report made a number of recommendations on further strengthening partnership working. The concluding sentence in the key message from the report states:

'To be most effective and deliver outcomes, the PCT and City Council need to ensure that there is a jointly agreed implementation mechanism, effective co-ordination within and across the two organisations, supported by a robust and co-ordinated performance management framework which ensures accountability and ownership of the agreed outcomes'.

The specific recommendations highlight the need to develop and strengthen:

- Joint commissioning to tackle health inequalities;
 - Build on the work already started to develop Area based partnerships and local delivery plans;
 - Raise awareness of public health issues across the local authority workforce;
 - Co-ordinate and strengthen performance management arrangements;
 - Improvements to programme management of health inequalities within NHS Leeds.
- 5.2 An action plan is in place to progress these recommendations, which at present does not include steps to progress towards a joint DPH. The position arrived in 2006 when earlier discussions took place, that a joint post would be accompanied by the integration of public health staff resources with key staff in the Council, remains a key assumption now.
- 5.3 Work led by the IDeA has identified a number of benefits for the population as a whole as well as the employing organisations. These benefits include:
- Greater emphasis on improved public health and health outcomes;
 - Improved prioritisation through more effective joint working;

- Increased ability to influence key decision makers across Directorates;
- More effective communications between key directors and with partners;
- Reduced bureaucracy, through shared priorities, streamlined processes and opportunities share resources, particularly staff and budgets;
- Benefits for service users experience of using services through a single point of access, and more seamless service delivery;
- Improved skills and capacity within the local authority workforce, through an increased understanding of public health and the impact that services can have.

5.4 In terms of performance management the Director of Public Health will be accountable for delivery in both the health sector and Local Authority ensuring that public health goals are included in NHS Local Delivery Plans, Local Area Agreements (LAAs) and in streams of work associated with the Comprehensive Area Assessment (CAA). Work has already taken place to integrate performance management systems between the council and NHS Leeds to improve monitoring of the current LAA.

6.0 The Elements of a Joint Director of Public Health Appointment.

6.1 NHS Leeds has adapted the national template for the DPH job description. This job description emphasises the key relationship with the directors of adult and children's services throughout and also makes a commitment to work towards a joint appointment. A copy of the job description is attached at appendix 1

6.2 The table that follows takes the key functions of the Director of Public Health role as set out by the Association of Directors of Public Health, and incorporated into the national job description template. The table seeks to summarise the extent to which key functions are already in place in Leeds, without a joint appointment in place.

Key Function	Leeds Position.
A senior post with dual accountability, at Board level, to both the PCT and local authority.	Not in place.
To work under a Memorandum of Understanding with key policy intentions and mutual commitments, including where possible joint / pooled budgets.	Not in Place. Draft has set a baseline, whilst joint strategies and delivery plans set out the mutual commitments.
As having professional independence and an advocate for the population in promoting and protecting health.	Implicit in DPH role and largely established practised by current post holder.
To build strong working relationships with elected members, the lead member for health and the Executive Board.	Partly in place.

To ensure effective delivery of the public health function through an integrated work programme with the DASS and DCS.	Integrated work programme in place through LSP and Health and Well being Theme Plan.
To be accountable for delivery and performance management procedures of the LAA, the CAA and NHS local delivery plans.	Shared accountability, with increased maturity of performance management and partnership arrangements.
To have access to the administrative and logistical support of the PCT and local authority.	Shared arrangements and funding support partnership working, through joint posts and shared facilities.

- 6.3 Whilst it is re-assuring to record that key elements of a successful joint appointment already exist, it is important to note further implications of a joint appointment.
- 6.4 **Membership and accountability at a Board and Corporate Leadership level.** The DPH is an executive member of the NHS Leeds Board, and is directly accountable to the Board for the public health function. At the present time there is no statutory accountability to the local authority for the same function.
- 6.5 The proposal to establish a joint appointment would lead to the inclusion of that post within the membership of the Corporate Leadership Team. It is neither practicable nor effective for the DPH to attend every meeting, and it is envisaged that attendance would be according to the relevance of agenda items. The Memorandum of Understanding describes the practical arrangements for membership of the Corporate Leadership Team.
- 6.6 The seniority and statutory nature of the Director of Public Health post implies that accountability should be directly to the Chief Executive in both organisations. This is the arrangement in all other authorities where the joint post is also holds the statutory public health accountability. In a small number of cases a joint post has been created which does not hold the statutory public health accountability.
- 6.7 Advice received from the Assistant Chief Executive (Corporate Governance) outlines a number of options for enabling a Joint Director of Public Health to exercise their role regarding the health of the public, within the local authority. At this stage it is not envisaged that the joint appointment will have implications for the Council's Constitution and scheme of delegations. However, further consultation will take place on the options available to ensure that the joint Director of Public Health is able to have the necessary impact for the health of people within the city
- 6.8 **Professional Independence of the DPH.** The Director of Public Health has professional independence as an advocate for the population in promoting and protecting health and ensuring clinical safety. The Director of Public Health exercises this function through presenting an annual public health report to the PCT and Local Authority as well as regular reports reviewing health trends, health impact assessments and health equity audits.

- 6.9 **Memorandum of Understanding.** A Memorandum of Understanding between the employing organisations is proposed to specify the mutual commitment made by Chief Executives to the joint appointment. The aim is to foster collaboration and clarity of expectation for delivery of an agreed joint work programme. The early draft of this document emphasised the development of strong joint team, working alongside the joint DPH. This remains a key element in the proposals under development. It envisages public health staff resources working together with local authority staff, under single management, accountable directly to the DPH.
- 6.10 A separate, but complementary proposal is the development of joint commissioning for healthy lives, through an integrated commissioning team responsible for commissioning a range of NHS and local authority services. A recent workshop, on the theme of partnership working with the local authority, held by the NHS Leeds Board gave its support for developing such a proposal. The Leeds Health and Well-being theme plan, agreed by Council in June 2009, provides the framework for joint commissioning activity, as the implementation plan places emphasis on actions across a wide range of services to deliver the improvement priorities. This represents a key role for a joint DPH to bring leadership across both organisations, so that a range of services are aligned and contributing to the achievement of the Strategic Plan and LAA targets.
- 6.11 **Strong Working Relationships with Elected Members.** The current DPH is well known by many elected members, and holds a regular dialogue with some lead members through strategic partnerships and area committees. The Council's Constitution has established an Executive Board portfolio for Health and Adult Social Care. It is expected that the DPH will maintain a close working relationship with the portfolio holder and will report directly to the Executive Board on issues relevant to the Board.

7.0 Implications For Council Policy And Governance.

- 7.1 There is no provision in current legislation for joint appointments of Directors of Public Health, although there is a well established national policy context for such posts. Accountability and capacity to manage staff and resources on the Local Authority side requires consideration of the options available, which will benefit from experience with existing partnership arrangements and experience of other joint appointments, both in the city and in other local authorities. A Memorandum of Understanding between the employing authorities will serve to strengthen and clarify the position. Powers contained within the National Health Services Act 2006, specifically sections 75 and 256, cover partnership arrangements including pooled funds, lead commissioning and integrated provision, between the NHS and local authority services.

8.0 Legal And Resource Implications.

- 8.1 It is not intended that these proposals will require additional resources from either party. As described in section 4, the proposals for a joint DPH appointment and the establishment of an integrated support team can lead a more efficient use of existing resources.

9.0 Conclusion.

9.1 This report examines both national evidence and the local context in support of establishing a joint DPH post along with an integrated public health function for the city. In support of the proposal:

- NHS Leeds has given in principle support to the joint appointment of the Director of Public Health;
- The evidence nationally supports the benefits of such a post, but also provides strong pointers to the pitfalls to be avoided;
- There is a strong and compelling case for Leeds, based on existing city wide priorities within the Leeds Strategic Plan, the recommendations of the KPMG and the evidence and advice available at a national level. The recently published Marmot report, describes both an economic and social case for tackling health inequalities, through the NHS and local government working together.

9.2 An agreement in the form of a Memorandum of Understanding will describe the undertakings each party will make in supporting both the joint post and the integrated public health team. A commitment in principle to establishing joint commissioning of health and well being services, as recommended in this report, will be subject to a legal agreement under the NHS Act 2006.

10.0 Recommendation.

10.1 The Executive Board is asked to:

- approve the principle of a joint appointment of the Director of Public Health with NHS Leeds.
- authorise the Chief Executive to prepare a Memorandum of Understanding, to include arrangements for an integrated public health team, supporting the work of a Joint Director of Public Health.

Background documents referred to in this report:

Leading Together Better – Final Report for the IDeA by Shared Intelligence

The Annual Report of the Director of Public Health in Leeds 2009

Perspectives on Joint Director of Public Health Appointments – Durham University