

Association of Directors of Public Health (UK)

ADPH Annual General Meeting

Tuesday 15th May 2007 at 4.20 p.m.

New Connaught Rooms, 61-65 Great Queen Street, London WC2B 5DA

Minutes

Present:

Tim	Allison	East Riding of Yorkshire PCT
Peter	Bradley	Suffolk PCT
Stephen	Bridgman	Newcastle PCT
Andrew	Clark	North Yorkshire & York PCT
Nicola	Close	ADPH
Ann-Marie	Connolly	Haringey Teaching PCT
Tim	Crayford	Croydon PCT
Paul	Edmondson-Jones	Portsmouth City Teaching PCT
Isobel	Gillis	Shropshire County PCT
Margaret	Guy	Westminster PCT
Judith	Hooper	Kirklees PCT
Julie	Hotchkiss	Ashton Leigh & Wigan PCT
Andy	Howe	Blackpool PCT
Andrew	Jones	National Public Health Service for Wales
Peter	Kelly	Middlesborough PCT
Mike	Leaf	Blackburn with Darwen PCT
Jane	Leaman	Swindon PCT
Valerie	Little	Dudley PCT
John	Middleton	Sandwell PCT
Nigel	Monaghan	National Public Health Service for Wales
Salman	Rawaf	Wandsworth Teaching PCT
Paul	Redgrave	Barnsley PCT
Gillian	Richardson	Caerphilly Local Health Board and NPHS Wales
Chris	Spencer-Jones	South Birmingham PCT
Angela	Tinkler	National Public Health Service for Wales
Catherine	Woodward	Telford & Wrekin PCT

1. Welcome

The President, Tim Crayford, welcomed members to the 2007 Annual General Meeting.

2. Minutes of AGM 2006

The minutes of the 2006 AGM, held on 28th April 2006, were approved.

3. Matters arising from minutes

There were no matters arising from the minutes.

4. President's Annual Report

The President presented a review of the past year, which had been an eventful time for the Association. Successes for the ADPH had included ensuring Directors of Public Health had statutory membership on PCT Boards under the changes introduced in England as a result of Commissioning a Patient-led NHS; and influential surveys to assess the impact of CPLNHS on Directors of Public Health; and on the availability and use of Choosing Health monies.

The Association had continued to build its voice to influence Public Health issues; and had received financial support from the Department of Health to continue to strengthen and build the organisation. This would enable the ADPH to undertake policy development and introduce a new representative structure across the UK, supported by a small ADPH staff. It was intended to continue these initiatives over the year ahead, along with building a 'one voice' approach to policy development alongside other key Public Health organisations, to represent the views of the wider Public Health community.

5. Treasurer's Report

Copies of the accounts for April 2006 to March 2007 were made available. The ADPH had received funding from the Department of Health that would support its development. However, to ensure continued sustainable development it would be necessary to secure regular income, and proposals were to be presented to the AGM for the introduction of a membership subscription.

The accounts were accepted.

6. Governance structure

6.1 Constitution and representative structure

The President reported on proposals to introduce a more democratic and representative governance structure for the organisation. This would provide for two elected representatives for each of Scotland, Wales and Northern Ireland; and similarly for each Region in England. These Country and Regional representatives would have defined roles and responsibilities, and one representative from each Country and Region would be a member of the ADPH Executive Committee. It was intended to introduce these new arrangements during 2007.

A new governance framework would be needed which would require changes to the current ADPH Constitution. Agreement was sought both for these new arrangements and the work on the governance framework and constitution.

The AGM agreed:

- i. the introduction of a new representative structure across the UK and associated election processes;
- ii. a new governance framework and amendment of the Constitution to be approved at the next AGM.

6.2 ADPH subscription

The President had reported back on the outcome of views gathered at the ADPH 150th Anniversary Conference in November 2006, on a proposal to apply a subscription of £1,500 per NHS organisation, to support the work of the ADPH. There had been 50:50 support for a fee of this size; and for the 50% that didn't support this, 100% were in favour of a fee of £500-£1000; a preference had also been expressed for a sliding fee dependant on PCT size.

The Executive were recommending to the AGM the introduction of a subscription, without which the ADPH could not continue to develop as an organisation in the medium to longer term. The subscription would provide backfill resources for the role of President, enable democratisation of the organisation, support services to members, provide policy development and administrative services for the organisation, and support the provision of conferences. Pump-priming monies from the DH had supported the current developments, but sustainability relied on raising regular income through subscriptions. It was suggested that the subscription for Primary Care Organisations should be in the range of £1,000 - £1,500 pro-rata per population.

Potential options linked to introducing a subscription included:

- i. applying a subscription and offering membership benefits to those whose organisations subscribed; or
- ii. taking a universal approach – asking all organisations to subscribe but offering no particular linked membership benefits; or
- iii. providing extra benefits for members whose organisations subscribed.

In discussion, the following points were raised.

- It was suggested there was a danger of disenfranchising members in those Regions where the financial crisis prevented DsPH from funding subscriptions or conference fees.
- Greater clarity was needed on the proposed subscription structure.
- A phased introduction might be more appropriate and enable PH budgets locally to fund a gradually increasing subscription.
- Comparative information on subscription rates in similar organisations would be helpful.
- A business plan and breakdown of how the subscription will be utilised would support DsPH in justifying this expenditure from their PH budget; as would marketing to Chief Executives the membership benefits and strengths and unique role of the ADPH.
- Engagement with Regional DsPH would be important.
- Joint appointments could see the subscription split across two organisations.
- The sums involved were modest but would produce significant benefits for members and the Public Health community.
- Basing the subscription on £ per 1,000 population could be the best approach for English PCTs. A different methodology may be necessary for the other countries.

- The meeting should mandate the Executive Committee to take work forward and develop these proposals and produce written proposals, acknowledging the need to be pragmatic but also as inclusive as possible.

The President thanked members for their contributions and suggestions, and confirmed that under any system, the ADPH would take account of the need to avoid disenfranchising members as a result of local financial issues, etc.

The AGM unanimously agreed:

- to mandate the Executive Committee to speedily work-up a clear subscription proposal – to be sent to all members for consultation;
- that the ADPH should set a membership subscription during 2007, supported by a business plan.

6.3 Executive Committee Membership

Nick Hicks had stood down as Treasurer. Janet Atherton was proposed and elected to the position of Treasurer, for the period to 2010.

Membership of the Executive Committee was noted:

Name	Position	Term ends
Tim Crayford	President	2009
Nigel Monaghan	Vice-President	2009
Vacant	Secretary	
Janet Atherton	Treasurer	2010
Mike Robinson	Membership Secretary	2009
Catherine Woodward	Committee Member	
Nick Hicks	Committee Member	
Andrew Clark	Committee Member	
Dorothy Moir	Committee Member – Scottish Rep	
David Stewart	Committee Member – N I Rep	
Diana Grice	Committee Member	
Hilary Pickles	Committee Member	
Chris Spencer-Jones	Committee Member	
Margaret Guy	Faculty Observer	
Nicola Close	Staff	

7. Any Other Business

There was no other business. However members were invited to remain after the meeting to discuss the current Conservative Party public health consultation, in order to build a response by the ADPH.

8. Close of AGM

The President thanked members for their participation and closed the meeting.