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England



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Development needs of recently appointed Directors of Public Health Summary Report

About Association of Directors of Public Health

The Association of Directors of Public Health (ADPH) is a Company Limited by guarantee with charity status registered in England and Wales and is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice. More information can be found at <http://www.adph.org.uk>.

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Introduction

This work was commissioned by Public Health England to the Association of Directors of Public Health. Supporting the development of Directors of Public Health was a key recommendation in Fit for the Future and this work is intended to inform the next steps in implementation.

The findings are drawn from interviews, surveys and workshop discussions involving Directors of Public Health and wider stakeholders.

It was apparent from the interviews and workshops that the DPH role is both challenging and constantly evolving. DsPH who have embraced the local authority role are increasingly being seen as influential leaders in their local systems and have the potential to become Chief Executives.

The issues explored include:

- Preparation before taking up post;
- Early experience in post and current development needs;
- Support available;
- Top Tips for new DsPH taking up post.

Whilst the focus of this work was on newly appointed DsPH, development is relevant to all stages of a DPH's career and many of the development needs highlighted are pertinent throughout the career.

The report sets out recommendations for work that could be taken forward by ADPH, PHE and other partners.

Findings

Preparation before taking up post

- Many of the DsPH interviewed did not have a DPH post in their career plan, or the opportunity had arisen earlier in their consultant career than they had planned.
- Most of the DsPH were appointed from consultant posts within the same council, often following significant time as an interim DPH.
- DsPH who had undertaken an Aspiring Directors' programme found it to be invaluable – with the most valued aspects of the course being systems leadership, adaptive leadership and influence and coaching.
- Time as a deputy provided useful management experience including working with politicians and the senior management team, team and budget management. Those without this experience found these issues particularly challenging in managing their transition into the DPH role.
- DsPH also found careful targeting of roles, support from informal mentors and role models and interim experience helpful preparation.

Early experience and development needs

New DsPH are often entering the role at a challenging time. Most described a steep learning curve and some felt isolated. Common issues were budget cuts, adjusting to different organizational and political contexts and tackling negative perceptions of the public health function.

Those interviewed were enthusiastic about the role and had built good relationships with their line managers, portfolio holders and public health team. However, it was common to find getting established in the Senior Management Team difficult.

Interim DsPH often face additional challenges e.g. negative views of public health; poorly embedded teams; being under capacity as their consultant post remains vacant; prolonged periods as interims causes uncertainty and lack of authority.

Chief Executives interviewed highlighted that they saw those who approached the role in a broad strategic way being more successful than those with a narrow focus. They recognized that this could be influenced as much by organizational context as the DPH style and preferences. They also recognized that a director may need support in the early years to develop into the role.

However, the lack of a structured approach to the development needs of new DsPH was striking. In the main it was left to Directors to identify their own development needs and to resource these from departmental budgets.

Councils' internal management and leadership development was predominantly business and task-focused e.g. annual business planning rather than team or individual development. Some councils provided good induction processes, whilst others did not. Interims were less likely to have an induction process. Induction processes were valued for establishing or resetting relationships with other Directors and wider stakeholders as well as for understanding practical management issues such as decision-making processes, HR and finance.

Peer support via the regional ADPH networks was valued by most, although the offer is hugely variable across the country. Contact from the ADPH Chair or Coordinator was valued. Regular network business meetings were important to check out how peers were handling topical issues and for informal peer support. Some regions have experienced significant churn and loss of experienced DsPH with resultant loss of peer support.

Other sources of support were from trusted colleagues outside the region with these links often having been made through Aspiring Director programmes, PHE Centre Directors/Deputy Directors and Faculty representatives.

Most had not yet engaged with national ADPH work, although some had found conferences and workshops valuable. The main reason was due to wanting to focus on the local role. Some had found coaching valuable during the transition period. Some had informal mentors, although others had not been able to find a suitable mentor.

What support is available?

Some Councils provide structured induction programmes, but internal leadership development is more unusual and may not be geared to the needs of Directors.

Peer support via the ADPH networks is highly variable. Proactive contact from the ADPH Network Chair to welcome new DsPH to the network is valued. London has a well-developed structured approach to peer support.

The national ADPH team provides opportunities to access support and build networks including the new mentoring scheme, conferences and workshops and opportunities to join policy groups.

DsPH have built their own informal networks, drawing on DsPH they have worked with previously, contacts made through development programmes and social media.

PHE Centre Directors are in regular contact with DsPH in their area. This is generally seen as positive but there are some concerns about whether this can be as independent as the DPH may need. Some DsPH and Deputy DsPH are willing to offer coaching or mentoring to new DsPH.

PHE Centre Directors are also closely involved with the set up and recruitment to posts and have some influence on ensuring a good understanding of the role and its potential. This can be particularly important where a council has not fully embraced its public health role.

Solace and Skills for Care provide short courses and development programmes that may be of value to DsPH. There is potentially great value in building networks with Directors beyond public health and there is interest in working together more closely on development.

Top Tips for New Directors

These tips were drawn from the interviews and workshops and could be developed into a new DPH welcome pack from ADPH.

- Many of the DsPH interviewed did not have a DPH post in their career plan, or the Embrace being part of a local government leadership cohort;
- Think of the role as a broad strategic role and act as a system leader who influences and delegates;
- Be proactive about your development and negotiate a development package early on;
- Spend time 1-1 with other directors to build relationships;
- Invest in relationships with line manager and portfolio holders;
- Think about how to build an effective support network if you don't already have one;
- Tap into local ADPH network and get to know PHE Centre team;
- Identify a coach and/or mentor;
- Make sure that you have a good induction, including business processes such as HR, finance and decision-making;
- Pace yourself especially at first, steady the team and identify a deputy;
- Building resilience and not being afraid to seek help;
- Make the most of your appraisal as a development tool.

Conclusions and recommendations

It was apparent from the interviews and workshops that the DPH role is both challenging and constantly evolving. DsPH who have embraced the local authority role are increasingly being seen as influential leaders in their local systems and have the potential to become Chief Executives. Recruiting and developing a strong cohort of DsPH is essential to securing an effective public sector leadership cohort for the future.

- Any development offers need to be pragmatic, flexible and take account of the constraints faced by DsPH – primarily limited time and funding.
- Specific attention needs to be given to support for people in interim posts. This needs to be proactive and immediately available. A particular focus on learning and development, including preparation for assessment processes, during this period would ease the transition to the substantive post.
- There is potential for better development planning with the employer at the time of appointment. This could be supported by the Faculty or PHE representatives involved in the appointment. More effective use could also be made of appraisal, with all appraisers for DsPH being familiar with the challenges of the role.
- Offers of support from ADPH both regionally and nationally should be proactive and include both professional and pastoral support. This should include what support is available to a DPH reaching crisis. DsPH were interested in peer mentoring outside their own region and a supported peer group for new DsPH, possibly building on the alumni offer from aspiring leader programmes.
- Variation between regions needs to be less. Where there has been a loss of experienced DsPH there may be benefit to greater input from the ADPH Board and Council members to help networks get reestablished.
- Coaching and mentoring should be encouraged and available to all new Directors to support them during the transition period. Mentoring by a more experienced DPH will now be available through the ADPH scheme, but some may find more value in accessing a mentor with different experience and perspectives. Access to coaching varies between regions.
- The potential for building links with Solace, Skills for Care, NHS Leadership Academy and others for multidisciplinary leadership development and networks should be explored further.
- Consideration also needs to be given to the development needs of DsPH who are established in post to enable them to thrive in the ever changing local government environment, cope well with taking on additional portfolio responsibilities and prepare for next steps in their career, including the step up to chief executive.