

COUNCIL

11 OCTOBER 2018

DIRECTOR OF PUBLIC HEALTH – INTEGRATION WITHIN CHILDREN AND ADULTS SERVICES AND CHANGE OF REPORTING LINE

Portfolio Holder: Councillor Alan Jarrett, Leader

Report from/Author: Neil Davies, Chief Executive

Summary

This report seeks approval to move the post of Director of Public Health to report to the Director of Children and Adults Services, achieving greater integration within the people services directorate. It also recommends deleting the post of assistant director – commissioning, business and intelligence, and allocating important functions contained within this role to the Director of Public Health. Changes of this kind require the approval of Council.

1. Budget and Policy Framework

- 1.1 Changes to the senior management structure are a matter for Head of Paid Service (the Chief Executive) for approval by Full Council. Accordingly, Council is asked to consider and approve the transfer of the post of Director of Public Health (DPH), his existing directorate and services, to the Children and Adults (C & A) directorate. Where roles, functions and budgets are transferred between different directorates, Council approval is required.
- 1.2 As a consequence of this change, Council is also asked to formally designate the Director of C & A services as Director of People - Children and Adults Services (DP – C & A services) with the Director of Public of Health reporting to the Director of People – Children and Adults Services, this gives a more strategic emphasis to the role. There will, however, continue to be a 'dotted line' reporting to the Council Chief Executive reflecting the statutory nature of the role.

2. Background

- 2.1 It is incumbent on the Council, with advice from the Head of Paid Service, to constantly review and monitor its management structures to assess whether they remain 'fit for purpose', and to identify opportunities that will lead to more effective and improved services, a more cohesive organisation and greater efficiencies. From time to time, opportunities to change the senior corporate management structure arise that demand a similar approach – this proposed change offers such benefits. Put simply, the proposal is to 'lift and shift' the entirety of the public health service and transfer it to children's and adults services, logically combining all people related services.

- 2.2 With an establishment of 78 full time equivalent staff, the DPH fulfils a statutory role for the Council and is the principal adviser on all health related matters. In summary this entails:
- Ensuring the council fulfils its legal responsibilities to improve and protect the health and wellbeing of local residents and reduce health inequalities.
 - A statutory requirement to gain assurance that emergency plans and procedures are in place to respond to threats to the public health
 - Providing specialist public health advice to inform the commissioning of health and care services
 - Oversight of the council's use of the public health ring-fenced grant which is used to commission a range of mandated public health services. These include health visiting and school health services; drug and alcohol treatment services; sexual health prevention and treatment services, stop smoking services, adult and children's weight management, mental health promotion and suicide prevention services; NHS health checks and a range of associated wellbeing interventions.

In recent times, we have sought to embed public health services more successfully across the Council to realise the preventative benefits arising from public health intervention programmes. This has resulted in enhanced and more efficient delivery of health improvement initiatives associated with smoking cessation, obesity, drugs and alcohol treatment, parenting initiatives and more regular health screening. As a 'people' service, the business of public health aligns closely with the services provided by the children and adults directorate. This proposal offers exciting opportunities to transform the way the council improves outcomes for some of the most disadvantaged harder to reach individuals and communities in Medway.

- 2.3 A further reason for recommending that the public health service transfers to the children and adults directorate is the strong commissioning expertise that currently exists in the public health team - many of the health improvement services referred to earlier are commissioned services. There is a significant opportunity to combine the commissioning function reflected in the current role of the assistant director commissioning, business and intelligence (AD - C, B & I), an amalgamation that would offer great synergy. Members will be aware that we recently attempted to recruit to this role following the resignation of the previous post-holder, but this proved to be unsuccessful. The role is currently being undertaken by an interim appointment but this is due to end imminently, so there is a perfect opportunity to rationalise and to combine the two people related commissioning functions. Thus, rather than embarking on a new recruitment process we could simply merge the commissioning aspects of each service, yielding greater efficiencies, a more coordinated and indivisible service, and cost savings. As the AD - C, B & I post is technically vacant currently, this change could be implemented easily and speedily. It is proposed therefore to delete the post of AD - C, B & I, with the commissioning function transferred to the DPH, under this proposal, to be now located in the children and adults directorate.

- 2.4 There are other elements contained in the AD – C, B & I job description that extend beyond commissioning, although they are lesser in scale. The first element relates to the business and intelligence (B & I) service for the children and adults directorate. In high level terms, this function provides performance data and analysis, system management and reporting, as well as compiling and submitting a suite of returns to government departments – most of this work relates to adults services. It also includes a number of functions which most closely align to adult social care services such as self-directed support and client financial affairs. In the last senior management restructuring exercise in the children and adults directorate, this business and intelligence (B & I) function was placed under the leadership and management of the AD – C, B & I largely to maintain a

balance across the existing assistant director responsibilities and spans of control. It was not located exclusively to enhance service improvement or achieve efficiencies. Since most of the B & I function relates to adults services, this can be neatly transferred to that division and will align very effectively with the restructuring that has more recently occurred in adults services to implement an exciting improvement programme as well as service initiatives such as the three conversations; all of which rely heavily on accurate and timely performance data. It will continue to support the performance and intelligence functions associated with children's services. The third and final broad element of the existing AD – C, B & I role relates to school services including school challenge and improvement, school place planning and school admissions. Given the importance of these areas, over the last year or so, this function has enjoyed specific attention and oversight from the Director of Children and Adults services. As a consequence we have benefitted in certain areas, not least our strategic engagement and relationship with education leaders and other key players such as the Regional Schools Commissioner and HMI's. This has supported our continued improvement in school attainment results at certain key stages, and other key areas of improvement such as school exclusions. To maintain this success, it is therefore proposed that this arrangement continues at least for the next 12 months with a further report due as necessary should this approach need to change.

- 2.5 Should this proposal be approved, it is envisaged that further service improvements and efficiencies will occur over time once PH becomes more embedded within the children and adults directorate. More obvious examples include the data analysis expertise that currently exists in the PH consultancy team in compiling and updating the Joint Strategic Needs Assessment, much of which underpins the Joint Health and Wellbeing Strategy for Medway the place. A further example is the strong relationship that the PH service enjoys with all partners in the health sector – commissioners, providers, patients and regulators. As the health landscape develops under the auspices of the Sustainability and Transformation Partnership (STP), greater PH integration across our 'people' services will improve our preparedness for this important 'system' change. To summarise, these and other benefits will accrue over the next year or so as PH becomes more embedded in C & A services and the arrangement matures.

3. Advice and Analysis

- 3.1 By law the Council is required to engage the services of a DPH, however the role can be expanded to assume additional responsibilities provided they do not impede or undermine his/her prescribed statutory public health duties. As well as the configuration proposed in this report, examples of additional responsibilities assigned to the public health director from other local authorities include: resilience and emergency planning; community services, typically environmental health; certain mental health services; and aspects of housing, but more strategic housing involving houses in multiple occupation and services relating to the condition of private sector housing. Discussions have occurred with the regional office of Public Health England (PHE) and they are content with both the principle of additional responsibilities and the configuration that is proposed in this report. Further assurance is offered on this point since the current incumbent will obviously retain his title as DPH, he will continue to be a key member of the corporate management team and he will retain a dotted reporting line to the Chief Executive; the latter point to underline the importance of his prescribed duties and statutory role. The Council will continue to fulfil all of the current arrangements with the CCG in relation to Partnership Commissioning and the Better Care Fund. This will allow for closer integration of health and care commissioning with Public Health.
- 3.2 In arriving at this proposal a number of other options have been considered, namely: not to appoint to the AD – C, B & I post by deleting it and transferring its functions across the

existing C & A directorate; commence the recruitment exercise a second time to attract suitable candidates; explore further and more formal integration with the Clinical Commissioning Group (CCG) with the aim of expanding the health aspects of the current role; consider shared services arrangements with other local authorities, particularly the councils comprising the Greater North Kent (GNK) partnership – Dartford, Gravesham, Maidstone and Swale. For differing reasons all of these other options have been discounted or are not practical. In high level terms, some of the arguments against these options include: an imbalance and unfair distribution of responsibilities that would occur for existing assistant directors should the post be deleted and absorbed across the C & A directorate; limited interest during the first recruitment exercise with every indication that a second attempt would result in a similar outcome; prevailing uncertainty across the STP landscape to consider more formal and greater role integration; and whilst GNK shared services are always to be encouraged, the role is considered to have limited relevance to neighbouring district councils. Therefore it is considered that the structure change proposal contained in this report is the best and most realistic one going forward.

- 3.3 This proposal is attractive for a number of reasons, namely: it assembles and places under the management of one senior individual, the DPH, virtually all of the key 'people' related commissioned services, combining and integrating the expertise that currently exists across the Council. The new structure for C & A services offer a better balance of responsibilities across the members of the directorate senior management team. By way of example, as referred to earlier in the report, the P and I role offers a much better fit by transferring to the Adults division of the directorate, more integrally supporting the improvement programme currently being undertaken in that service. The enhanced PH role offers opportunities for closer working with NHS partners should we wish to pursue them but without the need for formal integration. There are other important benefits. From a fairness and equity point of view, the commissioning, performance and intelligence role as currently configured, is considered to have fewer duties than other AD roles across the Council – this is the case despite it also having certain CCG functions. Over time we will integrate further the management and staffing of this new division to achieve additional service improvements, as well as devising new roles and opportunities for career development. This will involve exploring different ways of working and digital transformation. Finally, and very importantly, there will be financial and efficiency savings. This latter point should not be understated given the financial challenges confronting the Council, such that it is incumbent on us to thoroughly review any efficiency opportunity should it arise, that will enable us identify and secure revenue savings.
- 3.4 The staff affected by these proposals have been fully consulted and support all of the proposals contained in this report. Additionally, Medway CCG, now part of the Medway, North and West Kent accountable care partnership have also been consulted and are similarly supportive.
- 3.5 To clarify the decision making and reporting structure, under the proposal the DPH will join the C & A directorate – essentially, the entirety of his PH service will be lifted and shifted 'as is'. In addition his role will be expanded to incorporate the commissioning function contained within the current AD – C, B & I; a post which will then be deleted. The DPH title will not change and he will report to the current director of children and adults services, who will now assume a broader and more strategic role. To reflect this, his title will change to director of people – children and adult services. The titles of the other members of the C & A senior management team will remain the same.

4. Risk Management

- 4.1 In reviewing these proposals, it is important to ensure that there is a fair and sensible distribution of responsibilities, otherwise there is a risk of aligning service areas that do not naturally fit as well as potentially overloading certain senior management roles. The proposal, as recommended, seeks to overcome this risk by assigning responsibilities that offer the best fit for the organisation, particularly for the commissioning aspect of the new role. Obviously we are under a duty not to diminish the statutory role of the DPH, which this proposal does not do, an outcome that is confirmed by our discussions with PHE. Looking at the balance of responsibilities across the senior management structure, this distribution looks more appropriate and it is supported by the corporate management team.

5. Financial Implications and legal implications

- 5.1 If this proposal is approved it will result in the deletion of the AD – C, B & I post offering a revenue saving. It is estimated that a saving will arise to the Council ranging from 50 – 100% of the cost of the post. Including on-costs, with an estimated saving ranging from £55,000 as a guaranteed minimum potentially rising to £110,000. This will be subject to further discussion with the CCG. Service budgets will simply be transferred between Business Support and Children and Adults services at the levels previously approved by Council and therefore will have no impact on the General Fund budget position. Essentially the services will be lifted and shifted as they currently stand, with neutral budget impact.
- 5.2 Both the director of children and adults services and the director of public health have been fully consulted and are content with these proposals. As there are no other significant human resources implications associated with the proposals contained in this report, no further consultation with affected staff is required.
- 5.3 The Head of Paid service is required to establish a senior management structure that enables the Council to fulfil its statutory responsibilities, as well as implement the key aims and priorities of elected Members. For the reasons specified in the report, the proposed changes should enable this to be achieved more effectively. The director of public health is jointly appointed with Public Health England (PHE) and as such, PHE must be assured that the statutory role is not in any way undermined or diminished. As explained at various points in the report, this proposal does not present PHE with any concerns. The integration within the people's services directorate offers more profile for public health, with the increased commissioning responsibilities falling to the DPH.
- 5.4 If the proposal is approved, where appropriate, other associated and consequential constitutional changes will be implemented by the monitoring officer under delegated authority.
- 5.5 Reviewing the senior management structure to achieve reductions in costs as and when opportunities arise, is an important measure to pursue to respond to the significant financial challenges confronting the Council. It is one important proposal, albeit smaller in scale, to assist in addressing the sizable funding gap forecast in future years.

6. Recommendations

- 6.1 Council is asked to approve the proposals contained in the report, specifically that:
- (i) The role of AD – C, B & I is deleted from the establishment;
 - (ii) The DPH and his public health team are transferred to the C & A directorate, incorporating the commissioning function from the deleted AD – C, B & I into this service. The other aspects of the deleted AD role are also transferred and allocated as explained in the report (para 2.4 refers);
 - (iii) The title of the director of C & A services is changed to become director of people – children and adults services; and
 - (iv) Council is asked to agree the budget transfer between Business Support and the C & A directorate to reflect the movement of PH services.

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Appendices

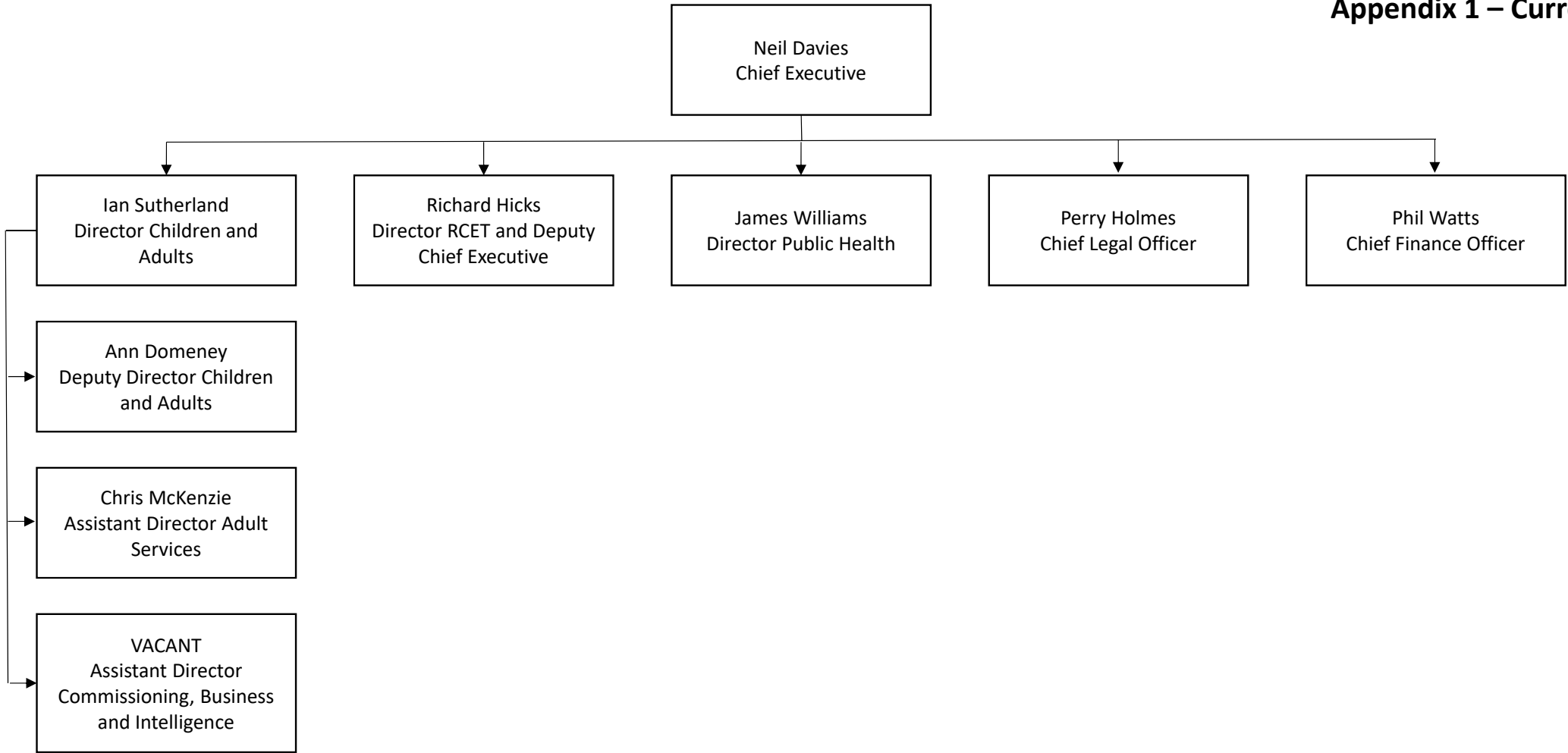
Appendix 1 – current structure chart

Appendix 2 – proposed structure chart

Background papers

None

Appendix 1 – Current



Appendix 2 – Proposed

