Option	Advantages	Disadvantages
1. No Change Retain a DPH for each separate Local Authority	Autonomous working. Each Local Authority has a dedicated resource that will increase opportunities for integrated working on wider determinants of health. Co-terminosity with other Local Authority-related functions Sovereignty over budget for individual Local Authorities	Affordability. Potential capacity and skills gaps. Potential inability to recruit specialist staff of sufficient calibre to assure quality of offer from smaller organisation. High transaction costs. Different approaches to crossboundary issues. Lack of co-terminosity with CCGs. Lack of resilience.
Minimal integration with another LA Retain two DsPH with some formalisation of cross working with another LA	As 1. above plus addresses capacity and skills gaps. First step to closer working. Retains autonomy. Retains sovereignty over budget for individual Local Authorities. Improves support for bodies crossing Local Authority boundaries such as Clinical Commissioning Groups, Local Resilience Forum.	Affordability in the medium term. May increase rather than decrease transaction costs. No cost improvements possible due to split governance arrangements. Lack of clarity on accountability for statutory functions and associated risks. Differential approaches to recruitment and staffing.
3. Partial integration with another LA Separate teams with two DsPH but some formal capacity shared e.g. joint commissioning with DCC or Plymouth	Further step towards integrated working. Advantages as in 2. above.	Affordability in the longer term. No reduction in transaction costs. No reduction in commissioned services costs. Differential approached to recruitment and staffing.
4. Partial integration with another LA Retain two DsPH with single shared team managed by one Local Authority	Affordability. Improved resilience and efficiency Attractiveness as an employer. Harmonisation of staff terms and conditions. Full advantage taken of increased purchasing power.	Perceived loss of autonomy and sovereignty. Insufficient sensitivity to local politics. One DPH has no direct line management of staff.
5. One shared DPH with Deputy DPH in each LA location - Partial integration - Autonomous local deputy/team/budget	Affordability. Potential cost saving. Each Local Authority retains some dedicated resource.	Complex accountability. Capacity of a single DPH to fulfil all functions. Loss of efficiency and resilience due to greater autonomy. Terms and conditions different.

6a. One shared DPH with Deputy DPH in each LA location - Full integration - Devolved working - Local leadership by deputy but one team	Resilient Potential for cost savings Each Local Authority retains some dedicated resource. Maximises balance between local presence and resilience/efficiency. Harmonisation of staff terms and conditions.	Complex accountability Capacity of a single DPH to fulfil all functions.
6b. One shared DPH - Full integration - Centralised working - One single team	Resilient Affordable Potential for cost savings on staff and budgets.	Complex accountability Distant relationships Lack of political and partnership engagement Reduced quality of offer.
7. Joint Appointment between TC / CCG - Integrated commissioning team for Torbay area only	Greater health involvement in the wider determinants Potential for cost savings on staff and budgets Could lead to integration of other health and Council responsibilities Exciting and high profile option which will be attractive to staff	Not co-terminus with Pioneer boundary Complex accountability Will require Legal requirements confirming, including statutory role of DPH (could remain joint appointment)
8. Joint Appointment between TC, DCC and CCG - Integrated commissioning team across Pioneer area of South Devon and Torbay	PH is a significant element of Pioneer arrangements for integrated commissioning and provision of services. Strengthened relations and better alignment with ICO at both operational and strategic level. Larger footprint/budget would lead to more resilience and potential for broader range of services.	Would require DCC to enter into an agreement with CCG regarding its population and geography Budgetary impact on DCC. Complex accountability.