



Association of *Directors of Public Health (UK)*

Annual General Meeting

Monday 24th June 2013

1:15 p.m.

Victory Services Club, 63 -79 Seymour Street, London, W2 2HF

Minutes

Present:

Janet Atherton	ADPH President	DPH, Sefton
Diana Grice	ADPH Vice President	DPH, East Sussex
Paul Edmondson-Jones	ADPH Honorary Secretary	DPH, York
Mike Robinson	ADPH Honorary Treasurer	DPH, Croydon
Judith Hooper	ADPH Membership Secretary	DPH, Kirklees
Tim Allison	ADPH Member	DPH, East Riding
Andrea Atherton	ADPH Member	DPH, Southend
Helen Atkinson	ADPH Member	Acting DPH, Surrey
Alison Barnett	ADPH Executive Member	DPH, Medway
Ian Cameron	ADPH Executive Member	DPH, Leeds
Caryn Cox	ADPH Member	DPH, Cheshire West & Chester
Nonnie Crawford	ADPH Member	DPH, Sunderland
Frances Cunning	ADPH Member	DPH, North Lincolnshire
Jeanelle de Gruchy	ADPH Executive Member/Vice President Elect	DPH, Haringey
Jose Figueroa	ADPH Associate Member	Deputy DPH, Hackney
Rachel Flowers	ADPH Member	DPH, Newham
Andrew Furber	ADPH Executive Member	DPH, Wakefield
Liz Gaulton	ADPH Member	DPH, St Helens
Amanda Healy	ADPH Member	DPH, South Tyneside
Vicky Hobart	ADPH Member	DPH, Waltham Forest
Andrew Howe	ADPH Executive Member	DPH, Harrow
Zafar Iqbal	ADPH Member	DPH, Stoke on Trent
Valerie Little	ADPH Executive Member	DPH, Dudley
Lise Llewellyn	ADPH Member	DPH, Bracknell Forest
Janet Maxwell	ADPH Member	DPH, Bristol City
Ruth Milton	ADPH Executive Member	DPH, Hampshire
Jane O'Grady	ADPH Executive Member	DPH, Buckinghamshire
David Phillips	ADPH Member	DPH, Dorset
Debbie Stark	ADPH Member	DPH, Torbay
Rebecca Wagstaff	ADPH Member	Interim DPH, Cumbria
Alice Walsh	ADPH Member	Interim DPH, Gloucestershire
Jeremy Wight	ADPH Member	DPH, Sheffield City
Nicola Close	Staff	ADPH Chief Executive
Julia Ellis	Staff	ADPH Policy Manager
Sarah Totton	Staff	ADPH Project Manager

Apologies were received from a number of ADPH members

The Meeting was confirmed as quorate

1. Welcome

The President, Janet Atherton welcomed members to the 2013 Annual General Meeting.



2. Minutes of Annual General Meeting 2012

The minutes of the Annual General Meeting held on 15th May 2012 were approved.

3. Matters arising from minutes

There were no matters arising from the minutes.

4. President's Annual Report

The President presented the 2012/13 Annual Review. The past year had focused on preparing for transition – for members in England in the run-up to the establishment of the new English public health system; and for ADPH as the organisation moved its office to Cambridgeshire County Council and transferred to a new hosting organisation (the UK Health Forum).

The President, Vice President, ADPH members, Executive members and the Chief Executive had been involved in an extensive programme of meetings and work to refine elements of the new public health system in England.

A high priority for President had been to meet with members across the UK, and to discuss with them how ADPH could best support members over the coming years. Janet had met with members in Wales and Scotland and in English regions – and this programme of meetings was continuing into 2013/14.

Policy work had continued to focus on collaborative projects - with the dual aims of supporting DsPH locally and advocating for improvements nationally; as well as advocating for public health through submissions in response to a range of national consultation exercises.

2012/13 was the third and final operational year for the 2010/13 Business Plan and staff had continued to deliver to those objectives.

The President highlighted specific elements of each of the work programmes:

- **Mutual support and collective effort** – including the 2012 annual conference; membership workshops and executive policy workshops; launch of a new ADPH Peer Support service; programme of Presidential meetings with members throughout the UK; regular e-DPH newsletters, communications and briefings for members.
- **DPH Development** – including DPH master-classes on strategic marketing of public health to local authorities; DPH Annual Report Competition; input to and support of NHS Academy leadership programmes for DsPH; input to the Health & Wellbeing Board development programme and Sector-led Improvement programme led by the LGA.
- **Advocacy** – including membership of key national PH system development groups; representation on a range of national bodies; lobbying and meetings with a wide range of stakeholders.
- **Policy** – including representation on many national bodies / committees; collaborative working with PH stakeholder organisations; responding to national consultations on topics relevant to DsPH and their work; co-ordinating requests from external organisations for DPH input to a wide range of PH policy areas.
- **Infrastructure and governance** – including regular Honorary Officer and Executive meetings; achieving a surplus budget with sufficient reserves, establishment of a new ADPH office; transfer of organisational hosting to the UK Health Forum; registration as a Company; development of a new subscription system for presentation to the AGM.

A high priority for the Association in the coming year was to 'get back to normal business' and focus on public health policy across the UK – supported by new membership policy topic



teams; membership surveys; a robust Constituency Representative structure; and the development of ADPH networks.

The President thanked all ADPH members for their input and support. Also, thanks went to Honorary Officers, Executive Members, Chief Executive Nicola Close and her staff.

The Annual Report was received and noted.

5. Treasurer's Report

The Treasurer, Mike Robinson, presented the Treasurer's Report and Accounts for 2012/13, which are appended to these minutes.

2012/13 was the final year during which the budget for the Association was hosted by NHS Cambridgeshire. The financial summary presented was, therefore, based on financial statements provided by the PCT. It had been internally monitored and externally audited through the PCT regulatory systems. The Treasurer confirmed that from 1st April 2013, the Association's financial systems would be provided as part of the hosting agreement with the UK Health Forum.

The Treasurer highlighted that in order to ensure business continuity during the year, the Association sought to carry forward sufficient reserves to cover the planned work programme for the year. In addition it should hold a contingency to allow for unexpected costs and any liabilities should the organisation need to be wound up. These reserves should total at least £300,000 - an increase from 2012/13 to take account of the organisation's more independent role in the third sector as opposed to being hosted by the NHS.

The Treasurer thanked Nicola Close, Chief Executive and her team for managing the budget effectively in year.

The Treasurer's Report and accounts for 2012/13 were accepted.

6. Appointment of Auditors

The AGM approved the appointment of Begbies Chartered Accountants as Auditors and empowered the ADPH Board to appoint Auditors for 2013/14.

7. ADPH Subscriptions

The AGM considered a new subscription model which had been developed in light of the transfer of Directors of Public Health and public health teams to Local Authorities in England. A similar model would also be applied to Wales and Northern Ireland.

The proposed subscription model was based on the following principles:

- the subscription would continue to be an organisational one – i.e. it would include membership for interim and acting DsPH;
- a subscription would be charged to all 152 upper tier LAs in England (as with any other organisation who employs a DPH) even if the DPH is shared across more than one Council;
- there would be a flat fee of £1000 per LA plus a figure based on the LA weighted population (as taken from the PH Allocations Exposition Book);
- this figure would be rounded to the nearest £500.

Each subscribing organisation would receive:

- one full membership of ADPH (substantive, acting, or interim);
- one Associate membership (usually the Deputy DPH);
- one free or substantially discounted place at the Annual Conference;
- discounted rates at other events, workshops, master-classes etc. (limits may apply).



Where the DPH is a shared role across LAs there would only be one full member but each LA could nominate one Associate member.

Members and Associates would receive:

- the opportunity for involvement in policy-setting and advocacy at a national level;
- networking and communication between members;
- regular communications through e-DPH and the local networks;
- events aimed directly at DsPH and their current issues;
- development support for the DPH role.

It was noted that this model would produce a potential income of just over £300,000 with subscriptions ranging from £1,000 to £5,500. This was broadly in line with ADASS and ADCS subscriptions.

In response to a question relating to the accumulation of reserves, the Treasurer confirmed that the ADPH Board would review income, expenditure and reserves throughout 2013/14 to ensure an appropriate balance of expenditure on activity was maintained.

The AGM approved the new subscription model for 2013/14 and beyond.

8. Constitution

The AGM considered a paper summarising proposed amendments to the ADPH Constitution, along with a paper detailing all the proposed Constitutional amendments.

During 2013 the Association had registered as a Company Limited by Guarantee, and accordingly had established a Board of Directors. This was necessary in light of changes in the hosting of the organisation, as on 1st April ADPH had transferred from NHS Cambridgeshire to a new host organisation - the national charity UK Health Forum.

Most of the Constitutional amendments being proposed therefore related to:

- changes to reflect ADPH as a Ltd Company with a Board of Directors; or
- the reorganisation of the public health system in England

During 2013/14 it was intended to progress towards establishing ADPH as a charity, which would require further Constitutional changes at the AGM in 2014.

The AGM agreed amendments to the Constitution as proposed.

The AGM also supported the principle of moving towards charity status for ADPH and agreed that the ADPH Board be empowered to take this forward and to bring final recommendations to the AGM 2014.

9. Executive Committee Membership

Election of Vice President 2013 - 2016

Due to a change in role, Diana Grice was standing down from her role as ADPH Vice President in June 2013. In accordance with the Constitution, in early June nominations had been sought from Ordinary members for the position of Vice President for the term 2013 - 2016. At the closing date for receipt of nominations (noon on 19th June) one nomination had been received as follows:

Nominee: Jeanelle de Gruchy, DPH, London Borough of Haringey

Supporters: Andrew Howe, DPH, London Borough of Harrow, Rachel Flowers, DPH, London Borough of Newham

The AGM noted the election unopposed of Jeanelle de Gruchy as ADPH Vice President for the term of office 2013 – 2016.



Election of Honorary Treasurer

The term of office of the current Honorary Treasurer (Mike Robinson) ended in 2013. In accordance with the Constitution, all ordinary members were notified in advance of the AGM of the call for nominations for Honorary Treasurer. At the closing date for receipt of nominations (noon on 18th June) one nomination had been received as follows:

Nominee: Mike Robinson, DPH, Croydon

Supporters: Ellis Friedman, DPH, London Borough of Sutton; Dagmar Zeuner, DPH, London Borough of Richmond and Twickenham

The AGM noted the election unopposed of Mike Robinson as ADPH Honorary Treasurer for the term of office 2013 – 2016.

Executive membership

The AGM noted the current Executive Committee membership.

The AGM confirmed the annual appointment of the FPH Observer – John Middleton, Vice President, FPH.

The AGM noted new Executive members appointed in 2012/13:

Anna Lynch – North East

Abdul Razzaq (re-appointed) – North West

Ian Cameron (re-appointed) – Yorkshire & Humber

Valerie Little and Aliko Ahmed – West Midlands

Tessa Lindfield – East of England

Andrew Howe and Jeanelle de Gruchy – London

Judith Wright – South East

Jenifer Smith (stood down June 2013), Ruth Milton (re-appointed), Jane O Grady - South Central

Virginia Pearson and Maggie Rae – South West

10. Any Other Business

The President thanked Diana Grice for her significant contribution as Vice President, and welcomed Jeanelle de Gruchy as the incoming Vice President.

Thanks also went to Liz Robin (DPH, Cambridgeshire) for her support to the organisation through its transfer from NHS Cambridgeshire and also in supporting the establishment of new offices at Cambridgeshire County Council.

11. Close of AGM

The President thanked members for their participation and closed the meeting at 13:35.



ADPH Treasurer's Annual Report for 2012/2013

2012/13 was the final year during which the budget for the Association was hosted by NHS Cambridgeshire. The financial summary presented in this report is, therefore, based on financial statements provided by the PCT. It was internally monitored and externally audited through the PCT regulatory systems. From 1 April 2013, the Association's financial systems will be provided as part of the hosting agreement with the UK Health Forum.

Banking Arrangements

As will be detailed elsewhere in the AGM, the Association has been established on a temporary basis as a Limited Company with its 5 Honorary Officers as directors. Banking facilities have been arranged with the Co-operative Bank, and our reserves have been transferred from NHS Cambridgeshire accordingly.

In light of recent concerns about the financial viability of the Co-op Bank, whilst there is no immediate risk, it is planned to distribute the reserves of the Association across several different banks, to ensure our exposure to any single institution does not exceed the £85,000 guarantee offered to all UK based banks by the Financial Conduct Authority

Income

The main source of income for the Association continues to be subscriptions from members. Income from subscriptions in year was £216,950, up from £202,150 in 2011/12. There was no increase in subscription levels in 2012/13; the increase in subscription income is due to a further decrease in the number of non-paying organisations. 91% of English PCTs/LAs paid their subscription (an increase from 81% in 2011/12 and 76% in 2010/2011). Wales, Northern Ireland and Jersey also pay subscriptions. Scottish DsPH continue to choose to remain associates of the Association, and do not pay.

As last year, no Department of Health funding was allocated to the Association in 2012/13 for specific projects, and this is not expected to change in 2013/14.

A small amount of funding was secured from other sources (£7,809).

Expenditure

The majority of expenditure relates to pay and non-pay costs associated with staffing and the backfill needed for the President to be able to fulfil her role.

There was an increase in expenditure from £195,844 in 2011/12 to £213,830 in 2012/13 associated with the recruitment of a new member of staff and the move to new offices. This was more than offset by the increase in subscription income described above

Contingency

In order to ensure business continuity during the year, ideally the Association should carry forward sufficient reserves to cover the planned work programme for the year. In addition it should hold a contingency to allow for unexpected costs and any liabilities should the organisation need to be wound up. These reserves should total at least £300,000. This is an increase from 2012/13 to take account of our more independent role in the third sector as opposed to being hosted by the NHS.

The Association entered the year with an adequate level of reserves at £358,494, and at the end of the year these are slightly increased at £369,414. However this represents less than two years annual expenditure and continuing prudence about expenditure is required given the uncertainties of the current transition.



2013/2014

Income

As signalled in last year's Treasurer's report, an increase in subscription levels is recommended for 13/14, as detailed in a separate paper for the AGM. Subscriptions will vary from £1000 for the smallest Local Authority to £5,500 for the largest. This will bring our subscriptions roughly into line with those paid by local authorities for similar organisations (e.g. Directors of Adults Services and Directors of Children's Services).

Expenditure

The largest component of expenditure is staffing, approximately 80% of the total. This is predicted to rise only by a small percentage apart from a new allowance for backfill for the Vice-President, to a maximum of £12k. Other expenses are more uncertain, given that the transition to hosting by the UK Heart Forum is yet to bed down. Subscription levels have been set to provide a contingency for this of up to £75,000 before any call on our reserves.

Looking forward to future years

There are uncertainties in the medium term financial outlook for the Association. We should be prepared to take action early if our long term financial viability is under threat.

Even if external funding for specific projects such as that received in recent years from the Department of Health can be secured, this will be linked to delivery of specific projects or programmes and cannot be expected to generate any surplus towards general infrastructure.

Various sources of additional income have been considered in the recent years, in particular sponsorship of our conference, but there are no firm proposals in this area.

The future costs of hosting our core administrative functions will increase, now we are hosted in the third sector rather than the NHS. As stated above, a significant contingency has been built into the 13/14 budget. Forecasting for 14/15 and beyond will become more precise in the second half of the financial year.

Projection of when our reserves might fall below the critical level of £300,000 is difficult. The Honorary Officers will regularly review risks to our income and increases in our expenditure during the next 12 months. A clearer long term picture should emerge for reporting to members at the 2014 Annual General Meeting, when the on-going costs of our new host functions should be known.

Finally I would like to congratulate Nicola Close, Chief Executive and her team for managing the budgets to generate a surplus in year and to thank NHS Cambridgeshire for their support in hosting the organisation during 2011/12.

**Dr Mike Robinson
Treasurer, ADPH
June 2013**



Budget statement 2011-2012 and 2012-2013

		2011-2012	2012-2013
Income			
	Subscriptions	-£202,150	-£216,950
	Project funding	£0	-£1,650
	Misc income	-£868	-£6,159
	Total income	-£203,018	-£224,759
Expenditure			
Staffing	Salaries	£114,552	£133,154
	Backfill for President	£36,000	£36,000
	Agency / temporary	£14,290	£9,407
		£164,842	£178,561
Infrastructure	Rent / hosting	£6,500	£8,820 inc accrual - £6k
	IT	£198	£0
	Comms	£999	£983
	Meetings	£900	£2,419
	Staff development	£434	£249
	Staff expenses	£1,526	£2,833
	Adverts staff / elections	£0	£500
	Stationery, Journals etc	£263	£111
		£10,820	£0
Membership services	Web-site	£6,572	£6,875
	Events	£9,982	£6,306 inc accrual - £5k
	Ann Report Comp	£2,250	£3,000 accrual - £3k
	DPH devt	£18,804	£1,891
		£18,804	£18,072
Policy and Advocacy	Policy devt	£1,378	£1,291
	Advocacy	£1,378	£0
		£1,378	£1,291
	Total spend	£195,844	£213,839
	Surplus / deficit	-£7,174	-£10,920
Reserves			
Start of year	Contingency reserve	-£250,000	-£250,000
	C/over from previous yr	-£101,320	-£108,494
		-£351,320	-£358,494
End year	Contingency reserve	-£250,000	-£250,000
	Carryover to next yr	-£108,494	-£119,414
		-£358,494	-£369,414