

**REPORT OF THE CORPORATE DIRECTOR OF ADULT SOCIAL CARE AND  
HEALTH AND DEPUTY CHIEF EXECUTIVE****RESTRUCTURE OF THE PUBLIC HEALTH DIVISION****Purpose of the Report**

1. The purpose of this report is to seek approval to changes to the structure of Public Health arising from *Redefining Your Council* and reductions to the Public Health Grant for 2016/17.

**Information and Advice**

2. During 2014/15 the council developed a new vision for the future - *Redefining Your Council*. Part of this vision was to integrate public health into the Adult Social Care & Health & Public Protection Department, with the Director of Public Health managerially accountable to the Chief Executive, although on a day to day basis the post will report to the Corporate Director for Adult Social Care and Health and Deputy Chief Executive. This came into effect on 1 September 2015. Part of this process included developing a new structure for the PH team, so that their role and remit was consistent with this NCC vision, and became fully integrated into the council.
3. At the same time, a new vision for the public health function across the county was developed, and this was formally approved by the Public Health Committee on 10 September 2015. This laid the foundation for a fully integrated public health system within the council, and also explained how all public health staff would operate both internally and with partners.
4. Public Health staff transferred to the County Council in their existing posts and on their existing terms and conditions in April 2013.
5. Since transfer only minor changes have been made to the structure; mainly when posts have become vacant and have been deleted with remaining tasks re-allocated amongst the remaining posts. Any new posts have been established on the terms & conditions adopted by NCC.
6. The current proposal is to disestablish the existing structure in its entirety and to create a new structure for the Public Health service. The posts in the new structure will be established on County Council terms and conditions of employment as agreed with the recognised trade unions as part of Single Status.

7. The proposals on the re-structure of the service were issued to staff and relevant trade unions for consultation. In line with the comments received, a formal response to the comments was issued addressing any concerns that were raised and where appropriate some changes to the proposed structure and job descriptions were made.
8. In terms of the public health budget, the council receives a ring fenced grant each year from Public Health England. In 2015/16 this was £36.1m at the start of the year, but due to a national cut of £200m to the public health grant, announced in July 2015, the grant to NCC was reduced by 6.2% (£2.6m) in year. This has been managed by a combination of underspends on public health contracts, plus use of reserves. In addition, NCC took over the commissioning responsibilities for health visitors and the Family Nurse Partnership on 1 October 2015, and therefore received an additional grant of £5.8m (£11.8m full year effect, due to a small adjustment relating to Bassetlaw). The council assumed this in year cut of 6.2% would be made recurrent in 16/17, therefore planned an overall reduction of £3m as part of the budget planning process, which would include both the normal PH grant plus the health visitor allocation. The grant for 2016/17 was announced at £43.26m, which is £0.748m less than anticipated, leading to additional pressure on budgets.
9. In terms of PH staffing resource this has come down from a starting budget of £3.023m in 2013/14, to a planned budget of £2.387m in 2016/17, as a result of recurrent reductions as shown in the table below. The proposed new structure will cost £2.374m, which is within budget. Therefore over the 4 year period to 2016/17, the division will have provided total staffing savings of £0.689m, a reduction of 23% against the 2013/14 net budget of £3.023m.

Year	2013/2014	2014/2015	2015/2016	2016/2017
Budget	£3,023,031	£2,987,580	£2,837,580	£2,387,580

10. The vision for public health continues to be a smaller team but one which is more strategically focused and integrated into the council as a whole, albeit managerially located within ASCH & PP. The proposed budget reductions have been constructed with a view to maintaining sufficient capacity to deliver the division's core responsibilities. These include:
  - **Health improvement**, including developing and implementing a number of PH policy areas such as tobacco, obesity, substance misuse, sexual health, children's health age 5-19, oral health, mental health, workplace health, health inequalities
  - **Health protection**, including community infection control, screening, vaccination and immunisation programmes, health emergency planning
  - **Health services**, including giving Public Health advice and support to CCGs to ensure they commission services based on population need
  - The need to meet statutory requirements such as the production of the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy and the independent Annual Report of the Director of Public Health.
  - The Public Health division also hosts the children's integrated commissioning hub (ICH), specifically to commission children's health services on the CCGs' behalf. Posts related to this function are included within the structure. A number of these posts are funded through ring-fenced CCG monies and these are identified both in the proposed structure diagrams in Appendix 1 and in the tables included in the report.

11. These proposals build upon the improvements made to the PH function over the last few years, in particular;

- The transfer of the PH system from the NHS to the council in April 2013.
- The strategic recommissioning of a number of services e.g. drug and alcohol, obesity and weight management, tobacco, sexual health.
- Continued commissioning support for CCGs as part of the Memorandum of Understanding with them.
- The development of the Health and Wellbeing Board and the Health and Wellbeing strategy
- The focus of the Public Health Committee on public health services, performance and the use of the PH ring-fenced grant

12. The proposed structure reflects the requirements to meet the new vision for PH within the council. The use of generic job descriptions allows the division to maintain maximum flexibility in its structure, allowing it to respond quickly to changes both in demands and divisional structures. Consequently, over time it is expected that posts will be transferred between teams across the division to meet competing priorities.

## The Proposals

13. The proposal is to disestablish the existing structure in its entirety and to create a new structure for the Public Health service. Existing posts are on a mixture of NHS and County Council terms and conditions of employment. In the new structure, all the posts will be established on County Council terms and conditions of employment as agreed with the recognised trade unions as part of Single Status and will be significantly changed in terms of focus. The list of existing posts – all the current posts on the establishment - to be deleted are set out in the table below. Fifteen posts in Public Health were previously deleted as part of the budget setting process for 2016/17, and were included in a Section 188 notice issued in December 2015. These fifteen posts are not included in the list below, as they have already been disestablished.

<b>Existing Posts (to be deleted)</b>	<b>FTEs</b>
Director of PH	1
Consultant in Public Health	5
Associate Director in Public Health	1
Senior PH Manager / Senior Public Health and Commissioning Manager / Senior Public Health Intelligence Specialist / Senior PH and Commissioning Manager CICH*	10
Public Health Manager / Public Health and Commissioning Manager / Reablement Evaluation Officer / Public Health Manager – Information and Intelligence	17.5
Public Health Analyst	3

Group Manager Commissioning	1
Public Health Contracts Manager	2
Public Health Performance and Contracts Officer	1
Executive Officer Public Health	1
Executive Officer Health and Wellbeing	1
PA to PH Directorate	3
Team Secretary / Business Support Administrator Grade 3	3
C&YP Mental Health and Wellbeing Programme Lead*	1
Strategic Performance and Needs Assessment Manager*	1
ICCYPH Programme Manager*	2
CICH Performance and Contracts Officer*	0.5
Business Support Administrator Grade 4*	1
<b>Total</b>	<b>55</b>

Note: Posts marked with an asterisk are funded through CCGs and not out of Public Health grant.

14. The posts to be established are set out in the table below.

<b>Proposed Posts (to be established)</b>	<b>FTEs</b>
Director of PH	1
Consultant in Public Health	4
Senior Public Health and Commissioning Manager	7
Senior Public Health and Commissioning Manager*	1
Public Health and Commissioning Manager	15.5
Public Health Support Officer	2.5
Senior Public Health Intelligence Analyst	1
Public Health Intelligence Analyst	3

Group Manager, Contracts and Performance	1
Public Health Performance and Contracts Manager	2
Public Health Performance and Contracts Officer	1
Executive Officer Public Health	1
Business Support Officer	1
PA to Service Directors	2
Business Support Administrator 3	3
C&YP Mental Health and Wellbeing Programme Lead*	1
C&YP Mental Health and Wellbeing and Commissioning Manager*	1
Strategic Performance and Needs Assessment Manager*	1
ICCYPH Programme Manager*	2
CICH Performance and Contracts Officer*	0.5
Business Support Administrator Grade 4*	1
<b>Total</b>	<b>52.5</b>

Note: Posts marked with an asterisk are funded through CCGs and not out of Public Health grant.

15. Appendix 1 shows the proposed structure in terms of hierarchy, although a flexible approach is planned. Appendix 1 also identifies all the posts which are funded outside of the Public Health grant, and those which will be on fixed term contracts.

### **Other Options Considered**

16. There are no other short term options to addressing the challenges within the public health function. Longer term options could be the complete integration of all staff into Adults and Health, with no separately identified PH team. This, however, is not considered appropriate at this time.

### **Reason for Recommendation**

The proposed structure reflects the next phase in the integration of the public health service as outlined in re-defining your council ” to ensure improved delivery of public health activity, more closely aligned to service and strategic priorities and needs, reduced costs and improved value for money”.

## **Statutory and Policy Implications**

17. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution, the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Implications for service users**

18. One of the main reasons for restructuring the Public Health Service is based on the approach that these services should make an appropriate contribution towards the Council's overall savings target to safeguard front-line service delivery. These reductions are planned to minimise the impact on the quality of the service provided to customers and key stakeholders.

### **Financial Implications**

19. Financial implications are set out in paragraphs 8 and 9 of the report.

### **Equalities Implications**

20. The restructuring of the public health Division will be carried out in accordance with the County Council's employment and equalities policies.

### **Human Resources Implications**

21. Staff and all trade unions including those trade unions not recognised for collective bargaining purposes but who represent colleagues in the service have been fully informed and consulted on the restructure.

22. The HR implications have been considered throughout the consultation process in drawing up the new structure and job descriptions. Appointments to the posts in the new structure will progress in line with the corporate enabling process. All posts have been evaluated using the agreed job evaluation process and the grades have been confirmed.

## **RECOMMENDATION**

23. It is recommended that Elected Members approve the changes to the Public Health Service structure effective from 1 August 2016 as set out in this report and in Appendix 1.

**David Pearson**

**Corporate Director, Adult Social Care and Health and Deputy Chief Executive**

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### **Constitutional Comments (CEH 23.06.16)**

24. The recommendation falls within the remit of the Public Health Committee under its terms of reference.

### **Financial Comments (KAS 23/06/16)**

25. The financial implications are contained within paragraphs 8 and 9 of the report.

### **Background Papers**

Report to Public Health Committee, 10 September 2015, Public Health Arrangements across Nottinghamshire County

### **Electoral Division(s) and Member(s) Affected**

All