



Public Health
England

Directors of Public Health in Local Government

Guidance on appointing directors of public health

Produced by Public Health England in partnership with the Faculty of Public Health
and the Local Government Association



FACULTY OF
PUBLIC HEALTH



About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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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 created 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. 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 set out in the Health and Social Care Act 2013 and statutory guidance set out in *Directors of Public Health in Local Government (Roles, responsibilities and context)*.
- 1.5 The new arrangements took effect from 1 April 2013 and this guidance applies to appointments made after that date.

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.

- 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 public health functions under the Act, known as the director of public health.
- 2.2 The Act sets up the DPH as the officer champion for health within the local authority. She or he is responsible for all the public health functions of local authorities defined by the Act, including any conferred on local authorities by regulation. The Act made 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 work with the boards to promote integrated, effective delivery of services. To reflect the importance of the role, the Act added 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 their role having accountability for 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 effectively there must be direct accountability between the DPH and the local authority chief executive for the exercise of the local authority's public health responsibilities and they must also have direct access to elected members.
- 2.4 The statutory responsibilities of the DPH must be key elements of local job descriptions and local authorities 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:
 - PHE, on behalf of the Secretary of State, being involved in all stages of the recruitment and appointment process
 - 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 (PHE) regional director, who will act on behalf of the Secretary of State, to provide assurance that it covers all necessary areas of professional and technical competence in compliance with the Act. (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 the joint guidance from the Faculty of Public Health, Local Government Association and PHE, which provides a robust, tried and tested method for providing assurance of technical and professional skills of DsPH (http://www.fph.org.uk/senior_public_health_appointments).

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. The advisory appointments committee should also normally include:

- the chief executive of the appointing local authority or his/her nominated deputy
- the PHE regional director, or another senior professionally qualified member of PHE acting on his or her behalf
- an external professional assessor appointed after consultation with the Faculty of Public Health
- senior NHS representation

and, in the case of appointments to posts that have either teaching or research commitments, or both, the committee should also include:

- a professional member nominated after consultation with the relevant university

2.7 In addition to the five core members the employing organisation may appoint such additional members as it considers appropriate but the majority of the committee should consist of employees of the employing organisation and professional members.

- 2.8 The local authority is required to seek advice and recommendations from PHE and the Faculty of Public Health on the membership of the appointment committee, including the assessor.
- 2.9 Assessors must be geographically distant from the locality where the post is being advertised to maximise objective assessment.
- 2.10 The PHE regional director must be involved in all stages of the decision making process for the joint appointment. The local authority will confirm to the PHE regional director of public health, acting on behalf of the Secretary of State, their preferred candidate and the candidate's 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. 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 PHE (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 PHE. The relationship of the Secretary of State and the local authority in the joint appointment process is one of equals. The role of the Secretary of State is to provide additional assurance of the DPH's competency. This means that PHE, acting on behalf of the Secretary of State, should be involved in all stages of the process. PHE will advise the Secretary of State on whether:

- 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, PHE 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
- having the regional director of PHE or his/her representative, 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 Each regional director will manage the process in relation to PHE's responsibility for DPH appointments in their area.
- 3.5 Regional directors will work with local government in any area where there is a DPH vacancy 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.
- 3.6 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.
- 3.7 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.
- 3.8 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

- 3.9 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.

- 3.10 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.
- 3.11 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.
- 3.12 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 PHE 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 selected list of appropriate faculty assessors from the Faculty of Public Health. Regional Faculty advisers are able to assist in identifying the appropriate type of assessor dependent on the specific role requirements of the job being appointed to)
 - confirm to the local authority whether their preferred candidate has the necessary specialist public health skills to undertake the role
 - provide evidence to PHE 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 and registration

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 public health consultants from professional backgrounds other than medical or dental, 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

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 is the statutory process by which all licensed doctors, including DsPH with medical qualifications, are required to demonstrate to the General Medical Council (GMC) that their skills are up to date and that they are fit to practise in order to retain their license to practise. The GMC publishes guidance on the revalidation process.

PHE acts as the designated body for revalidation, where appropriate, for all doctors for whom it is the employing organisation and for those holding honorary contracts with PHE. PHE also acts as the designated body for doctors employed by local government organisations. Equivalent arrangements for revalidation are likely to be agreed for all public health consultants with backgrounds other than in medicine, including dental 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 is an essential feature of the revalidation and re-registration processes for public health consultants and 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 is a contractual entitlement for those directors who transferred into local government employed 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. Continuing professional development is an essential component of annual professional appraisal for medical revalidation.

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](#).

Evidence of a personal continuing professional development programme outside of a formal scheme will be considered if equivalent to the above schemes, where a registrant is unable to access a formal scheme. A public health professional is initially registered with the UK Public Health Register 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 professional appraisal to be undertaken as an integral part of the medical revalidation process. Local authorities will wish to reassure themselves that they are in a position to deliver this requirement. PHE is the statutorily-defined designated body for all medical practitioners employed by local authorities.

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 which were amended from 1 April 2013. These have implications for local authorities that employ or contract with licensed doctors. These regulations designate bodies that are required to nominate or appoint a responsible officer for the purposes of medical revalidation. They connect doctors to designated bodies in a strict hierarchy to make a link between an individual doctor and a responsible officer.

The connection for doctors employed by local authorities is not to the local authority employer as they are not designated bodies as defined in the Regulations. For doctors employed by local authorities, the connection is to PHE.

In order to revalidate doctors are required to have an annual professional appraisal which considers information from across their whole scope of practice. This will include any work a doctor does for a local authority.

When employing or contracting with licensed doctors local authorities should ask them for the name of their designated body and responsible officer in addition to other information. Advice on the connections for doctors working with local authorities can be obtained from the PHE responsible officer at revalidation@phe.gov.uk.

Local authorities should look to collate clinical governance information about doctors that engage with them. In particular complaints and compliments, but also activity that contributes to an improved service. PHE will also expect the doctor to obtain stakeholder and colleague feedback, using a recommended tool, at least once per five year revalidation cycle. This information forms part of the information supplied by the doctor to PHE as a component of the revalidation process.

Pay

Local authorities can determine the pay of public health staff (subject to any protected rights and trade union consultation). For directors of public health 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.

A key consideration will be the ability to recruit and retain specialist staff in public health roles for which local authorities will need to understand and respond to the relevant market. Account should be taken of the role of public health directors in working strategically both across the local authority and with multiple organisations locally and nationally using influence to ensure health protection and improved health outcomes for the population. Decisions on what terms and conditions to apply to a particular role, including any necessity to use market supplements if NJC terms and conditions are used, will depend on local circumstances.

Jobs will of course need to be fitted into the local grading structure appropriately, based on the local authority's job evaluation processes having full regard to the breadth of the role. If a market supplement to the standard rate of pay for an equivalent job is considered, reference should be made to the NJC for Local Government Services relevant guidance 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
- reasonable arrangements are in place to promote the flexibility and mobility of the workforce in the longer term

1 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/211964/Pay_Framework.pdf

2 http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/DH_063889

3 http://www.local.gov.uk/web/guest/workforce/-/journal_content/56/10180/3510601/ARTICLE

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 Act 2013 made 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
- 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