



## Association of Directors of Public Health (UK)

# Annual General Meeting

Friday 21<sup>st</sup> May 2010

1.00 p.m.

Dorchester Library, Royal College of Physicians, 11 St Andrews Place, Regents Park,  
London, NW1 4LE

### Minutes

#### Present:

Frank Atherton	ADPH President	DPH, North Lancashire PCT
Janet Atherton	ADPH Treasurer	DPH, Sefton PCT
Aliko Ahmed	ADPH Member	DPH, South Staffordshire PCT
Tim Allison	ADPH Member	DPH East Riding of Yorkshire PCT
John Ashton	ADPH Member	DPH, NHS Cumbria
Alison Barnett	ADPH Member	DPH, NHS Medway
David Black	ADPH Executive Member	DPH, Derbyshire County PCT
Mary Black		ADPH and SS, Public Health Agency, Northern Ireland
Jackie Chin	ADPH Member	Joint DPH, Ealing PCT
Edward Coyle	ADPH Member	DPH, NHS Fife
Miriam Davidson	ADPH Executive Member	Locality Director of Public Health, NHS County Durham and Darlington/Council
Daniel Devitt	ADPH Member	Head of Health Inequalities, NHS Camden
Paul Edmondson-Jones	ADPH Secretary	Director of Health and Wellbeing, Portsmouth City Teaching PCT & Portsmouth City Council; South Central
Rachel Flowers	ADPH Member	JDPH, London Borough of Newham/NHS Newham
Ellis Friedman	ADPH Member	DPH, Hillingdon PCT
Diana Grice	ADPH Executive Member	DPH, East Sussex Downs and Weald PCT
Jenny Harries	ADPH Member	DPH, NHS Swindon and Swindon Borough Council
Judith Hooper	ADPH Membership Secretary	DPH, Kirklees PCT, Yorks & Humber
Andrew Howe	ADPH Member	DPH, NHS Harrow
Zafar Iqbal	ADPH Member	Acting DPH, NHS Stoke
Valerie Little	ADPH Member	DPH, Dudley PCT
Anna Lynch	ADPH Member	Acting Executive DPH, NHS County Durham & Darlington
Mashbileg Maidrag		Consultant in Public Health, Suffolk PCT
Alison McCallum	ADPH Executive Member	DPH and Health Policy, NHS Lothian
John Middleton	ADPH Member	EDPH, Sandwell PCT
Ruth Milton	ADPH Executive Member	DPH & Medical Director, NHS Surrey
Maggi Morris	ADPH Executive Member	DPH, NHS Central Lancashire
Chris Packham	ADPH Vice-President	DPH, Nottingham City PCT
Meradin Peachey	ADPH Member	DPH, NHS Kent
Liz Robin	ADPH Member	DPH, NHS Cambridgeshire
Mike Robinson	ADPH Executive Member	JDPH & Medical Director, Hounslow PCT
Rod Thomson	ADPH Member	DPH, Shropshire County PCT
Helen Walters	ADPH Member	DPH, NHS Westminster
Catherine Woodward	ADPH Executive Member	DPH, NHS Telford and Wrekin
Judith Wright	ADPH Member	DPH, NHS West Sussex
Nicola Close	Staff	ADPH Chief Executive
Julia Ellis	Staff	ADPH Policy Manager
Patricia Leming	Staff	ADPH Project Manager/Administrator
Lucy Manning	Staff	ADPH Project Manager/Administrator

Apologies for absence were received from: Akeem Ali, Valerie Jackson, Caron Grainger, Danny Ruta, Andy Liggins.

The meeting was confirmed as quorate.

**1. Welcome**

The President, Frank Atherton, welcomed members to the 2010 Annual General Meeting.

**2. Minutes of Annual General Meeting 2009**

The minutes of the Annual General Meeting held on 11<sup>th</sup> September 2009 were approved.

**3. Matters arising from the minutes**

There were no matters arising from the minutes.

**4. President's Annual Report**

The President presented the 2009/10 Annual review. It had been a busy year and one of consolidation for the Association. The Department of Health had commissioned the ADPH to undertake a public health workforce project which enabled ADPH members to input their views on the DPH role and the wider public health workforce. The President referred to some highlights of the work programmes:

- **Mutual support and collective effort** – including the work that had emerged from the 2009 Annual Conference on Systems Rules, which had been influential.
- **DPH Development** – including compilation of the DPH core-dataset.
- **Advocacy** – including lobbying and meetings with a wide range of stakeholders.
- **Policy** – including the membership survey on PH policy priorities.
- **Infrastructure and governance** – the Business Plan was on target to achieve all objectives.

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

The Annual Report was received and noted.

**5. Treasurer's Report**

The Treasurer, Janet Atherton, presented the Treasurer's Report and Accounts for 2009/10, which 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.

The Treasurer's Report and accounts for 2009/10 were accepted.

**6. ADPH Subscriptions**

The AGM was asked to agree the level of subscriptions for 2010/11.

It was confirmed that the majority of DsPH subscribed to the ADPH, however some DsPH were unable to subscribe due to severe financial restrictions within their organisations; and some PCTs had no DPH in post, or interim posts.

The AGM agreed the following recommendation:

*That there be no increase in general subscriptions for 2010/11 (for the fourth consecutive year); but that non-paying organisations be more actively encouraged to contribute.*

*The schedule of fees as set out in the Constitution (Schedule 2) to be applied in 2010/11.*

**7. Sponsorship Policy**

A draft ADPH sponsorship policy was presented for consideration and discussion. Whilst ADPH actively sought opportunities to collaborate with external organisations to achieve

shared objectives and also to seek opportunities to generate income through sponsorship, it was very important that ADPH maintained its independence and this policy aimed to set guidelines to enable collaboration and sponsorship in an appropriate manner.

The Sponsorship Policy was approved.

#### **8. ADPH Business Plan 2010-13**

The President presented the draft ADPH Business Plan 2010-13. During discussion of the Plan the following points were made:

- Learning sets and peer mentoring were supported and welcomed
- Linking DPH development and succession planning with regional work would be helpful
- Linking with the FPH and other public health organisations as well as making wider alliances was particularly important at the present time
- ADPH work on the impending NHS and Public Health White Papers would be included in the Plan
- Urgent work was needed to assess the impact of Transforming Community Services

The Business Plan 2010-13 was approved.

#### **9. Revised Constitution**

The AGM was asked to agree revised wording of the Constitution to reflect changes to national public health structural changes.

The AGM agreed the recommended amendment to Article 2.1 A of the Constitution as follows:

- a) *People holding a post as a "Director of Public Health" or "Public Health Director" appointed by Health Authorities, Health Boards, Primary Care Trusts, Public Health Agencies or equivalent within the British Isles (defined as Great Britain, Ireland, the Isle of Man, Orkney, the Shetland Islands, the Channel Islands belonging to Great Britain, and the islands adjacent to these).*

The revised Constitution was approved and adopted.

#### **10. Executive Committee Membership**

##### **Honorary Treasurer**

The AGM was asked to appoint the Honorary Treasurer for the term of office 2010-2013

Janet Atherton, the current ADPH Honorary Treasurer was standing down. Nominations had been sought from all members for the post of Honorary Treasurer, and at the closing date (12<sup>th</sup> May) for receipt of nominations, one nomination had been received from:

Mike Robinson, Joint Director of Public Health/Medical Director, NHS Hounslow/London Borough of Hounslow.

The AGM confirmed the appointment of Mike Robinson as ADPH Honorary Treasurer for the term 2010 – 2013.

##### **Executive membership**

The AGM received and noted a report summarising Executive Committee appointments in 2010. Members thanked those Executive members stepping down from their roles in 2010 for their contributions in support of the ADPH and its members:

Janet Atherton – Honorary Treasurer, 2007- 2010

Andrew Jones – Constituency Representative, Wales

Ruth Wallis – Constituency Representative, London

Debra Laphorne – Constituency Representative, South West

Nick Hicks - Constituency Representative, South Central

Margaret Guy – Faculty Observer

The AGM received and noted the current Executive Committee membership, and noted vacant Constituency Representative posts in: East Midlands, North East, South Central, South East, South West, Wales and Yorks & Humber.

It was also noted that there was a current vacancy for a Faculty Observer. The ADPH was working with the Faculty to identify a suitable nomination.

**11. Any Other Business**

There was no other business.

**12. Close of AGM**

The President thanked members for their participation and closed the meeting at 1.45 pm.

### ADPH Treasurer's Annual Report for 2009/2010

The budget for the Association is hosted by NHS Cambridgeshire 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 £124,850, up from £92,600 in 2008/09. We aimed to decrease the number of organisations not subscribing following last year's AGM. If all organisations had subscribed this year then our income could have been £52,400 greater (this represents an improvement of £7,700 on 2008/09). At present around 73% of English PCTs subscribe (an increase from 69% in 2008/2009), as does Northern Ireland, Jersey, one Local Authority and one SHA. Negotiations are ongoing with Wales now that the organisational change is beginning to settle. Scottish DsPH wish to remain associates of the Association.

Department of Health funding of £95,000 was allocated to the Association for specific projects.

In addition, an important but relatively small amount of funding was secured from conference fees (£1,935).

#### 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 (£14,188) and policy and advocacy work (£2,954). Expenditure on policy and advocacy work has been significantly reduced as a result of reducing expenditure on external PR support.

#### 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 £250,000.

The Association entered the year with an adequate level of reserves at £386,949. The reserve carried forward into 2010/11 has increased to £417,413, as a result of an additional £50k project funding received from the Department of Health.

#### Income

Our main source of income continues to be from subscriptions. The budget for 2010/11 has been planned assuming £100k in year subscription income. Whilst this is lower than subscription income in 2009/10, it is important that we take into account the potential impact of uncertainties regarding future organisational configuration and individual organisations tightening budgets.

Additional means of funding that have been explored are:

- Establishing a 'trading arm' which remains a medium-term possibility
- Sponsorship

A paper on sponsorship policy will be considered later in this meeting.

## **Expenditure**

The expenditure budget for 2010/11 has been planned to take account of the predicted level of income. The staffing structure of the organisation has been reviewed and savings made this year by postponing recruitment for a new Administrator. This has implications for activity levels and is unsustainable for longer than six months.

## **Looking forward to future years**

Our primary source of funding will need to continue to be from subscriptions.

In future, availability of Department of Health funding will be very limited and any that 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, our reserves will fall below the minimum level of £250,000 needed to ensure cash flow for delivery of the programme and to cover liabilities in 2012/13. This is a year later than we predicted last year due to reducing the cost base.

It remains important for us to contain costs and sustain income 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 NHS Cambridgeshire for their support in hosting the organisation during 2008/09.

**Dr Janet Atherton**  
**Treasurer, ADPH**

**May 2010**

## Budget statement 2008-2009 and 2009-2010

		2008-2009		2009-2010	
<b>Income</b>	DH - projects	-£50,000		-£95,000	
	Subscriptions	-£92,600		-£124,850	
	Project funding	-£2,596		£0	
	Conference income	-£3,137		-£1,935	
	Carryover reserves	-£150,503		-£136,949	
	Contingency reserve	-£250,000		-£250,000	
	<b>Total income</b>		<b>-£548,836</b>		<b>-£608,734</b>
<b>Expenditure</b>					
<b>Staffing</b>	Salaries	£108,569		£125,321	
	Backfill for President	£35,787	<u>£144,356</u>	£36,000	<u>£161,321</u>
<b>Infrastructure</b>	Rent and hosting charges	£1,500		£6,760	
	IT	£2,217		£0	
	Comms	£113		£298	
	Meetings	£1,665		£745	
	Staff development	£0		£0	
	Staff expenses	£891		£3,765	
	Advertising for staff	£1,319		£0	
	Stationery etc	£26	<u>£7,731</u>	£1,290	<u>£12,858</u>
<b>Membership services</b>	Web-site	£4,332		£6,003	
	Events	£4,874		£5,935	
	Ann Report Comp	£1,450		£2,250	
	DPH Devt	£0	<u>£10,656</u>	£0	<u>£14,188</u>
<b>Policy and Advocacy</b>	Policy devt	£835		£1,929	
	Advocacy	£10,183	<u>£11,018</u>	£1,025	<u>£2,954</u>
<b>Total spend</b>		<b>£173,761</b>		<b>£191,321</b>	
	Contingency reserve	£250,000		£250,000	
<b>Underspend</b>		<b>-£125,075</b>		<b>-£167,413</b>	
	eoy technical adjustment	-£11,874			
<b>EoY reserves</b>		<b>-£386,949</b>		<b>-£417,413</b>	