



*Association of Directors of Public Health (UK)*

## Annual General Meeting

**Friday 11<sup>th</sup> September 2009**

**1.30 p.m.**

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

### Minutes

**Present:**

Frank Atherton	ADPH President	DPH, North Lancashire PCT
Janet Atherton	ADPH Treasurer	DPH, Sefton PCT
Ali Akeem	ADPH Member	DPH, Hereford PCT
Marie Armitage	ADPH Member	Joint DPH, Wirral NHS
David Black	ADPH Executive Member	DPH, Derbyshire County PCT
Peter Bradley	ADPH Executive Member	DPH, Suffolk PCT
Ian Cameron	ADPH Executive Member	DPH, Leeds PCT
Jackie Chin	ADPH Member	Joint DPH, Ealing PCT
Ellis Friedman	ADPH Member	DPH, East Lancashire PCT
Andrew Furber	ADPH Member	DPH, NHS Wakefield District
Caroline Gamlin	ADPH Executive Member	DPH, NHS Somerset
Diana Grice	ADPH Executive Member	DPH, East Sussex Downs & Weald PCT
Margaret Guy	ADPH Executive Member (FPH Observer)	DPH, Westminster PCT
Carolyn Harper	ADPH Member	DPH, Public Health Agency
Dominic Harrison	ADPH Member	DPH, Blackburn with Darwen PCT
Andrew Howe	ADPH Member	DPH, Harrow PCT
Chris Kenny	ADPH Member	DPH, NHS Nottinghamshire County
Valerie Little	ADPH Member	DPH, Dudley PCT
Wendy Meredith	ADPH Member	DPH, NHS Western Cheshire
Ruth Milton	ADPH Executive Member	DPH, NHS Surrey
Chris Packham	ADPH Vice-President	DPH, Nottingham City PCT
Paul Redgrave	ADPH Member	Deputy DPH, NHS Sheffield
Ruth Wallis	ADPH Executive Member	DPH, NHS Lambeth
Dagmar Zeuner	ADPH Member	DPH, Hammersmith & Fulham PCT
Also present:		
Raj Bajracharya	Observer	PHD, Department of Health
Nicola Close	Staff	ADPH Chief Executive
Julia Ellis	Staff	ADPH Policy Manager
Sakhti Karunanithi	Observer	SpR, NHS North Lancashire
Lucy Manning	Staff	ADPH Project Manager/ Administrator
Alex Parr	Staff	PA to ADPH Chief Executive & President

Apologies for absence were received from: Paul Edmondson-Jones, Judith Hooper, Deborah Laphorne, Alison McCallum, Sam Ramaiah, Elaine Rashbrook, Lesley Wilkie, Gladys Xavier.

The meeting was confirmed as quorate.

## 1. Welcome

The President, Frank Atherton, welcomed members to the 2009 Annual General Meeting. It was noted that the AGM had originally been scheduled for 12<sup>th</sup> May 2009, but had been postponed due to the DPH workload arising from the outbreak of swine 'flu.

## 2. Minutes of Annual General Meeting 2008

The minutes of the Annual General Meeting held 20<sup>th</sup> May 2008 were approved.

## 3. Matters arising from minutes

There were no matters arising from the minutes.

## 4. President's Annual Report

The President presented the 2008/09 Annual Report. The year had seen continued development of the Association's work, and the Annual Report – along with the summary Annual Review - highlighted work and achievements in another significant year for the Association, with:

- strengthening of communication, services and support for members;
- advocacy and policy development;
- the continued development of the governance structure;
- rolling out of the 2007-10 Business Plan;
- and building new collaborations and partnerships.

Specifically achievements over the year included:

- Continued development of DPH Support, with the aim to facilitate a support network for DsPH to share ideas and good practice and to support problem-solving.
- Furthering DPH development by identifying and where practicable and appropriate fulfilling the development needs of DsPH, through compilation of the new core data set; working jointly with other organisations such as ADASS, ADCS and IDEa; progression of a DPH development programme with the National Social Marketing Centre
- Advocacy, and influencing of legislation and policy at a local, regional, national and international level through a programme of discussions with a range of organisations, government departments and politicians to understand existing work programmes and explore the potential for working together.
- Working on policy with the aim of collating and presenting the views of DsPH on public health policy to national governments, the media and other organisations; and in collaboration with others, further the development of comprehensive, equitable public health policies through relevant statutory and other bodies. Specific policy work over the year involved:
  - 9 consultation responses on a variety of topics
  - Alcohol position statement – collaborating with FPH
  - Action on active travel - with Sustrans, National Heart Forum and over 100 other organisations
  - Joint Commissioning of Children's Services - with FPH, ADCS, RCPCH, CPHIG
  - Sexual health commissioning - with Terrence Higgins Trust
  - Support for ASH and the campaign for the tobacco control measures in the 2009 Health Bill
  - Support for the PH Commissioning Network and discussions with DH on raising the profile of PH contribution to commissioning
  - Work with ADASS on the Social Care Green Paper

- Continued refinement of ADPH infrastructure and governance, with a new constitution and Business Plan (2007-2010) approved at the 2008 AGM; the Constituency Representative role refined and clarified to encourage greater engagement, with new members joining the Executive to fill vacancies; regular Honorary Officer meetings to ensure effective governance; and regular executive teleconferences and workshops to develop ADPH and its work.

The Annual Report was received and noted.

## 5. Treasurer's Report

The Treasurer, Janet Atherton, presented the Treasurer's Report and accounts for 2008/09.

The Treasurer's Report and Accounts 2008/09 are appended to these minutes.

The Treasurer thanked Nicola Close, Chief Executive and her team for managing the budgets effectively in year and Cambridgeshire PCT for their support in hosting the organisation during 2008/09.

The Treasurer's Report and accounts for 2008/09 were accepted.

## 6. ADPH Subscriptions

The AGM received a report on the outcome of consultation with members on subscription options, and was asked to consider these options and the 20 consultation responses received, in order to agree:

- the levels of increase in general subscriptions for 2009/10 and beyond;
- the model for job-share DsPH subscription;
- the model for joint DsPH across 2 PCTs subscription.

In summary, the consultation outcome was as follows:

- Six respondents had supported an increase of 10% in both elements of subscription in 2009/10, with increases by inflation or less in subsequent years;
- Two respondents had supported an increase in the DPH element of 10% and population element by approximately 6% in 2009/10, with a 2% above inflation rise in the population element in subsequent years;
- Two respondents had supported an increase of approximately 5.5% in both elements in 2009/10, with a 2% above inflation rise in both elements in subsequent years;
- Ten respondents had commented that there should be no raise in subscriptions in 2009/10, with several stating that those organisations that did not currently pay should be followed up to increase income and thereby offsetting the need for a general increase.

During discussion it was clarified that consideration had been given to the potential for reducing expenditure, however any significant reduction would have a direct impact on the sustainability of the Association and its services to members.

The meeting discussed a number of options, and concluded that the time was not currently right to increase subscriptions, but that greater emphasis should be placed on encouraging non-subscribing organisations to pay the subscription, thereby increasing overall income from subscriptions.

The AGM agreed:

- that there be no increase in general subscriptions for 2009/10; but that non-paying organisations be more actively encouraged to contribute. The situation to be reviewed at the 2010 AGM;
- that in respect of job-share DsPH, the subscription be charged as if it were one DPH (i.e. flat rate DPH plus population element);
- that in respect of joint DsPH across two PCTs, the subscription be charged as if it were one DPH (i.e. one flat rate DPH plus total population element).

## 7. Future income

The Treasurer invited views on the potential for exploring additional sources of funding, namely:

- Sponsorship;
- Benefactors/endowments;
- Establishing a 'trading arm'.

During discussion some concerns were raised over the need to ensure the Association's independence, and also to ensure that resources should not be diverted from core business such as services to members.

It was agreed that additional funding sources such as sponsorship, benefactors/endowments, and a trading arm be explored further, but that a number of issues would need to be addressed to ensure probity and appropriateness. Detailed proposals would be developed for consideration by Honorary Officers and the Executive to agree the way forward.

## 8. Executive Committee Membership

### President

Noted that following the resignation of Tim Crayford in-term, Frank Atherton had been elected ADPH President with effect from 1<sup>st</sup> November 2008, for the term of office ending at the AGM, 2012.

### Election of Vice President

Noted that the post of ADPH Vice President became vacant in-term when Frank Atherton (formerly Vice President) became ADPH President in November 2008. In accordance with the constitution, an interim appointment to Vice President was made from amongst ADPH Executive members for the period until the 2009 AGM – with Chris Packham (DPH Nottingham City) becoming interim Vice President.

The post of ADPH Vice President therefore became due for election in 2009, and a call for nominations had been sent to all members on 20<sup>th</sup> March 2009.

The AGM noted the election of Chris Packham as ADPH Vice President for the term of office ending at the AGM, 2012.

In relation to election processes, it was noted that during 2008/09 a member had raised a question regarding the use of electronic nomination processes; and whether a ballot should be held for a post, albeit that there was one nominee. It was reported that ADPH elections followed Electoral Reform Society guidance, who had confirmed that they would recommend the use of both electronic nomination and voting processes; and had also advised that it was generally not good practice to hold a ballot for an uncontested post.

### Executive membership

Noted the current Executive Committee membership.

Noted vacant Constituency Representative posts in: North East, North West, Yorkshire & Humber, East Midlands and South Central.

Confirmed the term of office of a Faculty of Public Health observer to the 2010 AGM (currently Margaret Guy).

## 9. Revised Constitution

The constitution had been refined during 2008/09 and the revised constitution, along with detailed explanation of the amendments, had been circulated to members in advance of the AGM.

The schedule of subscription fees for 2009/10 (Schedule 2 to the Constitution) would be amended to reflect the decisions at item 6 above.

The revised Constitution was approved and adopted.

**10. Any Other Business**

The President thanked Honorary Officers, Executive members and staff for their work on behalf of the Association.

**11. Close of AGM**

The President thanked members for their participation and closed the meeting at 2.10 p.m.

### ADPH Treasurer's Annual Report for 2008/09

#### 2008/09

The budget for the Association is hosted by Cambridgeshire PCT and the financial summary presented in this report is, therefore, based on financial statements provided by the PCT. It is internally and externally audited through the PCT regulatory systems.

#### Income

The main source of income for the Association has been subscriptions from members. The model continues to be an organisational subscription model and income from subscriptions in year was £92,600 (some organisations did not pay until after year end). This is an increase from the previous year due to an increase in the number of organisations choosing to subscribe. Approximately 73% of English PCTs subscribed during the year. It was agreed to invoice the Islands on the same basis as England and this will continue. Both Wales and Northern Ireland have been undergoing significant organisational change during the year and hence it was not possible to agree a subscription model for these countries. Negotiations continue with Scotland.

As expected Department of Health funding was much reduced compared with 2007/08 at £50,000. The funding awarded in previous years had been with the clear expectation that additional funding from other sources should be brought in to make the organisation financially independent in future years.

In addition, important but relatively small amounts of funding were secured to support specific project work (£2,596), and from conference fees (£3,137).

At the end of 2008/09 the PCT made a technical adjustment in the organisation's favour amounting to £11,874.

#### Expenditure

The President has outlined achievements against the work programme in his annual report.

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 his role.

In addition expenditure was incurred on providing direct services to members (£10,656) and policy and advocacy work (£11,018).

#### 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 of £150,000 to allow for unexpected costs and any liabilities should the organisation need to be wound up.

The Association entered the year with an adequate level of reserves at £400,503. As expenditure exceeded income during the year, the contingency reserve carried forward into 2009/10 was reduced by £13,554 to £386,949.

#### 2009/10

#### Income

Our main source of income continues to be from subscriptions. The budget for 2009/10 has been planned assuming £100k in year subscription income – an increase on 2008/09 reflecting a small increase in the number of organisations subscribing. The subscription model has the potential to generate over £200k if all organisations employing Directors of Public Health across all UK countries contributed.

We made a further funding proposal to the Department of Health for business continuity and project funding to support us in the transition to being a financially independent organisation. We were successful in securing £45,000 for ring-fenced project funding.

Additional means of funding that are being/could be explored are:

- Sponsorship
- Benefactors/endowments
- Establishing a 'trading arm'

#### Expenditure

The expenditure budget for 2009/10 has been planned to take account of the predicted level of income. The staffing structure of the organisation has been reviewed to ensure it is fit for purpose and represents value for money to members and programme costs have been reduced where possible e.g. by reducing expenditure on external PR support.

#### ***Looking forward to future years***

It is likely that our primary source of funding will need to continue to be from subscriptions.

In future, availability of Department of Health funding will be more limited and what is available will be linked to delivery of specific projects or programmes and not for any general infrastructure costs.

Whilst the additional sources of funding that we are exploring may provide some income it is unlikely that this will be sufficient to reduce our dependence on subscriptions from members.

Projecting these financial assumptions forward into future years reveals a diminishing level of reserves, with reserves falling below the minimum level of £250,000 needed to ensure cashflow for delivery of the programme and to cover liabilities as early as 2011/12. It is important for plans to increase income from 2010/11 onwards to be made now to secure the future financial viability of the organisation.

Finally I would like to thank Nicola Close, Chief Executive and her team for managing the budgets effectively in year and Cambridgeshire PCT for their support in hosting the organisation during 2008/09.

**Dr Janet Atherton**  
**Treasurer, ADPH**  
**September 2009**

## ADPH Accounts 2008-2009

### Income

DH - bus cont	-£50,000
Subscriptions	-£92,600
Project funding	-£2,596
Conference income	-£3,137
Carryover reserves	-£250,503
Contingency reserve	-£150,000

**Total income** **-£548,836**

### Expenditure

<b>Staffing</b>	Salaries	£108,569	
	Backfill for President	£35,787	£144,356

<b>Infrastructure</b>	Rent and hosting charges	£1,500	
	IT	£2,217	
	Comms	£113	
	Meetings	£1,665	
	Staff development	£0	
	Staff expenses	£891	
	Advertising for staff	£1,319	
	Stationery etc	£26	£7,731

<b>Membership services</b>	Web-site	£4,332	
	Events	£4,874	
	Ann Report Comp	£1,450	
	DPH Devt	£0	£10,656

<b>Policy and Advocacy</b>	Policy devt	£835	
	Advocacy	£10,183	£11,018

**Total spend** **£173,761**

Contingency reserve	£200,000
Redundancy reserve	£50,000

**Underspend** **-£375,075**

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**Carry over** **-£386,949**