

**MANCHESTER CITY COUNCIL
REPORT FOR RESOLUTION**

COMMITTEE: PERSONNEL
DATE: 10 JULY 2008
REPORT OF: DIRECTOR OF MANCHESTER JOINT HEALTH UNIT
SUBJECT: MANCHESTER JOINT HEALTH UNIT: SENIOR
MANAGEMENT STRUCTURE

PURPOSE OF THE REPORT

To set out proposals for the next stage of the development of the Manchester Joint Health Unit (JHU) following the establishment of a single Primary Care Trust (PCT) for Manchester.

RECOMMENDATIONS

The Committee is recommended to:

1. Agree to the regrading and redesignation of the existing four Principal Programme Manger posts (PO 5) to Strategic Manager posts at Grade 10 + 10% (£40,287 - £43,035) and to the establishment of an additional Strategic Manager post with specific responsibility for employment and health.
2. Grant delegated authority for the Director of the Joint Health Unit in consultation with the Head of Corporate Personnel and Director of Public Health (Manchester PCT) to develop revised job descriptions.

FINANCIAL CONSEQUENCES FOR THE REVENUE AND CAPITAL BUDGETS

None.

These proposals will result in an increase of circa £80,000 per annum at salary maxima and inclusive of salary related oncosts. This increase will be met from within the budget provided by the Manchester Primary Care Trust.

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BACKGROUND DOCUMENTS

Report to the Executive on 30 May 2001: Joint Health Unit

WARDS AFFECTED:

None

IMPLICATIONS FOR:

Anti-poverty	Equal Opportunities	Environment	Employment
No	Yes	No	Yes

1. INTRODUCTION

- 1.1 The Manchester Joint Health Unit was established on 1 April 2002 and funded initially by the three Manchester Primary Care Trusts and the City Council. It was set up in recognition of the fact that Manchester has some of the most challenging health problems in the country. The core business of the Unit is to reduce health inequalities within Manchester and between Manchester and the rest of the country. The Government has confirmed its commitment to tackling health inequalities in the recent Comprehensive Spending Review (CSR) and a new national strategy will be produced in summer 2008.
- 1.2 On 1 October 2006 the three former PCTS merged to form a single Manchester PCT and a major restructure programme of the new organisation was initiated. The three former Director of Public Health posts were disestablished and a new Director of Public Health was appointed on 1 April 2007 to work alongside the Director of the Joint Health Unit.
- 1.3 The Director of the Joint Health Unit has conducted an internal review of the roles and responsibilities of JHU staff in line with the restructure of the Public Health Directorate at the PCT. It is now necessary to strengthen the management arrangements of the JHU in order to develop and retain staff and ensure parity with senior manager posts at the Manchester PCT. This will consolidate the partnership arrangements between the PCT and City Council in preparation for the development and implementation of the new Local Area Agreement (2008-2011) and the long-term strategic direction set out in the CSR.

2. KEY INITIATIVES AND PRIORITIES FOR THE JOINT HEALTH UNIT

- 2.1 In Manchester the 2002-2005 Local Public Service Agreement (LPSA) targets for life expectancy were achieved and the trajectories for the LPSA2 life expectancy targets are on track (2005-2008). However despite this relatively good progress since the beginning of the decade the health gap is still significant and much remains to be done. If Manchester residents are to experience the same positive health outcomes as their counterparts in the rest of the country then the local NHS and City Council must build on the strong foundations for partnership working now established and strengthen senior management and strategic capacity.
- 2.2 Over the past five years the Unit has taken the lead on a number of key strategic programmes of work and can point to the following achievements:
- the development and implementation of a strategy to deliver a smoke free city in advance of the legislation of 1 July 2007

- the development of a partnership to improve the food eaten in the city – a project which is to be awarded the North West Regional Food Champion Award
- the introduction of the ‘Get Manchester Moving’ Campaign which provides tailored programmes to increase levels of physical activity in older people
- the development of programmes to increase access to sexual health services for younger people and improve sex and relationship education in schools – most recent published statistics (2006) show a decrease in the under 18 conception rate
- working with the NHS trusts to enable local residents to take up potential job opportunities
- the establishment of a Condition Management Programme enabling Incapacity Benefit claimants to access local health support services
- delivery of six new health facilities in key wards
- ensuring that the three Manchester hospitals will have the full range of maternity and paediatric services following the closure of Booth Hall and Pendlebury
- securing a fairer share of NHS financial resources for Manchester PCT

3. PROPOSAL

- 3.1 The review has highlighted the fact that the programme areas and support functions mentioned above should remain as part of the core business of the Unit. However a number of areas require greater strategic management capacity and leadership across the PCT and Council. The aim is to consolidate the Joint Health Unit model and enhance and expand strategic programme and support functions to ensure that the Unit is “fit for purpose” for the next phase of its development.
- 3.2 The Director believes that the original Principal Programme Manager posts, all established in 2002, now need to be updated to reflect the changes that have already impacted on roles and responsibilities and to prepare for the new challenges ahead. The Strategic Managers now all have a clear strategic commissioning role that reflects the new PCT arrangements, where there is a greater distinction between this function and the provision and delivery of services.
- 3.3 The equivalent posts in the PCT (Public Health Managers and Associate Directors) are banded at Agenda for Change 8a) (£37,881-£44,420). Some of the Principal Programme Managers are currently managing staff seconded from the PCT who are at Agenda for Change Band 7 (up to £36,416). The Programme Managers current grade is PO5 with a salary range of £35,852 - £38,404.

3.4 It is important to take account of these market forces in order to retain staff to work in this complex partnership environment and ensure clear pathways for career development into the PCT and NHS more generally. A good example of this is the Teenage Pregnancy Co-ordinator post where, as a minimum, PCTs and local authorities are now advertising these posts at Band 8a) and in some cases Band 8 b).

3.5 The new Board of the Joint Health Unit comprising:

- Chair of Manchester PCT
- Chief Executive of Manchester PCT
- Director of Public Health, Manchester PCT
- Executive Member for Adults Services, Manchester City Council
- Deputy Chief Executive, Manchester City Council

met on 15 November 2007 and fully supported the outcomes of the Joint Health Unit review and continuation and funding of the proposed JHU model.

4. REVISED ROLES

4.1 The review of the JHU has highlighted the need to broaden the scope of the existing Principal Programme Manager posts. The expanded programme of responsibilities within the JHU has given rise to significant and increasing demands on the existing four Principal Programme Manager posts. In addition to the existing posts, provisional approval was given at the PCT Board in April 2008 to establish a further Strategic Manager post to lead the employment for health workstream as part of the Joint Health Unit assignment. This post will be key to delivering the City Strategy.

4.2 Each postholder, in addition to his or her existing responsibilities, is now required to:

- Provide strategic leadership for a wider portfolio of health improvement programmes (equivalent to public health managers employed by the PCT)
- Lead implementation of local, regional and national policy relevant to tackling health inequalities and keep abreast of the evidence base for public health areas allocated to the portfolio of the post
- Report directly, as appropriate, to Executive Members/ Chief Officers/ NHS Executive Management Teams/ NHS Non-executive Board members and relevant Committees and Boards as well as the Director of the Joint Health Unit
- Develop and maintain effective partnerships across the Council, local NHS, other public sector agencies, community and voluntary sector and with regional and national bodies

- Commission services and manage performance against multiple objectives, targets and indicators and ensure that programmes are developed to comply with health equity audits, public health needs assessments and any financial reporting requirements

4.3 A summary of each post and proposed salary arrangements is set out below:

Strategic Manager (Health and Regeneration): Leads on strategy to ensure that the five strategic regeneration frameworks contribute to a reduction in health inequalities, incorporating a brief that includes Built Environment for Health, NHS LIFT and Foundation Trusts and commissions Healthy Living Network provision – To be regraded from PO5 to Grade 10 +10%.

Strategic Manager (Teenage Pregnancy Strategy): Leads the development and implementation of the national teenage pregnancy prevention and support strategies, commissions programmes of work and co-ordinates partnership delivery – To be regraded from PO5 to Grade 10 +10%.

Strategic Manager (Performance and Commissioning): Leads on the development and implementation of the investment strategy for Adults Health and Well Being, Local Area Agreement performance and the commissioning of preventive mental health services – To be regraded from PO5 to Grade 10 +10%.

Strategic Manager (Valuing Older People): Leads the development and implementation of the comprehensive strategy for Valuing Older People in Manchester, providing organisational and policy leadership across the Valuing Older People Partnership – To be regraded from PO5 to Grade 10 +10%.

Strategic Manager (Employment and Health): Leads the development and implementation of a strategic framework for employment and health to deliver the health element of the City Strategy. The post holder will co-ordinate strategic programmes and commission services across Manchester NHS Trusts, Manchester City Council, Practice-Based Commissioning Hubs, Job Centre Plus and the Learning and Skills Council – To be established at Grade 10+10%.

5. CONCLUSION

5.1 There has been a significant expansion of the work programme of the Joint Health Unit since it was established five years ago. There is now a need to strengthen senior management and strategic capacity within the Unit and ensure the development and retention of a sufficiently robust, skilled and flexible senior team. This will also support the

— achievement of the new Local Area Agreement targets for health and well-being and strengthen the City's response to the revised national strategy to tackle health inequalities expected later this year.

6. COMMENTS OF HEAD OF CORPORATE PERSONNEL

- 6.1 Given the merger of the PCTs into one the need for the Joint Health Unit to position itself as a key partner in delivering improved health outcomes for the residents of Manchester is crucial.
- 6.2 The Joint Health Unit will be building on the strong foundations it has established over the last few years where we have seen significant improvements in many key areas such as improved life expectancy and a reduction in the under 18 conception rate.
- 6.3 I agree that the expanded programme of responsibilities within the JHU has given rise to significant and increasing demands on each of the existing four Principal Programme Manager posts. I agree that the redesignation and regrading of these posts to Grade 10+10%, £41,283 - £44,100 is appropriate and timely in all of the circumstances.
- 6.4 I also agree to an additional Strategic Manager post at Grade 10+10%, £41,283 - £44,100, focused on employment and health as part of the Joint Health Unit assignment. This post will be key to delivering the City's Strategy.
- 6.5 The regrading of the existing posts and the addition of a further post will support the recruitment and retention of key personnel to drive one of the City's key priorities forward.

7. IMPLICATIONS FOR KEY COUNCIL POLICIES

- 7.1 The proposals in this request will support the retention and development of management staff employed in the Manchester Joint Health Unit, which makes significant contribution to development and implementation of strategies to improve the health of the residents of Manchester. This directly contributes to key Council policies in respect of the equal opportunities and employment.