

## **APPOINTMENTS COMMITTEE**

<b>DATE</b>	22/06/2023
<b>REPORT OF</b>	Chief Executive
<b>SUBJECT</b>	Director of Public Health arrangements
<b>STATUS</b>	Open

### **CONTRIBUTION TO OUR AIMS**

A report to reflect proposed Director of Public Health arrangements across North and North East Lincolnshire following a Greater Lincolnshire pilot model.

### **RECOMMENDATIONS**

- i) To approve the creation of a joint Director of Public Health post covering both North East Lincolnshire and North Lincolnshire Councils.
- ii) To delegate the process of appointment to this post to a joint recruitment panel consisting of representation from North East Lincolnshire Council, North Lincolnshire Council, the Office for Health Improvement and Disparities and the Faculty of Public Health.

### **REASONS FOR DECISION**

To ensure that the Council maintains effective statutory public health leadership arrangements.

### **1. BACKGROUND AND ISSUES**

- 1.1 To help address issues of diversity of communities, the determinants of ill health, data sharing protocols and look at public health from a resident or health protection perspective rather than an administrative boundary perspective the three upper tier authorities within Greater Lincolnshire decided to enter into a pilot to explore this approach.
- 1.2 The three areas of North East Lincolnshire, North Lincolnshire and Lincolnshire entered into a Memorandum of Understanding in February 2022 to deliver a joint pilot for a shared Director of Public Health. The existing Director of Public Health from Lincolnshire County Council took on this role.
- 1.3 One year on from the pilot's initiation there have been some notable successes. Namely the creation of a Greater Lincolnshire Health Protection service, the ready acceptance of data and intelligence sharing and the ability to move resource around where needed through mutual aid. However, for several factors but primarily the reasons of serving two integrated care boards and complementary blue light services and non-alignment with the OHID model, the stretch on any individual to service three corporate entities and discharge their public health and corporate duties and the sheer geographical spread of this enlarged county entity it has been decided that the pilot although recognising many positive legacy attributes should be ceased and an alternative model for

public health influence and delivery be established for Greater Lincolnshire.

- 1.4 Recognising that a balance needs to be struck reflecting both the natural flow of people and the communities they represent, health protection and the need for some form of organisational construct to enable accountability and responsibility to meet statutory duties the proposed model is for a Greater Lincolnshire Public Health Partnership which will lift the best of the lessons learnt reflecting economies of scale and scope achieved at a Greater Lincolnshire level, recognise Two Public Health Systems and within that recognising subsidiarity through Three Places. The intent is that public health functionality is impactful at strategic, operational, and tactical levels.
- 1.5 The two public health systems recognise the boundaries of the commensurate ICBs and the vast majority of the Hospital Trust's and Emergency Services geography too. Public Health in each system will be led by a DPH – responsive to the ambition of the public health alliance and the specific needs and opportunities within place. In the Northern Lincolnshire system there will be one Director of Public Health to oversee and ensure delivery, strategic fit and complementarity of two Public Health teams. This role will be jointly funded by both North East Lincolnshire and North Lincolnshire Councils and hosted by North Lincolnshire Council.

## **2. RISKS AND OPPORTUNITIES**

In the context of the wider health and care partnership and system leadership arrangements, a combined role across northern Lincolnshire will ensure appropriate involvement and influence on key strategic public health issues across the ICB geography, as well as maintaining a clear and present focus on NEL, the place.

## **3. OPTIONS CONSIDERED**

- 3.1 **Existing Pilot Model** - This model is a pilot scheme and whilst many benefits have been realised is not considered the best route forward as outlined in section 1.
- 3.2 **No Director of Public Health** - Local Authorities have a statutory duty to employ a Director of Public Health.
- 3.3 **Humber Wide DPH Model** - Although appealing in terms of consistent health care systems, emergency services and commissioners this geography is considered too large, not representative enough and would present the same excessive stretch on any one individual to contribute greatly to place.
- 3.4 **North East Lincolnshire only DPH model** - This model meets statutory, health care systems and management prerogatives but misses out on possible economies of scale and scope which a broader geography offers.
- 3.5 **Joint Director of Public Health for Northern Lincolnshire** - Considered the best option as satisfies statutory duties, commitment to corporate management, contiguous with health care and emergency service boundaries and offer economies of scope and scale to drive through better alignment and integration

of public health services and thinking.

#### **4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS**

4.1 The creation of this post has been consulted upon through Greater Lincolnshire Joint Strategic Oversight Committee, North and North East Lincolnshire Council relevant Cabinet Members and Senior Leadership Teams.

#### **5. FINANCIAL CONSIDERATIONS**

Funding for the post will be via the NELC Public Health grant.

#### **6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS**

This post through mainstreaming public health delivery and thinking across two geographies and organisations will directly help address socio-economic inclusion issues within Northern Lincolnshire.

#### **7. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS**

The proposed appointment of a Joint Director of Public Health across North and North East Lincolnshire will not directly impact on this issue but nevertheless, climate change and environmental implications will be one of many threads which shape policy and overall strategic direction.

#### **8. FINANCIAL IMPLICATIONS**

Salary costs will be shared 50:50 between North and North East Lincolnshire Council's. Funding will be from the Public Health grant, therefore there will be no call on mainstream revenue funds.

#### **9. LEGAL IMPLICATIONS**

9.1 The Council is statutorily required to have a designated Director of Public Health and equally, is able to enter into joint arrangements with other local authorities to fulfil this responsibility.

9.2 The involvement and support of the Office for Health Improvement and Disparities and the Faculty of Public Health is a legal requirement in the recruitment process.

#### **10. HUMAN RESOURCES IMPLICATIONS**

Specific HR advice will be provided in respect of the process and contractual obligations between North East Lincolnshire Council and North Lincolnshire Council, in accordance with the recommendations in this report, and to ensure that the Council's Constitution, employment legislation and the Council's policies and procedures are taken into consideration.

#### **11. WARD IMPLICATIONS**

Applies to all wards.

## **12. BACKGROUND PAPERS**

Greater Lincolnshire Joint Strategic Oversight Committee: Director of Public Health Models, March 2023

## **13. CONTACT OFFICER(S)**

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**ROB WALSH**  
**CHIEF EXECUTIVE**