

Agenda item:	5
Decision maker:	Employment Committee
Subject:	Senior management structure
Date of decision:	15 April 2013
Report by:	Chief Executive
Wards affected:	All
Key decision (over £250k):	No

1. Purpose of report

To recommend to Members proposed changes to the senior management (head of service and strategic director level) structure of the Council in the light of reductions in the budget agreed by Council in February 2013.

2. Recommendations

It is recommended that:

- 2.1 Members agree the proposed further reduction in senior management and the re-alignment of management oversight as set out in the report as their preferred basis for the purposes of consultation with the Secretary of State for Health, the Portsmouth Safeguarding Board, the trades unions and other interested parties.**
- 2.2 An Advisory Appointments Committee (as set out in section 5 of the report) and an Appointment Committee of five elected members and supported by appropriate technical advisers is constituted to be responsible for the recruitment of a permanent Director of Public Health.**
- 2.3 Members affirm Julian Wooster as the Acting Director of People Services and Dr Andrew Mortimore as the Acting Director of Public Health.**
- 2.4 Members agree to the transfer of the Housing and Property Services to the Regeneration Directorate and the HIDS, Community Safety and Licensing Service to the Director of Public Health.**
- 2.5 Members note the financial implications of the proposals as set out in the commentary of the Head of Financial Services.**
- 2.6 Members record their thanks to Margaret Geary, Strategic Director, for her huge contribution to the Council and the city.**

3. Background

In January 2011, I advised the committee that in the light of the reductions in central government funding and increased responsibilities falling to local government, it is inevitable that further changes will take place to the managerial structure and capacity affordable within the council, and that this will be kept under review as the coalition government's financial and legislative programme develops.

Over the last two years, 5 senior manager posts at head of service and strategic director level have been deleted from the establishment, resulting in further savings of over £500,000. The current structure is set out at Appendix 1. The Budget agreed by Council on 12 February 2013 requires a further reduction of £150,000 per annum. This will mean that since 2007, the number of senior managers has reduced by 18 (from 33 to 15, including the transfer of Public Health into the Council) and the Council now spends £1.35 million less per annum on senior management.

4. Further reduction in senior management and re-alignment of strategic directors and heads of service

Prior to recommending the proposals set out in Appendix 2 to the Committee, a range of different permutations have been considered. These have included maintaining the status quo in terms of the directorate structure and shared arrangements with Southampton; permutations on the current model; complete re-structure; and alternative allocations of parts of existing service units in different permutations.

The current senior management structure (Appendix 1) has been in place since September 2012. The two key issues which now need to be determined are:

1. Whether the Council considers it could discharge its education and children's social care functions effectively were the management oversight at director level to combine children's services, education and adult social care into a single 'People' directorate; and
2. Whether the Council would prefer to appoint a Director of Public Health dedicated to Portsmouth or to seek to pursue a shared arrangement with Southampton or another suitable authority.

Over the last few years, the Council has been moving towards a structure of three directorates based around 'people, place and performance' - in our language 'people, regeneration and support services'. During this time, the government has also decided as part of the reorganisation of the National Health Service that local government should take responsibility for public health from April 2013. Each unitary and county council shall have a Director of Public Health, reporting directly to the Chief Executive, to lead this function. Shared arrangements can be an acceptable means of fulfilling this obligation.

The Director of Adult Services, Margaret Geary, has decided to retire, and clearly this gives the Council the opportunity to reconsider its senior management structure and in particular fulfil its desire to continue its reduction of the senior

management structure. In doing so, it must consider whether, at a time of unprecedented change across the public services and cuts to funding, a further reduction in the most senior management capacity of the organisation is wise. This is particularly pertinent to any decision to increase the oversight of the Director of Children's Services to a wider brief including Adult Services. Whilst this has been undertaken at a number of councils, Members should be aware that some are now looking to revert back to their previous form.

Guidance regarding Director of Children's services

The Department for Education (DfE) has published statutory guidance on the roles and responsibilities of the Director of Children's Services (DCS) and the Lead Member for Children's Services (LMCS (Portfolio holder within PCC)). This was last up-dated in 2012. The Children Act 2004 requires every upper tier local authority to appoint a DCS. The functions for which the DCS is responsible are set out in section 18(2) of the Children Act 2004 and include responsibility for children and young people receiving education or children's social care services in their area and all children looked after by the local authority or in custody (regardless of where they are placed).

Within this legal framework it is for individual local authorities to determine their own organisational structures in the light of their local circumstances. However, local authorities must ensure that there is a single officer responsible for both education and children's social care.

The guidance goes on to state that the DCS should be a first tier officer and report directly to the Chief Executive. Local authorities should, as a matter of course, ***assure themselves that their arrangements enable them to discharge their education and children's social care functions effectively.*** Given the breadth and importance of children's services functions that the DCS and LMCS cover, ***local authorities should give due consideration to protecting the discrete roles and responsibilities of the DCS and LMCS before allocating to them any additional functions other than children's services.*** This is developed in more detail in Appendix 3.

In order for the Council to be assured that their arrangements enable them to discharge their education and children's social care functions effectively, it is necessary to look at the capacity and structures which are and can be put in place. The proposal is to bring together the adults and children's social care and education under the oversight of a single director, Julian Wooster the Council's current Director of Children's Services. This is clearly a significant change and will mean that the director is unable to give the same degree of attention to all areas as has historically been the case.

However, the Council must weigh this against the need to make significant cuts in expenditure - setting aside Members desire to further reduce senior management, the opportunity cost of maintaining the existing structure would be an equivalent cut in service elsewhere in the Council's operations. Through the budget process, Members have determined that they consider that the loss of service to customers would be greater were any other course of action taken. Whilst this shows great confidence in the remaining senior management, Members must appreciate that senior management is now significantly reduced

compared to just a few years ago; that there is no obvious reduction in the ambition of the Council; and that the draconian cuts in local government combined with the radical changes in many areas of its activity have led to heightened work pressures.

Whilst the Council has seen significant improvements in both educational attainment and in children's social care practice over the last three years, this has been from a very low base, and the Council cannot be complacent about maintaining this achievement. Similarly, whilst in adults' services, the council has made great improvements in the design and commissioning of services, in enhancing independent living and enablement etc., the demographic and financial pressures in this area are enormous.

Guidance regarding Director of Adult services

In terms of the statutory responsibilities of Local Authorities in relation to adult social care and the statutory role of the Director of Adult Social Services (DASS), this is covered by the guidance issued by the Department of Health in 2006 on the role of the DASS. This is summarised below:

- Chief Executives of local authorities with social services responsibilities should ensure that a DASS is in post. This post can be shared with other responsibilities or other local authorities.
- The local authority shall take steps to ensure that the post holder is given the necessary authority, is enabled/given the necessary resources to provide professional leadership (including delivering workforce planning) in social care and deliver the cultural change necessary to implement person-centred services and to promote partnership working, and such other responsibilities as the local authority determines
- The local authority shall ensure that the DASS is made accountable for the delivery of local authority social services functions listed in Schedule 1 of the Local Authority Social Services Act 1970 (as amended), other than those for which the Director of Children's services is responsible.
- Local authorities shall ensure that the DASS is directly accountable to the Chief Executive of the local authority and comparable in terms of seniority, with the Director of Children's Services.
- The Local Authority Social Services Act 1970 (as amended), allows local authorities to jointly appoint a single DASS to cover their local authority areas. The partnership arrangements provided for by the Health Act 1999 also enable joint funding of posts between a local authority and an NHS body.
- A joint appointment of a person to a DASS post and a post in the NHS is therefore possible. Where such a joint appointment occurs the DASS must remain an employee of the local authority for the full range of social services responsibilities. In addition, local authorities may extend the DASS's responsibilities to cover other local authority services and responsibilities (such as leisure, housing, transport and adult education). It is for local authorities themselves to determine whether to utilise/make use of these provisions given their particular circumstances.

The DASS's key leadership role is to deliver the local authority's part in:

- Improving preventative services and delivering earlier intervention
- Managing the necessary cultural change to give people greater choice and control over services
- Tackling inequalities and improving access to services
- Increasing support for people with the highest levels of need

There are seven key aspects to be included in the DASS's remit:

- (i) Accountability for assessing local needs and ensuring availability and delivery of a full range of adult social services
- (ii) Professional leadership, including workforce planning
- (iii) Leading the implementation of standards
- (iv) Managing cultural change
- (v) Promoting local access and ownership and driving partnership working
- (vi) Delivering an integrated whole systems approach to supporting communities
- (vii) Promoting social inclusion and wellbeing

Some of the DASS responsibilities need not reside with the DASS but can be delegated to suitably senior and experienced staff. In Portsmouth Robert Watt has the delegated responsibility for being the 'nominated person' responsible for ensuring that CQC registrations linked to our directly provided Adult Social Care services are maintained. These are required for all regulated activity. He also has delegated roles as Guardian in relation to Section 7 of the Mental Health Act where he has the responsibility for directing where clients (assessed as having a mental disorder) might reside and attend any place specified for treatment, occupation, education or training. He has a similar legal responsibility as a Court of Protection Deputy for monitoring the use of people's assets where they are judged to have no capacity to do this for themselves. There is no proposal to change this.

Clearly, these two areas carry very serious and significant responsibilities and a large proportion of the Council's critical risk, staffing and budget. However, there are management actions which we can take and are being implemented that assist in supporting the Director in addressing the broader 'people' remit. For example, we have been working hard at strengthening our integrated commissioning of services across the 'people' area with colleagues in health. Initially this started in the adults' services area; we have now widened that remit to include children's health and intend to develop it further. By consolidating the integrated commissioning unit into a more encompassing resource, this will assist the Director in undertaking the combined role. This is reflected in the structure proposed.

Another means by which the Council can increase its assurance is by transferring some of the responsibilities currently within the children's and adults directorates to other directorates. There are three service areas which warrant particular consideration to help balance workloads and spans across the senior management team.

Firstly, Housing and Property Services: This is a major service area currently within the adult services directorate. It has responsibility for the 15,000 homes within the Council's Housing Revenue Account, as well as a range of ancillary services including the clean and green teams, property maintenance, community

centres and adventure playgrounds. This would enhance the planning and regeneration directorate established last summer. It is recommended that this be transferred to the 'place' directorate.

The second service is HIDs, Community Safety and Licensing, also within the adult services directorate. As part of the preparation for the formal transfer of Public Health to the local authority, this service has been working closely with the interim Director of Public Health. If Members agree to the appointment of a dedicated Director of Public Health for Portsmouth (see below), it is recommended that management of this service is overseen by that post holder.

Finally, the 'right' directorate for the Revenues and Benefits Service has often been the subject of discussion. Whilst my view remains that it is more a frontline 'people' service than a support service, it is treated in different ways across local government and I would be content to see it move across to the support services directorate in order to reduce the workload for the 'people' director. However, we are at a critical time in terms of the introduction of major changes to the welfare system which will impact on the most vulnerable people in our community. Because of this, I would recommend that we defer transferring this service until the welfare reforms are more settled and we know more about the government's intentions towards this function. I would therefore recommend leaving this service within the 'people' directorate at this stage and reviewing this in 12 months' time.

Guidance regarding Director of Public Health

The Director of Public Health is a statutory chief officer of their authority and the principal adviser on all health matters to elected members and officers, with a leadership role spanning all three domains of public health: health improvement, health protection and healthcare public health. Section 73A(1) of the NHS Act 2006, inserted by section 30 of the Health and Social Care Act 2012, gives the Director of Public Health responsibility for:

- all of their local authority's duties to take steps to improve public health
- any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities, either by arrangement or under regulations
- exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to public health
- their local authority's role in co-operating with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders
- such other public health functions as the Secretary of State specifies in regulations.

In determining whether the Council should appoint a DPH solely for Portsmouth or whether this could be shared with another council it is worth reflecting on our experience over the last few years. With a dedicated DPH, a progressive health improvement and development service, and very positive relations with the Portsmouth PCT, we have developed an enviable reputation in the field of public health. This has put us in good stead for the transfer of public health responsibilities to the Council and has been reflected in a (relatively) good

financial settlement for public health. We have also been fortunate to secure the services of Dr Andrew Mortimore DPH for Southampton to act as our DPH following the departure of Dr Paul Edmondson-Jones. However, whilst Dr Mortimore has done a sterling job for us over the last 8 months, Dr Mortimore, Southampton CC, the Portsmouth CCG and ourselves recognise that Portsmouth would be better served in this critical area of work by a dedicated Director with the capacity to work closely with the CCG, with the Director of People (as recommended above) and in collaboration with adjoining authorities including Southampton and Hampshire. This would have the following advantages for Portsmouth Council and residents compared with sharing a DPH:

- High visibility of key leader and champion for health in the City
- Maximises opportunities to work with and influence the Clinical Commissioning Group in the design and delivery of health care services and their integration with social care
- Increases ability to focus on innovation and levering in funding for public health programmes
- Supports strengthening of relationships with key stakeholders and partners, including the University, and the ability to create effective alliances for improving health and enhancing public health capacity
- Greater ability to ensure public health becomes a "whole Council" responsibility, and all the opportunities and synergies are identified and maximised
- Provides capacity to assume strategic oversight and responsibility for other Council functions, and hold a broader portfolio as a strategic director, helping to share the burden with a director combining children's and adults.

This advice is given against the backdrop of our city's relatively poor health profile:

- Life expectancy is rising but there is a gap of 8 years between most and least deprived wards
- Heart disease is the single most common cause of all premature deaths in the City: rates are above national average
- Obesity, smoking, alcohol and screening take-up are key factors in early deaths in the City
- Nearly half of all early deaths in the City are caused by heart disease, stroke, cancers and respiratory conditions
- Whilst women's life expectancy is 82 years, in line with national average, men's life expectancy is 76 years, below national average (77)
- Cancer: the City's mortality rate is 132 (deaths per 100,000 population), above the national rate (117)
- Stroke: the City's mortality rate is 9.76 (deaths per 100,000 population), above the national rate (7.41)
- Respiratory conditions: we see a high rate of unscheduled admissions to hospital for respiratory illness –181.9 admissions per 100,00 compared to 149.3 nationally
- The City has higher than average prevalence for smoking, obesity and alcohol-related hospital admissions.

The appointment of a dedicated Director of Public Health will, itself, assist the workload of the Director of People and help give the Council the assurance it needs that the posts of Director of Children's and Adults services can be merged.

Taken together, these changes would 'lighten' the span of the 'people' director significantly. This is a considerable assistance, but the key area is in managing the Council's critical risks, namely in safeguarding (adults and children's) and in education. We have a very experienced and relatively stable senior team in these areas at the moment, together with good relationships with key partners.

It is considered that the structure illustrated at Appendix 2 meets the criteria set out above and is one in which the Council can have confidence in, given the straightened circumstances local government is currently facing. Whilst this level of reduction in capacity and experience cannot be absorbed without detriment to the capacity of the organisation, the impact can be minimised by the re-arrangement of services in the manner illustrated. This configuration would complete the structural transformation towards the 'People, Place, Performance' promoted by the Committee in 2011.

5. Process and next steps

Whilst the proposals contained in this report do not put any postholders at risk, they do delete a further post and involve significant changes of responsibilities as well as a reduction in the number of directorates and the re-allocation of services across those directorates. They coincide with the transfer of responsibilities for public health to local government, the subject of a report to the Employment Committee and the Governance, Audit and Standards Committee in February 2013.

In accordance with the Council's workforce change policy, the unions and those staff directly affected have been advised of the proposals contained in this report. Given the nature of the proposals, the Council is also required to have regard to the guidance published by the Secretary of State for Health, as set out below.

With regard to the post of Director of Public Health, the Faculty of Public Health provide a template job description that sets out the professional and technical competencies, draft advert and person specification (see Appendix 4). This has been shared with the Director of Public Health for the NHS Commissioning Board (South) and the Faculty of Public Health adviser in accordance with good practice. This should provide Members with assurance that it covers all necessary areas of professional and technical competence, although clearly there may be additional responsibilities outside of these areas which the Council may wish the postholder to have overview of such as community safety and licensing.

In terms of the recruitment process, whilst the principles apply to all senior posts, given that this is the first time that the Employment Committee will have undertaken such recruitment, it may be worth rehearsing a few points. Reaching relevant professional audiences is important in local recruitment search strategies. Currently it is customary for senior public health positions to be publicised in national journals and internet sites familiar to those professionals, such as the British Medical Journal and Health Services Journal. Establishing an

Advisory Appointments Committee is a widely recognised, tried and tested method of recruiting to senior public health appointments and is consistent with the process for medical NHS Consultants. It ensures independent professional advice to organisations making senior professional appointments and appropriate representation at a senior level of key partners that contribute to health improvement, protection and services. An Advisory Appointments Committee would usually be chaired by the elected member portfolio holder (and Chair of the Health and Wellbeing Board), and include external Faculty of Public Health assessors from both public health medicine and a professional background other than medicine. It should ideally also include the following:

- Chief Executive of the local authority
- Chief Executive of the NHS Local Area Team (Debbie Fleming) or her nominated deputy
- Director of Public Health for the NHS Commissioning Board (South) (Jenny Harries) or her nominated deputy
- a professional member nominated after consultation with the university.

I also consider it important that an Advisory Appointments Committee includes a representative of the Portsmouth Clinical Commissioning Group (CCG), and that the CCG representative follows-through to assist the Council's Appointment Committee in the final stage of selection.

6. Conclusions

Members need to decide what structure best meets the needs and circumstances of the Council. In doing so, they must assure themselves that the capacity exists within the structure for the Director of Children's services to fulfil their statutory role; whilst not set out in Statutory guidance, they also need to be satisfied that the rest of the Council can so function as well.

I consider that, as a package, the proposals set out in this report and illustrated in Appendix 3 do offer Members a satisfactory way forward, albeit with a significant reduction in senior management capacity at a time of great strain. The Council will apply its job evaluation scheme to the posts which absorb significantly greater responsibilities. Accommodating the combined director post within the Council's job evaluation scheme may require a minor adjustment to the pay band on the within the spinal column.

7. Equality impact assessment (EIA)

An Equality Impact Assessment has been undertaken.

8. Monitoring Officer comments

The proposals set out in this report comply with the Council's policy and procedure and is within the capacity of the Committee to endorse the recommendations set out above.

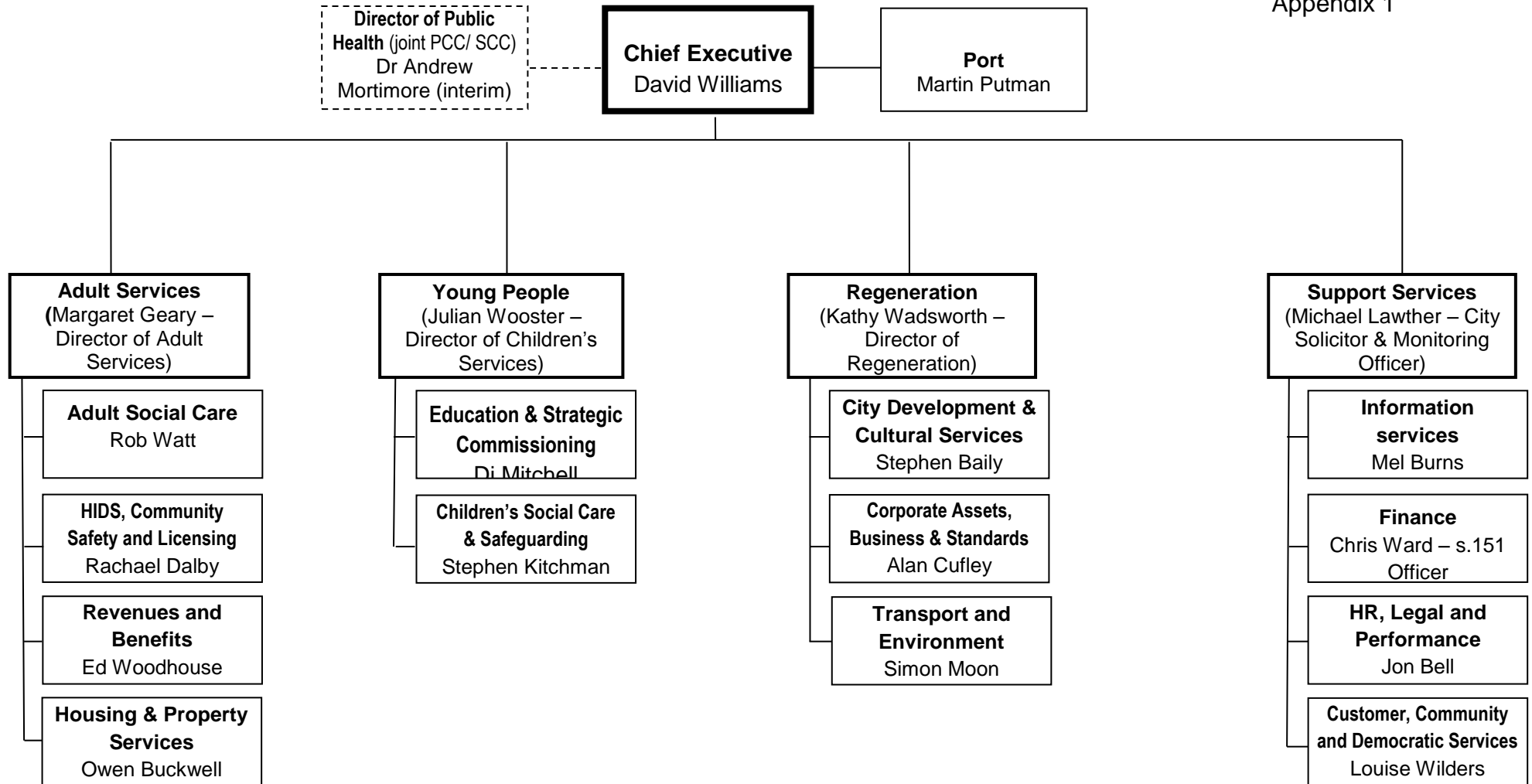
9. Head of Financial Services comments

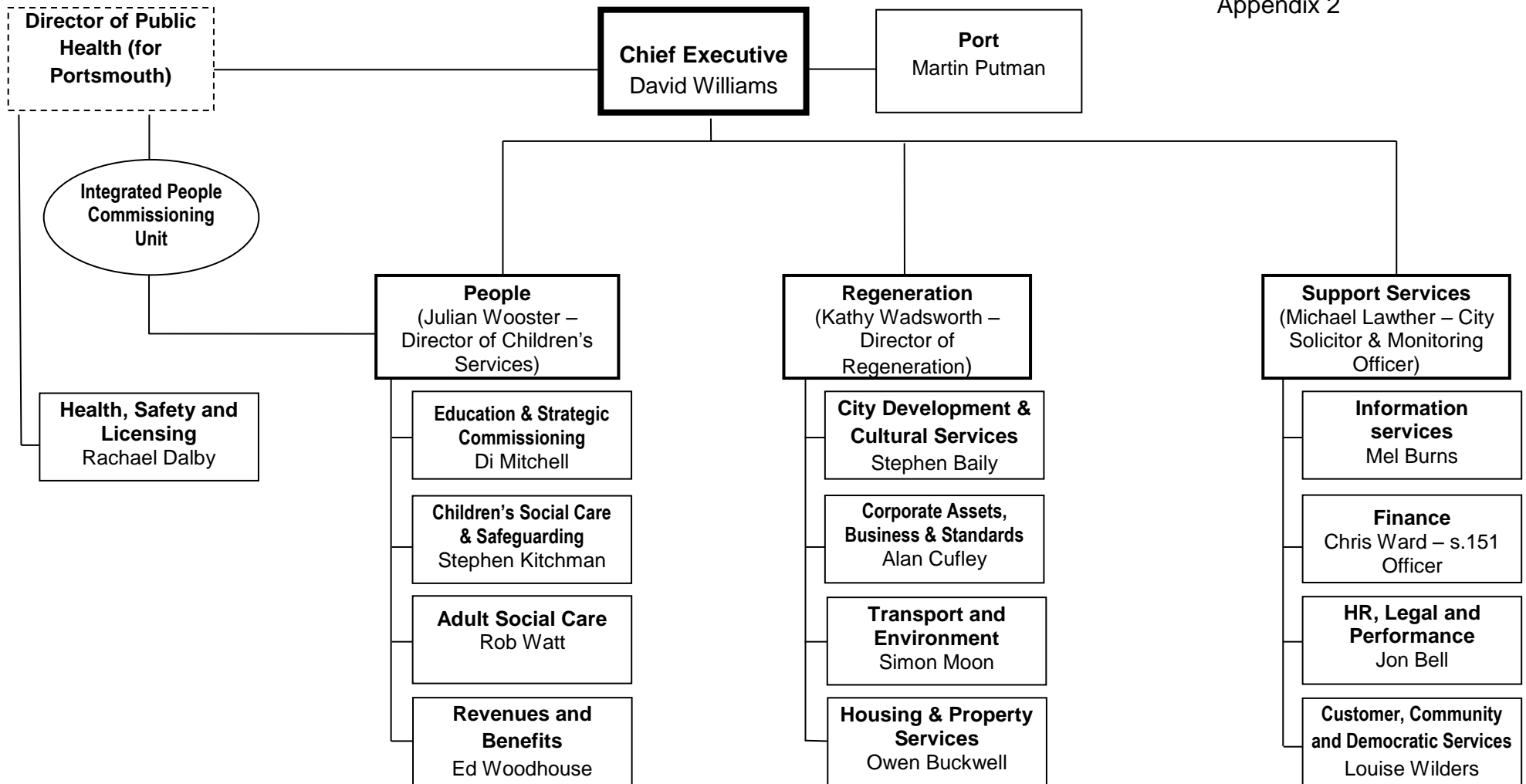
The financial implications arising from the recommendations contained within this report relate to the ongoing savings arising from a reduction in a further Strategic Director post. There are no redundancy costs.

The savings arising from these recommendations in the current and future years is estimated to be at least in accordance with the approved budget saving of £150,000 per annum. Whilst it is possible that there may be some uplift in pay arising from the outcome of the Job Evaluation reviews of the revised Director posts as well as a 3rd tier post, it is anticipated that these will be more than offset by the contribution made from the Public Health grant towards the Head of Health, Safety and Licensing post, therefore leaving the gross saving in respect of the loss of a Strategic Director Post of £150,000 intact.

As set out in the report, significant reductions in expenditure on senior management have been achieved over the last four years.

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Chief Executive





Appendix 3

Extract from the Statutory Guidance on the Roles and Responsibilities of the Director of Children's Services and the Lead Member for Children's Services (DfE 2009)

Additional functions not related to local authority children's services

10. It is legally permissible for the DCS and LMCS roles to be combined with other operational and political functions of the local authority. However, given the breadth and importance of children's services functions that the DCS and LMCS cover, ***local authorities should give due consideration to protecting the discrete roles and responsibilities of the DCS and LMCS before allocating any additional functions to individuals performing these roles. In particular, local authorities should undertake a local test of assurance*** so that the focus on outcomes for children and young people will not be weakened or diluted as a result of adding such other responsibilities (see paras 13-16 below). Given the demanding nature of the DCS and LMCS roles, local authorities should consider *all* aspects of any combined posts (e.g. the impact on both children and adult services where there is a joint DCS and Director of Adult Social Services post).

11. The DCS should report directly to the Chief Executive, so it is not appropriate for the Chief Executive also to hold the statutory role of DCS (except possibly as a temporary measure whilst the Council actively takes steps to fill a vacant DCS post and an alternative interim DCS appointment is not considered appropriate).

Joint DCS appointments

12. It is legally permissible for two or more local authorities to appoint a single joint DCS to cover children's services responsibilities across all the local authority areas concerned.

Local assurance

13. Local authorities will, as a matter of course, want to ensure their structures and organisational arrangements enable them to:

- fulfil their statutory duties effectively (including ensuring that children, young people and families receive effective help and benefit from high educational standards locally);
- be transparent about responsibilities and accountabilities; and
- support effective interagency and partnership working.

14. A local authority should carry out effective assurance checks, integrated as part of their usual decision-making and scrutiny work, of their structures and organisational arrangements. Once any new arrangements are in place, local authorities should review their arrangements regularly to satisfy themselves that they continue to be effective.

15. These assurances should be agreed within the Council. They should be subject to self-assessment within the local authority, and to peer challenge and review, as part of the process of securing continuous sector-led improvement in the quality of services. Where, as part of Ofsted's assessment of the quality and effectiveness of local authority leadership and management, inspectors identify an issue arising from the local authority's arrangements for discharging the DCS and LMCS functions, they may decide to look at the quality and effectiveness of the authority's assurance process.

16. It is for each local authority to determine the precise nature of its own assurance process and how to provide transparency for local communities about which individuals are fulfilling the statutory roles of DCS and LMCS, taking account of local circumstances. However, in doing so, the following elements are likely to be essential in assuring that effective arrangements are in place:

- clarity about how senior management arrangements ensure that the safety and the educational, social and emotional needs of children and young people are given due priority and how they enable staff to help the local authority discharge its statutory duties in an integrated and coherent way;
- clarity about how the local authority intends to discharge its children's services functions and be held accountable for them from political, professional, legal and corporate

perspectives (including where, for example, services are commissioned from external providers or mutualised in an arms length body);

- the seniority of and breadth of responsibilities allocated to individual post holders and how this impacts on their ability to undertake those responsibilities (especially where a local authority is considering allocating any additional functions to the DCS and LMCS posts);
- the involvement and experiences of children and young people in relation to local services;
- clarity about child protection systems, ensuring that professional leadership and practice is robust and can be challenged on a regular basis, including an appropriate focus on offering early help and working with other agencies in doing so; and
- the adequacy and effectiveness of local partnership arrangements (e.g. the local authority's relationship with schools, the Local Safeguarding Children Board (LSCB), the courts, children's trust co-operation arrangements, Community Safety Partnerships, health and wellbeing boards, Youth Offending Team partnerships, police, probation, Multi-Agency Public Protection Arrangements and Multi-Agency Risk Assessment Conferences) and their respective accountabilities.

Appointing a Director of Public Health

Directors of Public Health have largely been joint appointments between the NHS and local government in the majority of areas and have a strong history of working in partnership to improve and protect the health of people locally and tackle the health inequalities that many experience. They provide an essential role in advising on and managing the health services required to achieve those goals.

Faculty of Public Health assessment and advice

External professional assessment and advice provided by the Faculty of Public Health provides the assurance that Directors of Public Health, 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.

The existing processes that are in place for senior public health appointments set out by the Faculty of Public Health provide a robust, tried and tested method for providing assurance of technical and professional skills of Directors of Public Health (http://www.fph.org.uk/senior_public_health_appointments).

Multidisciplinary public health

The majority of Director of Public Health posts are open to applicants from a variety of professional public health backgrounds both medical and non-medical. The Faculty of Public Health process reflects the multidisciplinary nature of these posts and is consistent with current statutory regulations for the appointment of NHS medical Consultants in the UK (see Department of Health's Good Practice Guidance, January 2005).

The role of Strategic Health Authority Cluster Directors of Public Health

Strategic Health Authority Cluster Directors of Public Health play an important role in providing advice and support to local areas with their appointments and will play a key role in linking to Public Health England and the process of appointing Directors of Public Health in the future.

Job description

The Faculty of Public Health provides essential advice on the draft job description, draft advert and person specification and we recommend you contact them at an early stage to benefit from this. The Faculty of Public Health provide a template job description that sets out the professional and technical competencies (http://www.fph.org.uk/job_descriptions). Sharing your local job description with the Strategic Health Authority cluster Director of Public Health and the Faculty of Public Health Adviser is good practice. It will provide you with assurance that it covers all necessary areas of professional and technical competence although clearly there may be additional responsibilities outside of these areas.

Advertising the post

Reaching relevant professional audiences is important in local recruitment search strategies. Currently it is customary for senior public health positions to be publicised in national journals and internet sites familiar to those professionals, such as the British Medical Journal and Health Services Journal. Local areas will need to consider carefully how to communicate vacancies to both medical and non-medical public health professionals working at a senior level to attract the best candidates for its Public Health Chief Officer.

The Advisory Appointments Committee

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The Advisory Appointments Committee is a widely recognised, tried and tested method of recruiting to senior public health appointments and is consistent with the process for medical NHS Consultants (http://www.fph.org.uk/senior_public_health_appointments). It ensures independent professional advice to organisations making senior professional appointments and appropriate representation at a senior level of key partners that contribute to health improvement, protection and services.

An Advisory Appointments Committee would usually be chaired by a lay member such as a local authority elected member, for example the cabinet member of the Health and Wellbeing Board, and include external Faculty of Public Health assessors from both public health medicine and a professional background other than medicine. It should ideally also include the following:

- the Chief Executive of the local authority or his/her nominated deputy who will be a Board level executive or who normally deputises as a senior manager for the Chief Executive;
- senior NHS representation, currently the Chief Executive of the Primary Care Trust Cluster or his/her nominated deputy who will be a Board level executive or associate director who normally deputises as a senior manager for the Chief Executive;
- the Strategic Health Authority cluster Director of Public Health or his/her nominated deputy (and in future his/her equivalent in Public Health England);
- and, in the case of appointments to posts which have either teaching or research commitments, or both, the committee should also include a professional member nominated after consultation with the relevant university.

Specialist registration

All Directors of Public Health are required to be registered with an appropriate specialist register (GMC Specialist Register/GDC Specialist List in Dental Public Health/UK Public Health Register) before they can take up an appointment as a Consultant in Public Health. Non-medical candidates are usually on the Voluntary UK Public Health Register.

Currently those who are on the GMC or GDC Specialist Registers are eligible for appointment under NHS terms and conditions for medical Consultants. Currently those who are on the UK Public Health Register (UKPHR), who are not medically qualified, are eligible for NHS Agenda for Change or Local Authority Senior Managers terms and conditions. Directors of Public Health are eligible for director level NHS remuneration.



Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

SPECIMEN JOB DESCRIPTION **DIRECTOR OF PUBLIC HEALTH**

*This specimen generic job description is intended to assist employers in Local Authorities and Public Health England in establishing Director of Public Health posts in England. These are statutory Chief Officer appointments with executive responsibilities. These senior public health roles are for those who have completed higher specialist training in public health or equivalent and are on the GMC Specialist Register or GDC Specialist List in dental public health or UK Public Health Register. Posts are normally open to appropriately qualified candidates from a variety of public health disciplines including medicine. Differences in the organisational details of how services are delivered in the UK should be reflected in the job description, but the criteria in the specimen person specification are the recommended **minimum** requirements for all posts. This provides a framework, but locality and post specific details should be added as indicated.*

*The Faculty recommends that **an outline job plan** with indicated programmed activities should be attached to the job description and should include appropriate time for CPD and other activities such as appraisal etc.*

Title:	Director of Public Health
Employing Organisation:	<name of LA>
Accountable to:	<ul style="list-style-type: none"> - Professionally accountable to the Council (and Secretary of State for Health through Chief Medical Officer) - Managerially to Chief Executive of <name of LA>
Hours:	Full time Normally 40 hours
Work base:	
Key Relationships	Cabinet Senior Management Team Local NHS bodies including clinical commissioning groups Public Health England Health and Wellbeing Board Local Resilience Forum

Statutory functions of the Director of Public Health¹

¹ See Department of Health, *Directors of Public Health in Local Government: Roles, responsibilities and context* (<https://www.wp.dh.gov.uk/publications/files/2012/10/DsPH-in-local-government-i-roles-and-responsibilities.pdf>) and Department of Health, *Directors of Public Health in Local Government: Guidance on appointing directors of public health from 1 April 2013* (<https://www.wp.dh.gov.uk/publications/files/2012/10/DsPH-in-local-government-ii-guidance-on-appointments.pdf>)

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The Director of Public Health is a statutory chief officer of their authority and the principal adviser on all health matters to elected members and officers, with a leadership role spanning all three domains of public health: health improvement, health protection and healthcare public health. Section 73A(1) of the NHS Act 2006, inserted by section 30 of the Health and Social Care Act 2012, gives the Director of Public Health responsibility for:

- all of their local authority's duties to take steps to improve public health
- any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities, either by arrangement or under regulations – these include services mandated by regulations made under section 6C of the 2006 Act, inserted by section 18 of the 2012 Act
- exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to public health
- their local authority's role in co-operating with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders
- such other public health functions as the Secretary of State specifies in regulations

Context

The Director of Public Health post will understand and enhance the health of the people of (name of LA) and adopt an approach which:

- Understands the link between economic success and good health and takes a long term approach to strategic improvement in both
- Develops a clear, targeted long term strategy that ensures health and social care, education, housing, jobs and economic policies and infrastructure are shaped in ways which deliver maximum improvements in health and wellbeing
- Minimises the adverse effects of demographic change and potential threats from poor health on the long term competitiveness of the (LA name). The challenges of a growth in numbers of older people and people with disabilities will require a medium term strategy.

These roles are derived from Government policy and clearly identifies the unique contribution which local authorities can make to improve the health and wellbeing of communities through:

- Their statutory responsibilities and powers with respect to health protection and health scrutiny
- The level, distribution and quality of services they directly commission or provide
- Strategic leadership-promoting and supporting partnership working by public and private sector agencies on key priorities such as community safety, alcohol and drugs prevention and treatment
- Community leadership-enabling Members to engage effectively with their communities with respect to health and intelligently holds the NHS and the local authority to account
- Advocacy and influence-national and local policy development

The Director of Public Health is appointed according to procedures that replicate the statutory process for senior appointments to the NHS, including an Advisory Appointment Committee.

Job Summary

The Role

The Director of Public Health is a registered public health specialist (i.e. included in the GMC Specialist Register/GDC Specialist List or UK Public Health Register (UKPHR)). S/he is a visionary and transformational leader with a full understanding of relationships and culture of organisations that impact on the wider determinants of health as well as health services.

The Director of Public Health is a statutory member and main source of health advice to the Health and Wellbeing Board. S/he has a statutory responsibility to produce an independent annual report on the health of the population, progress on improving health and reducing inequalities and making recommendations.

The Director of Public Health leads a team within the local authority responsible for the development of a strategic needs assessment for the local population and for the delivery of:

1. Health Improvement

[Type text]

- developing healthy, sustainable and cohesive communities through Health and Wellbeing Board and the wider Council and partners
- developing healthy lifestyles for individuals and communities
- tackling specific issues based on local needs assessment such as childhood obesity, smoking,
- developing a strategy for reducing health inequalities

2. Health Protection

- dealing with infectious disease threats including food and water borne disease supported by local Public Health England
- preparing for emergencies including pandemic influenza
- providing advice and challenge, especially advising on environmental threats including pollution, noise and contaminated land
- co-chairing the Local Health Resilience Partnership

3. Health services public health

- population health care such as immunisation and screening programmes
- supporting the commissioning of appropriate, effective, and equitable health care from the NHS locally
- leading the integration of health and social care services

Clearly to develop and deliver the strategic vision of the local authority, the DPH is part of the senior team leading the organisation and is directly accountable to the Chief Executive or equivalent for those Local Authorities who do not have a Chief Executive.

The Director of Public Health is:

1. Trustworthy and independent professional accountable to Secretary of State through Public Health England as well as to the local population through the Local Authority.
2. Trained and experienced in all areas of public health practice and registered with the GMC or another appropriate regulatory body and accountable to them for their professional practice including ethical standards
3. Able to demonstrate corporate skills in strategic leadership within an organisation
4. A skilled and trusted communicator at all times particularly in a crisis
5. Strongly committed to teaching and research in collaboration with academic departments
6. Up to date and can demonstrate continuing professional development through appraisal and revalidation as a specialist with GMC or other regulator
7. Highly visible to ensure in-depth knowledge of local communities and better working between the public and local organisations
8. Able to show intellectual rigour and personal credibility to collaborative working and commissioning processes
9. Demonstrably accomplished in improving the health of communities
10. Able to lead across all local authority functions to district councils, NHS bodies, the private sector and the third sector indicating the impact of investment on public health and inequalities

The Director of Public Health will:

1. Produce an independent annual report on the health of the population, progress on improving health and reducing inequalities and making recommendations
2. Be principal adviser to Health and Wellbeing Board in developing a Health and Wellbeing Strategy based on the assessed needs of the population and proven interventions to improve health
3. Provide specialist public health advice to commissioners on priorities for health and social care spending and the appropriate configuration of services within and between local authorities.
4. Support Local Resilience Forum in developing comprehensive multi agency plans for the anticipated threats to public health

5. Have full access to the papers and other information that they need to inform and support their activity, and day to day responsibility for their authority's ring-fenced public health budget.
6. Be Principal Advisor on all health matters to members and officers across local government.

Management arrangements

The Director of Public Health will be professionally accountable to the Council (and Secretary of State for Health through Chief Medical Officer) and managerially accountable to the Chief Executive of the Local Authority. Professional appraisal will be required. An initial job plan will be agreed with the successful candidate prior to that individual taking up the post. This job plan will be reviewed as part of the annual job planning process.

The Director of Public Health will:

1. Manage <insert number> staff (including trainees) (*include details of line management duties, recruitment, appraisals, disciplinary and grievance responsibilities*)
2. Manage budgets <insert details>
3. Be expected to take part in on call arrangements for communicable disease control/health protection as appropriate depending on local arrangements
4. Manage Specialty Registrars in Public Health)

Professional obligations

The Director of Public Health will be expected to:

1. Participate in the organisation's staff appraisal scheme and departmental audit, and ensure appraisal and development of any staff for which s/he is responsible.
2. Contribute actively to the training programme for Foundation Year Doctors/Specialty Registrars in Public Health as appropriate, and to the training of practitioners and primary care professionals within the locality (*if the postholder designs and delivers core training, specify as applicable and give details of postholder's involvement e.g. lead trainer, trainer on a module, develops training for others, etc*)
3. Pursue a programme of CPD, in accordance with Faculty of Public Health requirements, or other recognised body, and undertake revalidation, audit or other measures required to remain on the GMC/GDC Specialist Register or the UK Public Health (Specialist) Register or other specialist register as appropriate.

These professional obligations should be reflected in the job plan. The post-holder may also have external professional responsibilities, e.g. in respect of training or work for the Faculty of Public Health. Time allocation for these additional responsibilities will need to be agreed with the line manager.

Key tasks

The job description will be subject to review in consultation with the post holder in the light of the needs of the employing organisation and the development of the speciality of public health and any wider developments in the field of public health.

CORE COMPETENCY AREAS

Surveillance and assessment of the population's health and well-being

- To ensure the proper design, development and utilisation of major information and intelligence systems to underpin public health improvement and action for the population across disciplines and organisations.

[Type text]

- To receive, interpret, provide and advise on highly complex epidemiological and statistical information about the health of populations to the Local Authority, NHS and voluntary organisations.
- To ensure the use of the best available evidence base to support the assessment of health needs, health inequalities, health impact assessment and the identification of areas for action within the local population.
- To produce an annual report on the health of the population of (County/Borough)

Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services

- To provide expert public health advice and leadership to support and inform an evidence-based approach within ethical frameworks for commissioning and develop high quality equitable services, across primary, secondary and social care, and across sectors including local authorities, voluntary organisations and others, in potentially contentious and hostile environments where barriers to acceptance may exist.
- To be responsible for leading on service development, evaluation and quality assurance governance in specific areas and for preparing and adjusting action plans in line with changing needs and changing geographical boundaries.
- To provide expert advice to support evidence based commissioning, prioritisation of services for the population (and in some circumstances for the individual) in order to maximise opportunities for health.

Policy and strategy development and implementation

- To lead on behalf of < LA name> on the communication, dissemination, implementation and delivery of national, regional and local policies and public health strategies, developing inter-agency and interdisciplinary strategic plans and programmes, with delegated authority to deliver key public health targets.
- To act in an expert advisory capacity on public health knowledge, standards and practice, across the spectrum of public health at Board or equivalent level.
- To be responsible for the development and implementation of multi-agency long-term public health programmes as required, based on identification of areas of potential health improvement, the diversity of local needs and the reduction of inequalities.
- To ensure proper linkages between the health agenda and strategies related to the wider determinants including for example, community safety, the environment and sustainability.

Leadership and collaborative working for health

- To take the lead role on behalf of the < LA name> in developing inter-agency and interdisciplinary short and long-term strategic plans for securing health improvement both in the general population and in vulnerable groups at high risk of poor health and reduced life expectancy, in partnership with a range of agencies such as those in the statutory, non- statutory, voluntary and private sectors and by taking lead responsibility with a defined local authority. This requires the ability to work cross-directorate and across other agencies and voluntary organisations.
- To work with primary care professionals and community staff to raise awareness of their public health role.
- To lead on the integration of health, social services and voluntary organisations to promote effective joint working to ensure delivery of the wider government targets.
- To influence external agencies in their public health policy decisions by working with complex professional, managerial and population groups and other organisations in the statutory, non-statutory and private sectors.

DEFINED COMPETENCY AREAS

Health Improvement

- To be responsible for designated areas of health improvement programmes, public health surveillance or population screening or geographical areas.

- To take a Executive Director leadership role in specified areas with local communities and vulnerable and hard to reach groups, helping them to take action to tackle longstanding and widening health inequality issues, using community development approaches as appropriate.
- To provide expert knowledge to ensure effective community involvement with regard to all the work of the organisation including commissioning and prioritising high cost services and to ensure that policies and strategies are interpreted, developed and implemented at all levels.

Health Protection

- To take responsibility for safeguarding the health of the population in relation to communicable disease, infection control and environmental health, including delivery of immunisation targets.
- To ensure that effective local arrangements exist for covering the on call rota for the effective control of communicable disease, environmental hazards to health and emergency planning, as detailed in local health protection agreements.
- To communicate effectively and diplomatically with a wide audience including the media and the public to change practice in highly challenging circumstances such as communicable disease outbreaks, chemical incidents, immunisation and screening.

Service Improvement

- To provide expert advice to support evidence based commissioning, prioritisation of health and social care services for the population (and in some circumstances provide highly specialised advice on preferred treatment options or protocols based on the evidence for individual patients) in order to maximise opportunities for health.
- To be responsible for implementation of NICE and National Service Frameworks or equivalent national standards, guidance and frameworks.
- To lead the development of clinical networks, clinical governance and audit.
- To review evidence and providing highly specialised advice on preferred treatment options or protocols based on the evidence for individual patients.

Public Health Intelligence

- To analyse and evaluate quantitative and qualitative data and research evidence from a range of sources to make recommendations and inform decision making which has long term impacts.
- To compare, analyse and interpret highly complex options for running projects identified as key public health priorities, and communicate this information across organisations and the local community.
- To be responsible for the identification and implementation of appropriate health outcome measures, care pathways, protocols and guidelines for service delivery across patient pathways for the local population.
- To work with the information and intelligence arm of Public Health England and other organisations to strengthen local, regional and national public health intelligence and information capacity.

Academic Public Health/Research and Development

- To undertake and commission literature reviews, evaluative research surveys, audits and other research as required to inform equitable service and reduce health inequalities. This may involve taking the lead on R&D public health and related activities
- To develop links with local universities to ensure the work of the organisation is based on a sound research and evidence base.
- To develop public health capacity through contributing to education and training and development within the Directorate, and within the wider NHS and non NHS workforce.

GENERAL CONDITIONS

Terms and conditions of service

Not yet known

On call arrangements

The post holder will be expected to be on call for health protection and public health and to participate in the communicable disease and environmental hazards control and emergency planning arrangements for < LA area>. Suitable training will be provided for those who need it in discussion with Public Health England.

Indemnity

As the post holder will only be indemnified for duties undertaken on behalf of < LA name> the post holder is strongly advised to ensure that he/she has appropriate professional defence organisation cover for duties outside the scope of the < LA name> and for private activity within < LA name>. For on call duties provided to other organisations as part of cross cover out of hours arrangements the < LA name> has confirmed that those organisations will provide indemnity for the post holder.

Flexibility

The post holder may, with their agreement - which should not reasonably be withheld - be required to undertake other duties which fall within the grading of the post to meet the needs of this new and developing service. The employing organisation is currently working in a climate of great change. It is therefore expected that all staff will develop flexible working practices both within any relevant local public health networks and at other organisational levels as appropriate, to be able to meet the challenges and opportunities of working in public health within the new and existing structures.

Confidentiality

A Director of Public Health has an obligation not to disclose any information of a confidential nature concerning patients, employees, contractors or the confidential business of the organisation.

Public Interest Disclosure

Should a Director of Public Health have cause for genuine concern about an issue (including one that would normally be subject to the above paragraph) and believes that disclosure would be in the public interest, he or she has a duty of candour and should have a right to speak out and be afforded statutory protection and should follow local procedures for disclosure of information in the public interest.

Data protection

If required to do so, the post holder will obtain, process and use information held on a computer or word processor in a fair and lawful way. The post holder will hold data only for the specified registered purpose and use or disclose data only to authorised persons or organisations as instructed in accordance with the Data Protection Act.

Health and safety

Employees must be aware of the responsibilities placed on them by the Health & Safety at Work Act (1974) and its amendments and by food hygiene legislation to ensure that the agreed safety procedures are carried out to maintain a safe condition for employees, patients and visitors.

Smoking policy (amend as appropriate)

The employing organisation has a policy that smoking is not allowed in the work place.

Equal opportunities policy

It is the aim of the employing organisation to ensure that no job applicant or employee receives less favourable treatment on grounds of gender, religion, race, colour, sexual orientation, nationality, ethnic or national origins or disability or is placed at a disadvantage by conditions or requirements which cannot be shown to be justifiable. To this end, there is an Equal Opportunities Policy in place and it is for each employee to contribute to its success.

SPECIMEN PERSON SPECIFICATION

DIRECTOR OF PUBLIC HEALTH

< LA name >

IMPORTANT: This person specification contains changes introduced in amendments made to the NHS (Appointment of Consultants) Regulations for England, Scotland, Northern Ireland and Wales which came into force during 2005.

Education/Qualifications	<i>Essential</i>	<i>Desirable</i>
Inclusion in the GMC Specialist Register/GDC Specialist List or UK Public Health Register(UKPHR)	X	
If included in the GMC/GDC Specialist Register in a specialty other than public health medicine/dental public health, candidates must have equivalent training and/or appropriate experience of public health medicine practice	X	
Public health specialist registrar applicants who are not yet on the GMC Specialist Register/GDC Specialist List in dental public health/UKPHR must provide verifiable signed documentary evidence that they are within 6 months of gaining entry at the date of interview ; all other applicants must provide verifiable signed documentary evidence that they have applied for inclusion in the GMC/GDC/UKPHR specialist registers <i>[see shortlisting notes below for additional guidance]</i>	X	
Applicants must meet minimum CPD requirements (i.e. be up to date) in accordance with Faculty of Public Health requirements or other recognised body	X	
MFPH by examination, by exemption or by assessment		X
Personal qualities		
Transformational and visionary leader	X	
Commitment to adding public health values to corporate agendas	X	
Strong commitment to public health principles	X	
Able to prioritise work, and work well against a background of change and uncertainty	X	
Adaptable to situations, able to handle people of all capabilities and attitudes	X	
Commitment to team-working, and respect and consideration for the skills of others	X	
Self-motivated, pro-active, and innovative	X	
High standards of professional probity	X	
Experience		
Minimum of three years' experience of public health practice at senior level		X
High level project management skills	X	
Excellent staff and corporate management and development skills	X	
Experience of working in complex political and social environments	X	
Excellent change management skills	X	
Budget management skills	X	
Training and mentoring skills		X
Scientific publications, presentation of papers at conferences, seminars etc		X
Skills		
Strategic thinker with proven leadership skills	X	
Excellent oral and written communication skills (including dealing with the media)	X	
Effective interpersonal, motivational and influencing skills	X	
Ability to respond appropriately in unplanned and unforeseen circumstances	X	
Good presentational skills (written and oral)	X	
Sensible negotiator with practical expectation of what can be achieved	X	
Substantially numerate, with highly developed analytical skills using qualitative and quantitative data	X	
Computer literate	X	
Ability to design, develop, interpret and implement policies	X	
Ability to concentrate for long periods (e.g. analyses, media presentations)	X	
Resource management skills	X	
Knowledge		
High level of understanding of epidemiology and statistics, public health practice, health promotion, health economics and health care evaluation	X	
Full understanding of and commitment to addressing relationships and cultures of organisations that impact on the wider determinants of health	X	
Full understanding of and commitment to delivery of improved health through mainstream NHS activities	X	
Understanding of NHS and local government cultures, structures and policies	X	
Knowledge of methods of developing clinical quality assurance, quality improvement and evidence based clinical and/or public health practice	X	
Understanding of social and political environment	X	
Understanding of interfaces between health and social care	X	

[Type text]

Shortlisting notes

The Faculty advises that in order to be shortlisted for a consultant post applicants who are not yet on the GMC Specialist Register/GDC Specialist List in dental public health/UK Public Health Register (UKPHR) must provide verifiable signed documentary evidence that an application for inclusion on one of these specialist registers is in progress as follows:

1. Applicants in training grades

Public health Specialist Registrars and Specialist Trainees in a recognised UK public health training scheme must provide evidence to confirm that they are within **SIX** months of award of their certificate of completion of training (CCT) and inclusion in the GMC Specialist Register/GDC Specialist List in dental public health/UKPHR at the date of interview (i.e. the expected date of award of their CCT must fall no more than six months after the date of interview). *Please note that from January 2005 in England, May 2005 in Scotland and November 2005 in Northern Ireland and Wales, this period has been extended from the three months required previously.* The documentary evidence should be:

Either a RITA Form G (Final Record of Satisfactory Progress) **or** a letter from the postgraduate dean (or Faculty Adviser) specifying the expected date for completion of training (which must be not more than six months after the date of interview).

2. Applicants in non training grades

2.1 Doctors (i.e. medical practitioners)

Doctors outside recognised UK public health training schemes fall into a number of categories:

- those who have trained outside the UK, who may have specialist training and qualifications which they are seeking to have recognised by the General Medical Council (GMC) in order to gain registration with the GMC: these doctors may be shortlisted according to the following 2005 guidance from the Department of Health and Scottish Executive which indicates that *There will be some instances (for example when considering applicants trained outside the UK) where an AAC may choose to interview a candidate prior to [GMC] Specialist Register entry. In these circumstances, it will wish to be satisfied that subsequent Specialist Register entry is likely.* **Employers should ask the applicant to provide documentary evidence that he/she has submitted an application to the GMC which is eligible for consideration at the time of application (for shortlisting).**
- those who have not completed specialist training in the UK who are seeking entry to the GMC Specialist Register through Article 14 of the European Specialist Medical Qualifications Order (ESMQO), which allows the GMC to consider not only training but also relevant experience: these doctors may have trained in or outside of the UK. **Again, employers should ask the applicant to provide documentary evidence that he/she has submitted an application to the GMC which is eligible for consideration at the time of application (for shortlisting).**

2.2 Applicants from a background other than medicine

- Other than trainees (see 1 above), applicants from a background other than medicine would normally be expected to have gained full registration with the UKPHR. However, exceptionally, individuals who can demonstrate that they have submitted a portfolio application to the UKPHR may be considered for shortlisting. **Suitable evidence will be a letter from the UKPHR acknowledging receipt of the portfolio application.**
- Other than trainees (see 1 above), applicants from a background in public health dentistry must be included in the GDC Specialist List in dental public health. However, those who can demonstrate that they have submitted an application for inclusion on the GDC specialist list in public health dentistry may be considered for shortlisting. **Employers should ask the applicant to provide documentary evidence that he/she has submitted an application to the GDC which is eligible for consideration at the time of application (for shortlisting).**

Employers are advised that individuals should not take up consultant in public health medicine or consultant in public health posts (including DPH posts) until such point as they have gained entry to the GMC Specialist Register/GDC Specialist List in dental public health/UK Public Health Register. Although applicants will be able to provide documentary evidence that an application is in progress, no guarantee can be made as to the outcome of an application to the GMC/GDC/UKPHR specialist registers.

The above guidance applies to applications for both general and defined specialist registration with the UKPHR. Individuals with defined specialist registration are eligible for consideration for shortlisting for, and appointment to, consultant posts including those at DPH level. In all appointments, employers will wish to ensure that an applicant's areas of competence meet those required in the person specification.