

Appointments Etc Panel
Thursday, 20 July 2017, 11.00 am, Kidderminster Room,
County Hall

		Minutes
Present:		Mr G R Brookes, Ms P A Hill, Mrs L C Hodgson, Dr A J Hopkins, Prof J W Raine and Mr J H Smith
Available papers		The Agenda papers (previously circulated), a copy of which will be attached to the signed Minutes.
1065	Named Substitutes (Agenda item 1)	None.
1066	Apologies and Declarations of Interest (Agenda item 2)	None.
1067	Election of Chairman (Agenda item 3)	Mr J H Smith was elected Chairman.
1068	Election of Vice-Chairman (Agenda item 4)	Mrs L Hodgson was elected Vice-Chairman.
1069	Confirmation of Minutes (Agenda item 5)	RESOLVED that the Minutes be circulated to members of the Panel and signed by the Chairman in light of any comments on their accuracy received within 7 days of circulation.
1070	Exclusion of Press and Public (Agenda item 6)	RESOLVED that the press and public be excluded from the meeting for the following item as it is likely that exempt information relating to any individual will be disclosed and the public interest in maintaining the exemption outweighs the public interest in disclosure.
1071	Public Health - Senior	<u>Summary of the proceedings during which the Press and Public were excluded. (This is a fair summary of the proceedings and there are no exempt minutes.)</u>

Management Arrangements (Agenda item 7)

The Panel considered the Interim Chief Executive's report which set out background to the proposals to change the senior management arrangements for public health.

The Health and Social Care Act 2012 moved responsibility for public health back to local government and thereby conferred new duties to local authorities to improve and protect public health. Public Health responsibilities transferred to the Council from the NHS from 1 April 2013. This included the establishment of a ring-fenced Public Health Grant (PHG), certain mandated duties, and the responsibility to appoint a Director of Public Health (DPH) jointly with the Secretary of State for Health.

Public Health staff transferred (under a Statutory Transfer Order) to the Council with effect from 1 April 2013. A new Public Health team was duly established, and was incorporated into the new Directorate of Adult Services and Health (DASH) under a Director who also held the statutory role of DPH.

At an Appointments etc. Panel on 10 February 2016 it was agreed that the statutory role of Director of Public Health should be separated from the statutory role of Director of Adult Social Services. Subsequently Council agreed on 12 May 2016 that the Directorate of Public Health should be formed in its own right with effect from 1 July 2016.

An Appointments Panel appointed Frances Howie to the substantive role of DPH with effect from 1 September 2016. The post was offered on a 35 hour contract on the Council's terms and conditions with a salary based on Head of Service Band 1 (£78,871 to £86,873) plus a responsibility allowance of 18%. This reward level was approved, given the Director responsibility and with reference to comparative salaries within the Health Service.

In November 2016 the Director for Public Health led a restructure of the Public Health team as part of a longer term workforce agenda to ensure the workforce would have appropriate levels of capacity and capability and would be able to attract and retain high calibre individuals into public health. The restructure also clarified expectations of the role of Public Health Consultant with regard to capacity and capability to ensure appropriate levels of specialist and professional leadership existed

within the team. The Panel noted that the use of the word 'consultant' was a designation agreed by Public Health England and that the 'consultants' were employed directly by the Council and were not interim. The review/restructure recognised that consultant capacity was significantly under-resourced and as a result an additional 1.8 FTE was recruited to the team with effect from June 2017. Consultant capacity now stood at 3.4 FTE.

The proposal to reduce the contractual hours of the Director of Public Health

The current Director of Public Health had requested to develop her career in an academic setting in the future and had been successful in being offered a part-time post as senior lecturer for the University of Worcester. This was likely to be from 1 October 2017.

The Director of Public Health wished to take up the senior lecturer offer, but was also mindful of the need to maintain some stability and continuity of leadership of the DPH function for a reasonable period of time in order to allow a considered transition to any new leadership model. She had proposed that she reduce her contracted hours from 35 to 21 hours per week with a consequent reduction in days from 5 to 3 in her current post from 1 October 2017. This would enable her to maintain stability in leadership of the function whilst taking up the offer of the post of part time senior lecturer.

The Panel noted that the contract of employment for posts at this level specifically referred to the need for the post holder to *"devote your whole-time service to the work of the Council and may not engage in any paid or unpaid additional work without the express consent of the Council. The Council may require any fee or reward from such activities to be paid into the County Fund."*

Wider context and implications of the proposed reduction in hours.

There were a number of points of wider context which the Panel was also asked to take into account when reaching their decision on the proposal above.

- The ring-fence on the PHG was expected to be lifted in April 2019. National decisions on the detail of this and the extent of future mandation of public health services were not yet known. However, it was expected that there would be new

financial pressures. The opportunity to trial a part-time Director of Public Health with consequent savings in salary at this level could therefore enable and inform preparations for managing the function with lower leadership costs.

- There was already a precedent for trialling non-standard arrangements for the role of Director of Public Health across other Local Authorities. There were examples of shared DPH appointments whereby the Director worked across 2 authorities, and therefore options on reducing leadership costs at this level could be reasonably explored.
- The opportunity to trial a part-time Director of Public Health would enable flexibility to develop future options in respect of leadership capacity.
- The Council's operating model was likely to be reviewed shortly, and it was expected that this would include the Public Health function.

The Panel agreed that it seemed inadvisable to make any significant decisions or commitments around future permanent recruitment to a full time post of Director of Public Health at this time. Allowing a trial of a part time Director of Public Health in the intervening period would help to inform any future operating model debates.

The recent recruitment of 2 new Public Health consultants had a positive effect in terms of strengthening leadership capacity. This additional consultant capacity was enabling the Director to focus more of her time on strategic issues and relinquish much of her own consultancy workload. Therefore the option of a 3 day per week DPH role was now viable and the risk to the service of this reduction in hours was now mitigated by the strengthened and more resilient and capable consultant capacity in the team.

This part time DPH arrangement would also provide positive opportunities for consultants to develop their leadership profile further and enable pathways towards longer term succession planning.

In terms of the extract from the employment contract referred to above it was not proposed that the Director of Public Health would be required to pay the earnings received from her senior lecturer role into Council Funds especially given her reduction to part-time pay.

The proposed reduction of hours in the post of Director of Public Health would save approximately £40,000 per annum plus on costs over a full year.

There would be no requirement to pay any additional reward to consultants in the team for any acting up purposes for 2 days per week that the Director of Public Health would not be working. All the public health consultant posts operated at a senior level and already deputised in the event of the absence of the Director if required on an adhoc basis, and were qualified to do so.

It was recommended that the Director reduced her hours to 3 days per week with effect from 1 October, to be reviewed after 6 months. The Panel considered that this was too short a period to be able to review the arrangements effectively and agreed that 9 months would be a more appropriate period for this. This would mean that in July 2018 the Chief Executive, in discussion with the Head of HR&OD, would then present a report to Panel on the effectiveness of new arrangements including options and recommendations for long term leadership arrangements for DPH function. The Panel supported this approach.

RESOLVED that:

- (a) The request by the Director of Public Health, Frances Howie, to permanently reduce her contracted working hours from 35 hours (over 5 days) to 21 hours (over 3 days) with effect from 1 October 2017 be approved, to be reviewed after 9 months by the Director of Public Health and Chief Executive, in discussion with the Head of HR&OD in order to inform a further report about the long term leadership functions for the Director of Public Health function;**
- (b) Consent be given to the Director of Public Health to undertake paid work outside the Council with effect from September 2017 in order to take up employment as a part time senior lecturer with the University of Worcester;**
- (c) The Chief Executive be authorised, in**

discussion with the Head of HR&OD, to make the necessary arrangements to enable the reduction in working hours and settle the final details with Frances Howie.

The meeting ended at 11.45am

Chairman