



Directors of Public Health in Local Government

*ii) Guidance on appointing directors
of public health from 1 April 2013*

Directors of Public Health in Local Government: Guidance on appointing DsPH

DH INFORMATION READER BOX

Policy	Clinical HR / Workforce Management Planning / Performance	Commissioner Development Provider Development Improvement and Efficiency	Estates IM & T Finance Social Care / Partnership Working
Document Purpose	Best Practice Guidance		
Gateway Reference	17876		
Title	Directors of Public Health in Local Government - Roles, responsibilities and context		
Author	DH		
Publication Date	October 2012		
Target Audience	PCT Cluster CEs, NHS Trust CEs, SHA Cluster CEs, Care Trust CEs, Foundation Trust CEs , Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, PCT Cluster Chairs, NHS Trust Board Chairs, Special HA CEs, Directors of HR, Directors of Finance, Allied Health Professionals, GPs, Communications Leads, Emergency Care Leads, Directors of Children's SSs		
Circulation List			
Description	This guidance outlines the roles of Directors of Public Health. The guidance will be republished and updated in April 2013 under section 73A(7) of the NHS Act 2006 (inserted by section 30 of the Health and Social Care Act 2012) as guidance that the local authorities must have regard to.		
Cross Ref	N/A		
Superseded Docs	N/A		
Action Required	N/A		
Timing	N/A		
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First published October

Published to DH website, in electronic PDF format only.

<http://www.dh.gov.uk/publications>

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1. Introduction

- 1.1 The formal transfer of responsibility for the local delivery of public health to local government in April 2013 creates a new context for the appointment of directors of public health (DsPH) after that date. The opportunities afforded by the change, for whole-organisation engagement in improving the health and wellbeing of local populations and for a more direct relationship with the strengths of local democracy, underline the importance of the role to local government, and the breadth and depth of impact that DsPH can achieve.
- 1.2 The roles are also important to the national public health system. Some of the key responsibilities, in health protection for example, form part of arrangements that link to regional and national structures.
- 1.3 These circumstances must be reflected in the arrangements for appointment to DPH roles that are required to be filled after April 2013. An approach is required that is based on the established practice for making key appointments within an autonomous local government system but which also provides the level of assurance over professional competence that is, appropriately, required by the Secretary of State for Health.

Purpose of this guidance

- 1.4 This guidance sets out arrangements that are designed to allow local authorities to have confidence in the DPH appointments they make, build on their own good practice, while meeting national requirements.
- 1.5 The new arrangements take effect from 1 April 2013 and this guidance applies to appointments made after that date. There will be a separate process to confirm the appointment of DsPH transferring to local authorities on 1 April 2013.

Local government practice

- 1.6 Top tier local authorities already employ a range of senior staff whose professional competence is of fundamental importance to the integrity of the discharge of the council's functions and the wellbeing of its residents, such as lawyers, architects, engineers and social workers.

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- 1.7 For most of these professions, assurance of competence is managed through a combination of:
- requirement that candidates are certificated or registered members of the relevant profession or regulatory body, which in turn normally has its own mechanisms for assuring the maintenance of professional competence and continuous professional development. For several professions this is a legal requirement
 - use of appropriate expert assessors feeding into the appointment process.
- 1.8 Key requirements for senior appointments in local government will apply to DPH posts:
- depending on the constitution of the authority concerned, the appointments at equivalent levels of seniority may be the direct responsibility of elected members, acting through a formal appointment committee
 - the posts will be politically restricted, ie the post-holders are not allowed to be active campaigners for a party interest.
- 1.9 Post-holders will be part of the senior management structure of the authority and will contribute to its overall management and leadership.

2. Particular requirements for director of public health appointments

- 2.1 The Health and Social Care Act makes clear that each local authority must, acting jointly with the Secretary of State for Health, appoint an individual to have responsibility for its new public health functions, known as the director of public health.
- 2.2 The DPH will be the champion for health within the local authority. She or he will be responsible for all the new public health functions of local authorities, including any conferred on local authorities by regulation. The Act will make it a statutory requirement for the DPH to produce an annual report on the health of the local population, and for the local authority to publish it. DsPH are also statutory members of health and wellbeing boards, and will wish to use the boards as the key mechanism for promoting integrated, effective delivery of services. To reflect the importance of the new role, the Act adds DsPH to the list of statutory chief officers as set out in the Local Government and Housing Act 1989, as amended. The guidance on appointing DsPH is part of statutory guidance on the responsibilities of the DPH, in the same way that guidance is currently issued for directors of children's services and directors of adult services.
- 2.3 The responsibilities of the DPH should translate into them acting as the lead officer in a local authority for health and championing health across the whole of the local authority's business. To enable them to carry out their role there will be direct accountability between the DPH and the local authority chief executive for the exercise of the local authority's public health responsibilities and that they will have direct access to elected members otherwise they will not be able to carry out their duties effectively.
- 2.4 The statutory responsibilities of the DPH will be key elements of local job descriptions and local areas will find the Faculty of Public Health template job description a useful basis for development.
- 2.5 Because of the statutory nature of the process of appointing DsPH jointly with the Secretary of State and of the responsibilities of the DPH, there

are a number of specific features of the appointment process for DsPH, which include:

- designing the job role to provide specialist public health leadership and an appropriate span of responsibility to deliver health protection, health improvement and advice on health services and ensure that the impact on health is considered in the development and implementation of all policies and, the production of a job description that reflects this role. The professional elements of the job description will need to be complemented by others that reflect the generic responsibilities of senior managers of the authority, and that there may be other specific responsibilities, drawn from existing local government functions. (The Faculty of Public Health can provide essential advice on the draft job description, draft advert and person specification and it is recommended that local authorities contact them at an early stage to benefit from this and its template job description)
- sharing the local job description with the Public Health England regional director to provide assurance that it covers all necessary areas of professional and technical competence. (Guidance for local government when considering appointing a DPH to lead across more than one local authority area is provided in Appendix B)
- managing the recruitment and selection process, including organising an advisory appointments committee in line with Faculty of Public Health guidance, which provides a robust, tried and tested method for providing assurance of technical and professional skills of DsPH (www.fph.org.uk/seniorpublichealthappointments).

2.6 It is customary for an advisory appointments committee to be chaired by a lay member such as a local authority elected member, for example the cabinet member of the Health and Wellbeing Board. It will also include an external professional assessor appointed after consultation with the Faculty of Public Health and agreed by Public Health England. It will also include the following:

- the chief executive of the appointing local authority or his/her nominated deputy
- senior NHS representation
- the Public Health England regional director, or another senior professionally qualified member of Public Health England acting on his or her behalf
- and, in the case of appointments to posts which have either teaching or research commitments, or both, the committee should also include

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a professional member nominated after consultation with the relevant university.

- 2.7 Under the current Faculty of Public Health guidance, the overall balance of an advisory appointments committee is required to have a local and a professional majority.
- 2.8 The local authority is required to seek advice and recommendations from Public Health England on the membership of the appointment committee, including the assessor. It is for the local authority to decide whether both a medical assessor and non-medical assessor are required. They can seek advice on this from Public Health England.
- 2.9 Assessors must be geographically distant and will normally be from outside the area of the Public Health England unit where the post is being advertised to maximise objective assessment.
- 2.10 Local government will advise the Secretary of State of their preferred candidate and confirmation of their professional competence, compliance with statutory regulation and necessary registration to undertake the role.

Multidisciplinary public health

- 2.11 The majority of DPH posts are open to applicants from a variety of professional public health backgrounds both medical and non-medical. Appendix A provides information on the professional requirements relating to the appointment of a DPH and addresses issues of salary assessment, Appendix B provides information for consideration regarding appointing a DPH across more than one local authority area.

3. Roles in the appointments of directors of public health

The role of the Secretary of State for Health in the appointment of directors of public health

- 3.1 DPH posts are specialist, leadership positions. The role of the Secretary of State in the appointment process is to provide assurance of the DPH's competency to protect and improve the health of the population, provide advice on health services and deliver statutory and mandated responsibilities.

The role of Public Health England (on behalf of the Secretary of State for Health) in appointing the director of public health

- 3.2 The Secretary of State's role in the appointment process will be fulfilled by Public Health England. It will assure the Secretary of State for Health that:
- a robust and appropriate recruitment and selection processes has been undertaken
 - the local authority's preferred candidate has the necessary technical, professional and strategic leadership skills and experience to perform the role proven by their specialist competence, qualification and professional registration.
- 3.3 In order to provide this assurance for the Secretary of State for Health, Public Health England is responsible for:
- agreeing that the local job description fits with the statutory responsibilities, mandated responsibilities and has the necessary technical and professional skills required
 - offering advice in relation to the recruitment and selection process, including the appointment of Faculty of Public Health assessors, which must be agreed with Public Health England
 - having a senior professionally qualified member of Public Health England participate in the local advisory appointment committee
 - ensuring that the local authority has verified that their preferred candidate has the necessary specialist public health qualifications,

skills and experience and appropriate registration to undertake the role

- advising the Secretary of State whether an appropriate recruitment and selection process has taken place and that the candidate has the necessary technical, professional and strategic leadership skills to undertake the role proven by their specialist competence, qualifications and professional registration
- confirming to local government whether the Secretary of State approves the appointment on the basis of this advice.

3.4 Public Health England will commence its role in relation to appointments from 1 April 2013.

3.5 Each regional director will manage the process in relation to Public Health England's responsibility for DPH appointments in their area.

3.6 Regional directors will work with local government in any area where there is a DPH vacancy after 1 April 2013 to ensure a robust and transparent appointment process is established and a timescale for recruitment and appointment agreed. This should be completed within three months of a post becoming vacant.

3.7 If the regional director has concerns about the process or their involvement in it, they should seek to resolve these through negotiation with local government, making clear their responsibilities on behalf of the Secretary of State for Health and the role of the Faculty of Public Health. They will be able to draw upon advice and dispute resolution support if required. It is important that the interaction between the regional director and the local authority is based on dialogue, collaboration and agreement so that appointments are got right first time.

3.8 If the regional director cannot confirm that an appropriate recruitment and selection process has taken place and/or that the local authority preferred candidate or appointment has the necessary technical, professional and strategic leadership skills and professional registration to undertake the role, he or she will be required to advise both the local authority and the Secretary of State.

3.9 In the unlikely event of such a situation arising, the Secretary of State would write to the lead member and chief executive of the council and advise them not to appoint the candidate. This would be on the basis that he or she has not received evidence that an appropriate recruitment

process has been undertaken and/or that the candidate has the necessary specialist public health skills and professional registration.

The role of the Faculty of Public Health in appointing the director of public health

- 3.10 The Faculty of Public Health oversees the quality of training and professional development of public health consultants in the UK and sets the professional standards in the discipline. The Faculty of Public Health embraces the wider multidisciplinary public health workforce. It also provides advice on continuing professional development, appraisals, revalidation, good practice and practitioner development.
- 3.11 External professional assessment and advice provided by the Faculty of Public Health provides the assurance that DsPH, as well as their public health consultant colleagues, have the necessary technical and professional skills required to promote, improve and protect health and provide high level, credible, peer-to-peer advice to the NHS about public health in relation to health services.
- 3.12 This is based on the Faculty's knowledge of training, professional development and standards and its ability to provide independent assessment and advice to local authorities on these issues.
- 3.13 The role of the Faculty of Public Health in the appointment process is to:
- provide advice to the local authority on the DPH job description, advert and person specification and to give a definitive opinion as to whether they fulfil the technical and professional elements required to protect and improve health and provide advice on health services. Councils will need to give strong weight to this opinion as it will be used in evidence by Public Health England in assessing appointments
 - provide a representative of the Faculty of Public Health to act as an assessor to sit on the advisory appointments committee for every DPH appointment to assess and advise on the necessary technical and professional skills, qualifications and professional registration issues. (The local authority can obtain a national list of all approved faculty assessors from the Faculty of Public Health. Regional faculty advisors are able to assist in identifying the appropriate type of assessor, medical/non-medical, background experience or existing role dependent on job being appointed to)
 - confirm to the local authority whether their preferred candidate has the necessary specialist public health skills to undertake the role

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- provide evidence to Public Health England and the local authority if a candidate does not have the specialist public health qualifications, skills and registration to undertake the role.

Appendix A: Essential professional requirements for director of public health appointments

Professional regulation

The Government has committed to legislate to ensure that all public health consultants are appropriately regulated, thereby removing the existing anomaly whereby medical, dental and nurse public health specialists only are statutorily regulated. This process will take some time to complete. The Secretary of State announced on 23 January 2012 that non-medically qualified public health consultants, who are not otherwise subject to statutory regulation, will be appropriately regulated by the Health and Care Professions Council in future.

Public health consultants can currently register with the voluntary UK Public Health Register.

Medical and dental public health consultants are regulated by:

- the General Medical Council
- the General Dental Council.

Nurse, health visitor and midwifery public health consultants are regulated by the Nursing and Midwifery Council.

The following routes of specialist training and assessment provide assurance of competence:

- undertaking Faculty of Public Health specialty training
- having a portfolio demonstrating competence with all aspects of public health accepted by the GMC (assessed by Faculty of Public Health) and UK Public Health Register.

Revalidation

Medical revalidation, the process by which licensed doctors will regularly demonstrate that they are up to date and fit to practise is planned to

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commence, subject to an assessment of readiness by the Secretary of State, in late 2012. When revalidation is introduced responsible officers in Great Britain will also be responsible for making fitness to practise recommendations to the GMC in respect of individual doctors.

The Nursing and Midwifery Council has an equivalent process for nursing revalidation.

Revalidation will also be an important feature of the new arrangements for regulation of non-medical public health consultants.

Professional appraisal and continuing professional development

Continuing professional development plays an important role in maintaining professional standards and quality for all professional groups in local government. It will be an essential feature of the revalidation process for public health specialists. In public health, the overall aim of continuing professional development is to ensure that those who work in the field develop and maintain the necessary knowledge, skills and attributes to practise effectively and work towards improving the health of the population.

Continuing professional development is a professional obligation for all public health professionals, including DsPH, and protected time to undertake continuing professional development activities will be a contractual entitlement for those directors transferring into local government employ on medical and dental contracts.

Local government will wish to consider these issues in relation to the appointment of the DPH. In order to comply with the Faculty of Public Health's minimum standards for continuing professional development and to remain in good standing, all Faculty of Public Health members must either submit a satisfactory continuing professional development return for the previous calendar year, or have been formally exempted by the Faculty from this requirement.

The UK Public Health Register expects that all registrants participate in continuing professional development preferably as part of a formal scheme, such as those operated for specialists by the [Faculty of Public Health](#), [Chartered Institute of Environmental Health](#) or [General Pharmaceutical Council](#). The UK Public Health Register is working with the [Royal Society for Public Health](#), the Faculty of Public Health and the Chartered Institute for Environmental Health to ensure that professionally-based accredited continuing

professional development programmes accessible to practitioners, are rapidly developed.

Evidence of a robust personal continuing professional development programme outside of a formal scheme will be considered where a registrant is unable to access a formal scheme. A public health professional is initially registered for five years. After this time the UK Public Health Register Board will want to be satisfied that the registrant remains fit to practise. Appropriate recommended procedures for re-registration will be followed and all registrants should be aware that having been re-registered this will not negate the requirement of revalidation when introduced.

The annual process of checking and refreshing professional competence will need to run alongside the local authority's mechanisms for targets setting, performance appraisal, management and leadership development and, in many authorities, progression within the relevant salary scheme.

For medical consultants subject to the General Medical Council revalidation process there is a requirement for annual medical appraisal to be undertaken as an integral part of the revalidation process. Local authorities will wish to reassure themselves that they are in a position to deliver this requirement. Public Health England has a role to play in assisting local authorities to discharge their responsibilities in this regard.

The role of the responsible officer in relation to the director of public health

Local government will wish to be aware of the Responsible Officer Regulations, which came into force on 1 January 2011 and may apply to the DPH where this post is held by a medically qualified individual holding a licence to practise. These regulations designate bodies that are required to nominate or appoint a responsible officer for the purposes of medical revalidation. In most cases, organisations will have a single responsible officer. They give responsible officers in designated organisations in Great Britain functions relating to the evaluation of fitness to practise. In England, responsible officers also have functions relating to monitoring the conduct and performance of doctors. The role of the responsible officer is to support doctors to maintain and improve the quality of care they deliver, and to protect patients in those cases where doctors fall below the high standards they set for themselves.

Responsible officers are licensed doctors and, as such, must have their own responsible officer. Local authorities will take on functions currently undertaken

by primary care trusts that are already designated and have these responsibilities for the doctors they employ.

Their new public health responsibilities and changes to death certification procedures mean that local authorities are likely to become employers of licensed doctors. We therefore intend to designate local authorities in England where they have a connection to a licensed doctor. Public Health England as an executive agency of the Department of Health is already designated under the regulations. The responsibilities in relation to revalidation of licensed doctors and responsible officers have been discussed with the Department for Communities and Local Government and are reflected in the agreed local government factsheet on public health.

Public Health England will be created as a new integrated public health service. It will provide national leadership and expertise across the breadth of public health practice and, as such, it will have an important role supporting public health professionals. There is an argument, therefore, that public health doctors employed by local authorities should be connected to Public Health England rather than local authorities in the regulations. Although this could result in differing groups of doctors employed by local authorities having different responsible officers, it would fit well with Public Health England's role of providing professional support to those working in public health.

Under the structure currently set out in the Regulations, the prescribed connection for responsible officers in local authorities would be to the NHS Commissioning Board. However, it is also possible to envisage a structure whereby the connection would be to Public Health England rather than the NHS Commissioning Board. This might provide greater consistency of decision making within the public health community but would remove these responsible officers from the local networks that are supporting responsible officers and might propote inconsistency across the profession.

The responsible officer role in relation to the DPH is currently the subject of consultation.

Pay

Local authorities can determine the pay of public health staff (subject to any protected rights and trade union consultation). This may be informed by reference to existing pay arrangements in the NHS (eg the Pay Framework for

Very Senior Managers Pay¹ which covers directors in PCTs and related supplementary guidance on PCT DsPH²) or in local government those for chief officers³, if these are commensurate with the level and responsibilities of the role in question. The key consideration will be the ability to recruit and retain specialist staff in public health roles; local authorities will need to understand and respond to the relevant market. Jobs will of course need to be fitted into the local grading structure appropriately based on job evaluation processes; in some situations, authorities may find that they have to add appropriate market supplements to their standard rates of pay for equivalent jobs in order to make an appointment. Reference should be made to the NJC for Local Government Services guidance on market supplements to ensure that equal pay considerations are satisfied

Principles that should inform decisions about pay when making new appointments:

- an appropriate rate of pay for the role should be determined
- the principle of equal pay for work of equal value should be observed
- that reasonable arrangements are in place to promote the flexibility and mobility of the workforce in the longer term.

There may be objective justification for paying on different terms to those agreed for the role and advertised if, for example, the only way a suitable candidate can be recruited to the post is by paying a market supplement, but the process for payment must be robust and non-discriminatory, in line with National Joint Council guidance.

¹ www.doh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH-097599

² [Commissioning a patient-led NHS: Primary Care Trusts: Directors of Public Health posts: supplementary guidance, Department of Health, 2006](#)

³ [National Joint Council for Local Government Services, pay and conditions of service are published in the Green Book <http://www.lge.gov.uk/lge/core/page.do?pagelid=122021>](#)

Appendix B: Guidance on the appointment of directors of public health covering more than one local authority

Guidance on the appointment of directors of public health covering more than one local authority

The Health and Social Care Bill makes clear the duty on each unitary and upper tier authority to take such steps as it considers appropriate for improving the health of the people in its area. Each authority must, acting jointly with the Secretary of State, appoint an individual to have responsibility for its new public health functions, known as the director of public health. That individual could be shared with another local authority where that makes sense (for example, where the senior management team is shared across more than one authority).

Local government will wish to take into account a number of factors when considering whether to appoint a DPH to lead for across more than one unitary or upper tier authority area. These include:

- the size of population
- existing or historical arrangements for working on the wider footprint and an assessment of their effectiveness and success
- the leadership requirements if more than one health and wellbeing board
- the number of committees and strategic partnership groups the DPH is required to lead, advise and attend
- the leadership role in relation to more than one joint strategic needs assessment and overseeing its development and use
- the ability to deliver range of corporate responsibilities across more than one local authority area
- the ability to build relationships and inform elected members across more than one local authority and to act as an advocate and champion of the public's health
- the implications of the span of the role in relation to delivery of public health advice, including to NHS commissioners
- the implications of the span of the role in relation to ensuring robust health protection arrangements

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- other local factors that may impact on the successful delivery of leading for public health and improving the health of local people in each local authority area.