Public Health: Fully Engaged

Directors of Public Health jointly appointed across local authorities and the health sector

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Introduction from the President of the Association of Directors of Public Health

The Association of Directors of Public Health proposes here a national framework for the joint appointment of Directors of Public health between local authorities and the health sector.

There is no current legislation to define the roles and responsibilities for jointly appointed Directors of Public Health. In configuring new Director of Public Health posts, recently appointed PCT Chief Executives have a significant opportunity to influence the engagement of the wider community with the Public Health agenda.

About the Association of Directors of Public health

The Association of Directors of Public Health represents the UK’s Directors of Public Health. We work to influence government and other policy-making bodies to shape the future direction of public health and organisation of public health services across the UK.

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Executive Summary

1. The reforms through Commissioning a patient-led NHS provide an opportunity to re-balance the role of the DPH between the NHS and local authorities.

2. This should be achieved through all new DPH posts being jointly appointed between the NHS and local government where possible.

3. Larger PCTs, covering a number of Local or Unitary Authorities, should create two tiers of DPH.
   
   a. The PCT DPH, as a statutory, executive member of the PCT Board, will largely focus on NHS issues, the relationship with the county, and the management of the Local Authority public health function.

   b. The Local Authority (LA) DPH will provide defined local leadership to a local or unitary authority. To empower the relationship between the NHS and local government, these posts will be titled Director of Public Health (Local Authority), and will typically be Band D appointments. They will manage a small team of Public Health specialists to cover their geographical area and work closely with Directors of Adult and Children’s social services.

4. There is no one model that can describe the ideal configuration of public health systems. The new Strategic Health Authorities should approve the PCT plans and seek assurance of adequate capacity.
Background and Policy Context

Why now?

The current restructuring of PCTs and SHAs through Commissioning a Patient-led NHS (England) provides an opportunity to strengthen the leadership of public health at local level. This is to be achieved through jointly appointed Director of Public Health (DPH) posts.

This will lead to a more integrated approach to public health, and a re-balancing of the 1974 transfer of Medical Officers of Health to the NHS from local authorities. This recognises that good public health is not just the business of the NHS, and will empower DsPH to influence more widely. There are already some jointly appointed Directors of Public Health and more will secure an integrated public health system that is more fit to work across the whole population.

Policy Context

Planning Guidance in the early 1990s required health and local authorities to develop integrated Health Improvement Plans (HIMPS) to promote the health and wellbeing of local populations (1). The importance of leadership from Directors of Public Health was re-emphasised in Shifting the Balance of Power (2), which required Board-level appointments of Directors of Public Health in each PCT giving them a lead role for Local Strategic Partnerships. Creating a Patient-led NHS (CAPLNHS) (3) emphasised public health as a central tenet of NHS reform within the context of partnership working. Publication of the Wanless Report (4) followed by the Choosing Health White Paper (5) provide compelling evidence for a locally driven public health work programme to improve health and well being.

The White Paper, Our Health Our Care Our Say (6), champions public health and the importance of joint appointments in

- Drawing together the statutory purposes of PCTs to promote health - and Local Authorities to improve social and economic outcomes
- The dual requirement to improve the health of children and to address race, disability and gender equality
- Delivering strong integrated leadership between the Director of Adult Social Care, Director of Children’s Services and the Director of Public Health
- Delivering shared outcomes through Local Area Agreements using existing Health Act flexibilities to establish integrated teams and joint budgets for collaborative working

Local Area Agreement (LAAs) will inform commissioning with monitoring by Strategic health Authorities (SHAs) and Government Offices of Region. Directors of Public Health will have lead responsibilities for delivering equity of access to high quality health and social care linking Local Authority processes, practice based commissioning and the new emphasis on social enterprise.
How many joint appointments and where?

Decisions on PCT configurations have favoured co-terminosity between the NHS and Local Government. Updated standing orders (10) underline government intention for management structures depending on local needs. Work streams arising from CAPLNHS suggest that joint appointments are likely to be most effective for populations of at least 150,000. **Within the larger PCTs, we here propose a new type of DPH.** A *Local Authority Director of Public Health* should be appointed to cover a district or borough within a large PCT. These posts should be accountable to the Executive Director of Public Health within the PCT. The Executive Director will usually be jointly appointed by the county or metropolitan authority.

**A Cabinet Member for Public Health?**

Cabinet members with responsibility for public health are now being appointed. Local arrangements vary and some authorities may appoint a separate portfolio lead for the scrutiny role in respect of health services particularly where there are major strategic plans for changes in service configuration.

**Memorandum of Understanding (MOU)**

A memorandum of understanding between the employing organisations is proposed to specify the mutual commitment made by Chief Executives to the joint appointment. The aim is to foster collaboration and clarity of expectation for delivery. The MOU sets out national and local policy intentions - and key issues:

**Accountability**

The jointly appointed Director of Public Health is a senior post and a member of the Board in Primary Care Trusts. The Director of Public Health will work closely with the Chief Executive of the Local Authority with dual accountability being the most appropriate model for large unitary and metropolitan authorities and county councils where coterminous with PCTs.

In two tier authorities where ‘Associate’ Directors of Public Health are appointed to work with district, borough or city councils, they may be accountable to or work alongside the executive Director of Public Health in the PCT. They should have a level of seniority equivalent to Lead Officers within the Local Authority.

**Independence**

The Director of Public Health has professional independence as an advocate for the population in promoting and protecting health and ensuring clinical safety. The Director of Public Health exercises this function through presenting an annual public health report to the PCT and Local Authority as well as regular reports reviewing health trends, health impact assessments and health equity audits.
Relationships

The Director of Public Health will forge strong working relationships with the cabinet having access to the council through the member for public health. Effective delivery of the public health function will require an integrated work programme agreed with the Director of Adult Social Care and Director of Children’s services.

Style and Scope

The scope of work undertaken by Directors of Public Health holding joint appointments will vary according to local needs. The style is likely to be more consistent with a facilitative role - driving forward a strong strategic focus on health across the whole agenda - rather than running large service areas.

Performance Management

The Director of Public Health will be accountable for delivery in both the health sector and Local Authority ensuring that public health goals are included in NHS Local Delivery Plans (LDPs), Local Area Agreements (LAAs) and in streams of work associated with the Comprehensive Performance Assessment (CPA). National action will align regulatory arrangements including the Health Care Commission and CSCI, the work of Monitor and the Children’s Inspectorate.

Governance

The Director of Public Health will work to a single set of annual objectives agreed jointly between both Chief Executives with day to day management delegated to one or other partner on behalf of both. There will be a single schedule for joint appraisal and performance review.

Professional appraisal is also needed and likely to be organised with involvement of the Strategic Health Authority Director of Public Health.

A peer review programme is proposed to ensure governance of those aspects of the role relying on the professional independence of the DPH. This will also provide opportunities for sharing good practice between authorities and for raising standards.

Governance arrangements within each organisation will need to acknowledge the special arrangements put in place to enable collaborative working on the public health agenda.

Resources

Our Health Our care Our Say, emphasises use of devolved and joint budgets to improve interagency working enabling ‘public health resources to be brought to bear across the public sector’. An early task for jointly appointed Directors of Public Health will be taking opportunities arising from the cross cutting and cross organisational nature of the
work to review skill mix and develop innovative ways of working. There is considerable scope for harmonising data repositories and analytic capacity across the public sector.

Commitment to a joint appointment will require Chief Executives of Local Authorities and PCTs to review the public health resource in each organisation and to make fair shares contributions to the integrated Director of Public Health and the integrated team. This may include the possibility of restructuring and organisational development in order to properly resource the public health function.

The Director of Public Health will need access to administrative and logistical support in both organisations including designated communications and media handling.

**Human Resources**

Directors of Public Health will be trained and accredited public health specialists appointed in line with guidance from the Faculty of Public Health. Contracts will need to acknowledge professional responsibilities and professional development within the job plan. Agreed processes will be needed between the employing organisations for performance review and appraisal with arbitration should differences arise.

**Culture and collaboration**

Organisational culture can be a barrier to collaboration though significant progress has been made through the work of Local Strategic Partnerships. There are many examples of good practice for improving joint working. Leadership from Chief executives will be needed to support and consolidate joint appointments by providing opportunities for shared learning and organisational development across the public sector.
Job Outline

Appointment in brief

This is a key leadership role with a unique perspective working across both the PCT and within the Local Authority to promote and protect health and wellbeing and to tackle health inequalities.

The Director of Public Health will work alongside the Director of Adult Social Services and the Director of Children’s Services strengthening the response across the public sector to promoting health and well being. Exceptional personal qualities will be needed to ensure success for this level of partnership working and shared responsibility. There are specific responsibilities for collaborating on regular joint reviews of the health and wellbeing status of the local population informing plans for new services over the next 10-15 years and stimulating the social care market.

The Director of Public health will need to exercise a range of management styles and political skill understanding and showing flexibility in delivering outcomes across different organisational cultures. They will balance changing demands, motivating others to deliver outcomes for the population, often according to tight deadlines.

Managing staff and Resources

The Director of Public Health will head a department of public health and build capacity within an integrated team

Outcomes and delivery

Transformational change across the public sector is central to the delivery of improved health and wellbeing including reducing inequalities. The Director of Public Health and the public health team work in the context of a national, regional and local public health system to deliver change:

- Building ‘Choosing Health’ into business planning and Local Strategic Partnerships
- Delivering public health goals through key policies: adult social care, the children agenda, education, housing, transport and environment
- A lead role within Community Safety Partnerships and new policy on Health and Social Care in Criminal Justice
- Close working with Environmental Health Officers and the Health Protection Agency (HPA) including work on emergency planning, health impact assessment and rapid response such as UK Flu pandemic planning
- Advocacy and support for vulnerable and disadvantaged groups including homeless and marginalised people
- The sustainability agenda assessing the health impact of transport policy and planning
- Developments in health and social care including practice based commissioning and the new emphasis on social enterprise
- Campaigns addressing specific risk factors including early action for smoke free public places and tobacco control
Securing leverage for public health

Law and Public Policy

There is no place in current legislation for joint appointments of Directors of Public Health. Accountability and capacity to manage staff and resources on the Local Authority side could therefore be unclear. An amendment to the NHS Act 1977 or to the 1984 Act could be made to establish the office of joint Director of Public Health though a Memorandum of Understanding (MOU) between the employing authorities would serve to strengthen and clarify the position. This would further need to cover the distinction between the proposed two tiers of DPH within the larger PCTs.

Further opportunities to clarify the public health role maybe available within current consultations on future structures for primary care, community services and local government or within specific policy intentions.

Further information:

DPH template job description

CaPL guidance for DPH appointments

References:

1. HSC 1999/244: Planning for health and health care, incorporating guidance for health and local authorities on health improvement programmes, service and financial frameworks, joint investment plans and primary care investment plans. DH 2/12/992.