

EMPLOYING PUBLIC HEALTH SPECIALISTS IN LOCAL GOVERNMENT

ADVICE FROM THE
PUBLIC HEALTH MEDICINE
CONSULTATIVE COMMITTEE

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Local government carries out its functions in relation to public health as part of the comprehensive health service established under the National Health Service Acts.

The Public Health Medicine Consultative Committee is the official professional advisory machinery for the health service for public health professional issues.

The professional side includes representatives of the Faculty of Public Health, the BMA and Unite. The government side includes representatives of the Department of Health, Local Government Association, and Public Health England. This advice has been prepared by the professional side. It will in due course be discussed with the government side but it is being issued now in the light of local authorities' and public health specialists' need for guidance.

This paper applies UK wide. The principles of what the Consultant in Public Health role covers and how and these posts should be valued are relevant generally across the UK. However, variations in employment arrangements and nation-specific considerations may apply at present amongst the four devolved nations.

What is public health?

1. Public health is *“the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society”* [Faculty of Public Health, taken from the Acheson Report].

Who carries out work on public health?

2. *Public health specialists* oversee the health of a population, through assessing the factors that influence it and seeking to address those factors by establishing services or by changing personal and organisational behaviour, either directly through services which they commission or manage or indirectly by advising and influencing others. They fulfil a change agent function, and provide the senior leadership to the public health system.
3. *Public health practitioners* carry out clinical and technical tasks which pursue the programmes directly addressing specific health needs. Public health practitioners form a major part of most local authority public health departments. They include public health policy analysts, information managers, and analysts, health improvement and health protection officers. Health visitors, school nurses and environmental health officers are also examples of public health practitioners.
4. *Public health managers* commission and manage these programmes.
5. *A wide range of individuals of many disciplines and backgrounds* contribute to the work of public health, potentially including most health professionals, social care professionals, health and social care managers, managers of place and the staff who work for them, and managers of cultural and leisure services. Many of these may not perceive themselves as part of the public health workforce even though their work and contribution is vital to it.
6. [Making Every Contact Count](#) envisages that the entire workforce of the public services has a role in promoting health in their interactions with the public.

How are public health specialists professionally recognised?

7. The public health specialty is a multi-disciplinary competence-based profession. It is also by definition, a medical specialty, regulated by the General Medical Council, with professional standards set by the Faculty of Public Health, and recognised as such under European law. The public health specialty does not limit its membership solely to registered medical practitioners, but welcomes individuals from other professional backgrounds. The multi-disciplinary nature of the public health speciality brings different skills and experience and thereby, immense benefit to the pursuit of improving public health. But medical insight into causation of illness and measurement of disease in the community and in assessing clinical service effectiveness is an essential and vital part of an effective public health service.

8. Entrants to the specialty do so through a single specialist training route, and after five years of postgraduate specialist training are entered onto the GMC specialist register (for doctors), the GDC specialist list (for dentists) or the UK Public Health Register (for other professions).¹ There is a 'portfolio route' (the GMC's CESR route for doctors and UKPHR's portfolio route for entrants from backgrounds other than medicine) for those who acquire their specialist skills outside the normal training process.

What is a consultant in public health?

9. A public health specialist is a health professional treating a population who aims to analyse and understand the health problems of the population (generally in the case of a Director of Public Health (DPH) or in specific fields in the case of other consultants), identify issues, formulate and prescribe the changes that are needed and then, as a professional change agent bring those changes about, working with a range of individuals and agencies to secure the necessary acceptance and then to support implementation. A consultant in public health is a job role with whole-system leadership and change agent function, which can only be filled by a public health specialist.
10. DsPH are consultants – their population is the population of their local authority and they have professional responsibilities for all aspects of its health. Other consultants in local government may be responsible for a part of the population or an aspect of its health, defined perhaps by:
- age (eg children or older people)
 - geography (eg a second tier district)
 - need (eg vulnerable people)
 - culture (eg a particular ethnic group with special health issues)
 - an area of service (eg health protection, healthcare public health, environmental issues or public health input to social services).

Many consultants will have a mix of several such responsibilities.

Why are consultants in public health needed?

11. Consultants in public health are expected to carry the highest level expertise in a public health team with regard to their particular service area.
12. Health problems vary between populations and over time. It is important that the nature and contributions of different problems should be understood and quantified but the necessary information needs to be interpreted in the light of a scientific knowledge base which takes into account a number of factors including:
- the epidemiology of diseases
 - the nature of epidemiological inferences of causality
 - the different ways to tackle particular problems

¹ It is likely that during 2015 regulation of non-medical public health specialists will be put on a statutory footing, under the Health Care Professions Council.

- the balance between treatment and prevention and the evidence underpinning each
- the balance between different aspects of prevention (environmental, social, behavioural, regulatory)
- the nature of social, economic and environmental determinants of health and the evidence for their causality
- the scientific evidence relating to human behaviour
- the clinical evidence relating to the natural history of disease
- the ecological evidence of disease as an ecological imbalance.

This is a formidable scientific knowledge base, essential to effective public health programmes.

13. The role of public health consultants as health professionals and change agents, prevention-oriented, needs-oriented, flexible in approach and multiagency in their commitment is fundamental to a public health endeavour and to local government's relationships with the health service.
14. As medical specialists public health consultants are readily accepted as professional colleagues by their medical colleagues. This is also important to local government's relationships with the health service.

Other contributors to public health leadership

15. Public health managers and senior public health practitioners also have a role in the leadership of public health. It is important that there should be an adequate consultant establishment but also important that the other roles are duly recognised.

Why does a public health consultant team need a mix of medical and non-medical entrants?

16. The scientific knowledge base of public health is wide and the public health specialty has found it helpful to broaden the professional background of the consultant workforce. However if consultant skill mix was to become imbalanced, for example through not providing salaries commensurate with the medical pay scale, local government risks losing influence with colleagues in the NHS, and the status of its professional advice and its public acceptability would all be diminished. These considerations have led the specialty as a whole to value a multidisciplinary mix of medical and other professional backgrounds. The same considerations apply in an individual consultant team.
17. Public health has an important contribution to make to the leadership of the medical profession which traditionally has focused on the relationship between consultants, GPs and public health, with public health having a significant strategic contribution. This role is central to the statutory function of local authorities in providing public health advice to the NHS. For it to work effectively public health specialists must be seen as having equal status to their NHS consultant colleagues. This view was endorsed by the LGA in a joint statement with the BMA, the Association of Directors of Public Health (ADPH) and the Faculty of Public Health during the transition process. There has in the past been a small

differential in salary between medical and non-medical consultants based on the perception that only the medically qualified members would be accepted by medical colleagues as playing this role. However all public health specialists have undergone a postgraduate medical specialist training organised by a medical Royal College. It is the policy of the Faculty that all consultants in public health should be seen as specialists required to play this role in professional leadership and it is the policy of the BMA, endorsed by its full conference representing all branches of the profession, that when statutory specialist registration has been introduced all consultants in public health should be employed on medical and dental consultant contracts.

What is the market for employing consultants in public health?

18. Consultants in public health are employed by PHE, local authorities, universities and health service bodies. This is a single market with mobility between the different elements and local government needs to operate in this market.
- If NHS bodies and PHE pay more than local authorities the best candidates will work in NHS bodies and PHE. This is not in the interests of local government.
 - If public health specialist practice in local government is treated as a non-medical discipline it will become demedicalised as doctors choose other specialties or other employers. This is not in the interests of local government especially if they aspire for their role in the health service to increase.
 - About 50% of those in training are registered medical practitioners and it is not in local government's interest to become seen as an uncongenial employer by such a large proportion of the market

Can local government use health service consultant contracts?

19. The BMA/LGA/FPH/ADPH agreement during the transition process emphasised that local government needed to be able to use health service consultant contracts in order to meet these market requirements and to ensure that consultants have the necessary professional standing in dealing with their colleagues in the rest of the health service. Local government carries out its public health functions as part of the health service and many local authorities continue to use health service contracts.
20. Public Health England has adopted a policy which uses 'NHS-like' terms and conditions rather than civil service terms and conditions for staff who are within a "clinical ring fence". These are staff who require a professional registration which is normally obtained within the health service and for which careers may embrace different areas of the health service. Local government could use the same criteria.

Is this compatible with single status?

21. When PHE (which, like local government public health, is part of the comprehensive health service for which the Secretary of State is accountable to Parliament) employs staff on health service terms it does not simply use NHS contracts. It issues "health service-like" contracts. These are customised to the needs of PHE. Some local authorities have

also decided to do this. Such contracts would consist of a standard local government contract with:

- a pay and leave package based on the market for consultant posts
- recognition of continuity of employment with the health service
- retention of aspects of the health service contract that are important for professional reasons such as those relating to freedom of speech and publication, professional registration, provisions which define the post as that of a health professional treating a population and provisions which have regard to its relationships with the other parts of the health service (NHS and PHE)
- use of general local government contracts in those aspects of the employment where there is no market or professional reason to do otherwise.

22. Such contracts are entirely acceptable and they do not offend against single status, they simply reflect the role of the post in the comprehensive health service of which it is part and with the market in which it is being filled.

Why does local government job evaluation sometimes undervalue consultants?

23. The idea that the consultant salary exceeds the rate that would result from job evaluation has arisen from a number of local authorities which have evaluated them and come out with lower figures. However other local authorities, evaluating similar jobs, have placed them well within the consultant scale. The difference often reflects the extent of the understanding and recognition of the specialist role.
24. Job evaluation systems principles are based on evaluating the role rather than the person, and on drawing comparisons with other roles to ensure there is fair remuneration across an organisation. A clear and accurate job description is key to ensuring job evaluation is carried out fairly. Where personal development is likely to take place in post and the contribution that the individual will make will develop in line with professional development it is usual to evaluate a range of profiles.
25. Where a job evaluation evaluates a consultant post below the consultant scale one of five things has usually gone wrong.
- a) Sometimes the local authority is looking for a more limited role than a consultant would play and has wrongly characterised the post as a consultant post. This is a serious error because it could prevent a public health practitioner or a local government policy officer applying for the post whilst at the same time it will frustrate a public health specialist and discourage the best specialists from applying. An example might be an authority which is looking for somebody to commission drug and alcohol services and calls the post a consultant post. As described Box 1, a consultant in public health (addiction) would expect a more extensive and wide reaching role than a commissioning manager for addiction services.

- b) Sometimes the job description has not captured the breadth of the consultant role. The DPH and Chief Executive may have intended a far ranging and fundamental post but the job description produced may be very vague about anything except the commissioning function. If so a job evaluation panel will evaluate it accordingly. They will be wrong, but it is not their error – the error will be in the documentation put forward to them.
- c) Sometimes the job evaluation procedure has failed to value the change agent role and has characterised it as a support role or advisory role because it achieves its outcomes by methods other than line management responsibility. If the role was properly described and is still evaluated it in this way it is wrong. In fact it is seriously wrong because it is applying assumptions which fail to give effect to equal pay for work of equal value.
- d) Where local authorities use the NJC scale: that scale has a ceiling on it and senior managers are paid on a different scale. One example of the failure to recognise the consultant role is the failure to recognise that consultants need to be placed on the scales used for directors and assistant directors.
- e) The local authority has evaluated the job correctly, scoring job factors appropriately for a consultant role. However the local authority applies lower salary bandings to the job evaluations it uses (Hay or other) than is the case with other authorities and elsewhere in the health service. This happens because different local authorities do have different salary scales reflective of their policy for senior managers which may reflect, size of authority population, budget, salary of chief executive and other issues the council considers important. In these circumstances the council would need to consider advice provided about market forces factors elsewhere.

Box 1**An authority which is looking for somebody to commission drug and alcohol services and calls the post a consultant post**

A consultant in public health (addiction services) would expect not only to commission drug and alcohol services but also

- to engage with clinicians in the NHS in changing clinical pathways and practice,
- to work with managers in the NHS and social services in changing drug and alcohol services,
- to work with the criminal justice system in dealing with drug and alcohol problems,
- to work with the political leadership of the council in addressing the political aspects of drug and alcohol issues,
- to communicate with the public on these issues as a senior health professional advising a population.

In doing so they would expect to use their professional skills in assessing the problem and would expect to formulate change programmes and to use their change agent skills to persuade people of the value of their recommendations, which where necessary will be far ranging and strategic.

If the local authority is looking for somebody who will just commission drug and alcohol services then they should look to employ a commissioning manager. Employing a public health consultant is to aim at a much more fundamental approach to the problem.

Nature of consultant careers

26. The traditional model for a consultant career is one of spending a long time in a single role and developing skills and experience, enriching the employer's department/service over time. This is different to the expectation in many local government disciplines where it is more likely that staff will only progress or be promoted by moving jobs. What is problematic for consultants is not using a job evaluation process per se, but the failure to understand a career structure which is based on development in service. Job evaluations which come out with a figure towards the bottom of the consultant scale and are then presented as "the rate for the job" and as incompatible with progression or with appointment of more experienced candidates at a higher level have usually made this error.
27. For example this can influence how the post is graded on the Know how, problem solving and freedom to act dimensions of Hay (see para 36). Consultants will often start their career at the F level on each of these dimensions, grow into the G level and in some cases come to practise at the H level. The principle "grade the job not the person" will often lead to the idea that if a person could be recruited into a role as their first consultant post, that fixes the level of the post and it may well be graded at F on each of the key dimensions.

28. It is only necessary to think of how the authority operates in other similar situations to understand why this is inappropriate. In areas where professional development within role is likely to lead to progression over the course of a prolonged employment it is important to evaluate a range of profiles so as to define a span of potential salaries. This is the case for a number of professional groups, including social workers, and is usual practice.

Agent of change function

29. Given the definition of a consultant in public health above, it naturally follows that they have a change agent function in relation to the health problems of the population (generally in the case of a DPH or in specific fields in the case of other consultants), and its wider determinants. Consultants must work with a range of individuals and agencies to secure the necessary acceptance and then to support implementation. The role of local government as the source of public health advice to the NHS, the DPH's scrutiny and challenge role to PHE and the remit of being a health professional treating a population all lead to the responsibility of public health stretching not just over the whole of the council but also beyond the council into the NHS, PHE and other agencies. The job evaluation issue is whether a change agent is judged to have a direct shared responsibility for the changes they are meant to bring about.
30. A person who is employed to bring about certain changes, and whose professional success will be judged by the delivery of those changes, satisfies, for example, the Hay definition of having "explicit joint accountability with others for end results". They are not in a supporting or advisory role, they are actively bringing about change. Evaluation panels that take the opposite view because the role's power is not exercised through a direct line management function make an error of interpretation. For example the word "direct" in the Hay scheme refers to accountability not to power. In any case, whatever the theoretical and semantic merits of the idea that it should be so restricted, that argument is unsustainable because of the principle of equal pay for work of equal value. A change agent should be regarded as directly responsible for the changes they are employed to bring about. This is made harder not easier by the fact that they need to persuade and inspire others rather than just act through their own authority.

What should local authorities do if their job evaluations undervalue consultants?

31. It is important that the professional nature of public health practice be properly expressed, properly understood and properly evaluated. If it is properly understood and evaluated in this way the dissonance perceived between the NHS consultant salary scale and local authority job evaluation schemes will be much reduced. A local authority should view a job evaluation which comes out as below the level of the consultant scale as being evidence that it has made one of the errors described above. It may wish to identify and correct the error; however it would be equally possible, and entirely justifiable, to proceed with use of the NHS consultant salary scale on market grounds alone.

32. Where a job evaluation evaluates a consultant post within the consultant scale but below the point on the scale appropriate to the applicant, it will usually be because it has failed to recognise the nature of professional development. This could be viewed as a “market factor”, or job evaluations could be made more complex and evaluate a range of profiles, or local authorities could rely on the NHS’s Agenda for Change scale 9 evaluation which embodies this issue.

How should local government cope with the long incremental scales of consultants?

33. The issue of professional development in the course of a career not only explains why job evaluations often come out at the bottom of the consultant scale but it also explains why the consultant scale is longer than would be commonplace in local government. As the justification for length of the scale is the professional development that takes place in post, some local authorities have expressed concern at the fact that progress seems to be entirely based on length of service rather than progress through gateways based on different profiles. This is a misunderstanding because of there are contractual requirements associated with passing salary thresholds within the consultant contract. In any case, local authorities who are concerned at this point may feel more comfortable if they took steps to customise to their own circumstances and approaches the mechanisms for progressing through the consultant incremental scale.

Particular considerations for authorities using the NJC job evaluation

34. The NJC job evaluation consists of a series of questions to which the answers exclude gradings at the top and at the bottom until only one grade remains unexcluded. This process usually values consultants at the top of the evaluation and authorities usually have other processes for determining pay of senior managers beyond this point.
35. We have become aware of some cases where the post has not evaluated at the top of the NJC scheme because public health has not been treated as a whole specialist area, but as part of “health and social care”. Given that the remit of public health extends across the whole of the council and beyond it into the NHS, PHE and other agencies this is a downgrading of its status, which is unsustainable in terms of equal pay for work of equal value.

Particular considerations for authorities using the Hay job evaluation

36. The Hay job evaluation system, which is one of a number in use by LAs, breaks roles down into the following universal factors and dimensions :
- Know how
 - Technical knowledge (scale A-H)
As referred to in guidance issued by PHE and the LGA consultant posts should score highly on Knowledge elements. A consultant post does not just require a Masters degree, it requires a postgraduate medical specialist qualification of which a Masters is the first part.
 - Management breadth (0-iv)
If the change agent function is recognised properly then management breadth will also score highly because of the multiagency role. Indeed the remit of public health within the NHS, PHE and other agencies gives it a management breadth much wider than most other posts in the authority.
 - Human relations skills (1-3)
The need to influence and persuade also implies a high score on human relations skill
 - Problem solving
 - Thinking environment (A-H)
 - Thinking challenge (1-5)
Consultant posts involve identifying scientifically valid and politically practicable ways to solve extremely difficult challenges. A consultant post should therefore score highly on both these dimensions
 - Accountability
 - Freedom to act (A-H)
A consultant is a health professional treating a population, not just the manager of a service, and is employed to consider certain aspects of the health of the people, professionally identify needs and necessary changes, and act as a professional change agent to bring about those changes across agencies and across the population. As PHE and LGA guidance points out the post should therefore score highly on the freedom to act dimension.
 - Nature of impact (Magnitude) (four level scale)
 - Area of impact (five levels)
This is one of the areas where the failure to recognise the change agent role can lead to a consultant post being undervalued. Consultants should be employed to address significant problems and bring about substantial changes. This is the purpose of their employment.
 - Under the Hay system, some roles may also have “additional work elements” relating to physical effort and working conditions.

The role of Faculty Advisers in approving job descriptions.

37. Joint guidance on the appointment of directors of public health and consultants in public health ([Link 1](#) [Link 2](#)) in England has been produced in partnership by FPH, Public Health England, the Local Government Association and the Universities and Colleges Employers Association.

38. These two documents provide detailed advice and good practice on the process for the appointment of senior public health consultants and recognises that the external professional assessment and advice provided by FPH is a central component of appointments. The system historically in place for appointing directors of public health and consultants in public health (the AAC – Advisory Appointment Committee) is the most efficient way of assuring the necessary technical and professional skills and ensuring that all appointments are fit for purpose.
39. One of the reasons that consultants have been undervalued is that the conventional job descriptions that have been used within the NHS take for granted many areas which are essential to job evaluation.
40. It is important that Faculty Advisers bear in mind the need to ensure that the job description must adequately reflect the weight of the job. If it does not do so then, if the local authority is carrying out a job evaluation it may undervalue the post. If it is using the consultant contract for market reasons it may be exposed to arguments about the appropriateness of that course of action which would not have arisen if the job description had been completed properly.
41. The job description must
 - State that the consultant will contribute to medical leadership, clinical leadership and health policy leadership within the health economy. Refer to paragraph 17 for more detail on why it is crucial that job descriptions are clear about the post's status with regard to its leadership function and associated employment terms and conditions. As explained there, public health has an important strategic contribution to make to the leadership of the medical profession. The public health consultant role is central to the statutory function of local authorities in providing public health advice to the NHS. For it to work effectively public health specialists must be seen as having equal status to their NHS consultant colleagues.
 - Clarify that the consultant will be a health professional treating a population. This is analogous to the clinical health professional's treatment of the individual patient.
 - State the consultant is expected to analyse health problems and formulate scientifically-valid and politically-practicable solutions to them.
 - Clearly identify that the consultant has a change agent role and that the achievement of change is an outcome of the job.
 - Identify that the change agent role applies across the council and outside the council onto partner agencies
 - State that where relevant it involves persuasion
 - State that where relevant it involves working with health professionals to modify treatment protocols.
 - State that where relevant it involves working with the political leadership of the council to influence the political correlates of relevant determinants
 - Indicate the areas within this responsibility applied in a way which makes clear the full weight of the job

- Indicate that where relevant it includes advising the population about action they should take to improve their health
- Indicate that in doing so the consultant will apply the relevant scientific knowledge base as to the content of the advice, the behaviour change approaches used and the evidence of effectiveness.
- Recognise the role of identifying the needs for services and recommending change
- Indicate the specific commissioning and managerial functions discharged but in doing so place them in the context of the core role and recognise that they are not the whole of the job and that they are carried out purposively to pursue the necessary direction of travel
- Underpin all of this with a commitment to monitor and update.

The role of Faculty Advisers in relation to gradings and salaries

42. The Faculty of Public Health is not a negotiator on terms and conditions. Its duty is to maintain standards. It is relevant for Faculty advisers to have an understanding of what job factors have been taken into account in arriving at a job evaluation and how that has translated into the pay banding to be advertised.
43. Where job evaluations, and subsequent pay banding fall below the consultant scale the Faculty Adviser should
- Consider that this may well be a symptom that the council does not understand the consultant role or that the job being advertised is not in fact a consultant job
 - Articulate the market risks and the potential damage to quality
44. Where job evaluations are at the bottom of the consultant scale and this is regarded as the rate for the job the Faculty Adviser should
- Explain the consultant career process
 - Warn of the risks of operating a job evaluation process which over time would lead to the council only having inexperienced consultants

The role of Advisory Appointments Committee (AAC) members

45. AAC members should be willing to reiterate these messages especially if the post is undervalued and the field, even if appointable, is not strong or if there are issues about the terms on which to employ the best candidate where they are not willing to accept the advertised salary.

Is it lawful to pay consultants more than a conventional local government job evaluation?

46. The only basis on which it could be thought to be unlawful would be if protected characteristics engaged equal pay legislation. Given the gender and ethnic composition of the medical profession, and of staff in the public health service in comparison with the generality of senior local government officers, this is extremely unlikely to succeed. In any case, properly understood and properly evaluated we do not believe that consultant jobs will evaluate below the consultant rate and we believe that examples usually result from misunderstandings of their nature, defects in the job description or a failure to apply the concept of equal pay for work of equal value to the change agent function as we have set out earlier.

47. Even if they did evaluate below the consultant rate it would still be lawful to pay the going rate. Market factors are a legitimate consideration and the market is obvious. The salary scale for consultants in medical specialties is recommended by an independent [Review Body](#).
48. Some local authorities have a practice of advertising at the evaluated rate and then re-advertising if unable to recruit. This is unnecessary when the market rate is as clear as it is. It will lead to them being thought of as uncongenial employers and could damage their prospects of recruitment on the second advertisement. As the best candidates will not apply the council is demonstrating a willingness to accept second best. Even when it abandons its attempts to recruit somebody second rate the fact that it tried to do so will still weigh with potential applicants because they will fear for the quality of their future colleagues.

Is it lawful to pay doctors more than other public health specialists?

49. In the NHS the current situation is that there is a relatively small difference between the Agenda for Change scale 9 salary scale and the consultant salary scale and this can be justified by arguing that medically qualified consultants additionally contribute to medical leadership in the local health economy. Whether it justifies the greater difference from the 8D scales which are sometimes used for non-medical consultants in the NHS is more difficult.
50. For councils who prefer to pay a differential there is case law from Austria relating to doctors and psychologists employed as psychotherapists. This case law supports the legality of a professional premium. Moreover it would be difficult for a non-medical entrant to demonstrate that protected characteristics are engaged. However we do not recommend this. All registered public health specialists have been through a medical postgraduate specialist training or equivalent under the supervision of a medical Royal College.

Are there equal pay difficulties in not paying medical salaries?

51. Failure to treat the change agent function equally with direct managerial authority is the root of the job evaluation misperceptions. This is a direct failure to offer equal pay for work of equal value and would be actionable if protected characteristics were engaged. Local government pays NHS rates for doctors engaged under the sessional arrangements and will do so for medical examiners. There is an obvious equal pay issue in not doing so for public health doctors.
52. Whether protected characteristics can be engaged is an issue. However comparison of the gender and ethnic balance of public health doctors and public health specialists in comparison with that of the medical profession as a whole or senior local government officers as a whole suggests that this will be less difficult than it might have been for some of the other comparisons we have discussed.

Conclusion

53. The principles within this guidance have enabled a number of authorities to evaluate consultant jobs at a level corresponding to the NHS consultant scale. Many others have recognised the need to use health service contracts to reflect the market in which recruitment occurs.
54. The public health service for which local authorities are now responsible is part of the comprehensive health service for which the Secretary of State is accountable to parliament. Public health in local authorities is a service, and requires specialist leadership. It is not a public administration function which can be undertaken by any local or national government staff.
55. The free movement of public health specialists in jobs in local authority, Public Health England and the NHS is necessary to maintain the comprehensive health service and hence to protect and improve the public's health and retain the capacity of the public health system to respond.
56. The need for local authorities to maintain medical specialists of equal status to their colleagues in the NHS will become increasingly important as health and social care integration progresses and the role of local government in the health service increases. The proper recognition of the role of multiagency change agent functions will also become increasingly important as the role of local authorities as enabling authorities expands, particularly if it does so in a context of city-region devolution arrangements.
57. Some authorities however continue, despite these points, to express concern about equal value claims from other sections of the workforce. We doubt if such claims can be brought within the protected characteristics but even if they could there is ample justification in terms both of market factors and of equal value itself for the salaries paid.
58. For staff protected by TUPE the TUPE is itself a defence against equal pay claims. However for new appointments the above points provide good material defence for any authority fearful that equal value claims might arise from other sections of their workforce.

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