

Staffing Committee

Agenda

Date: Tuesday, 16th August, 2016
Time: 11.00 am
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the top of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

3. **Public Speaking Time/Open Session**

In accordance with Procedure Rules Nos.11 and 35 a total period of 10 minutes is allocated for members of the public to address the Committee on any matter relevant to the work of the body in question.

Individual members of the public may speak for up to 5 minutes but the Chairman will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers.

Members of the public wishing to ask a question at the meeting should provide at least three clear working days' notice in writing and should include the question with that notice. This will enable an informed answer to be given. It is not required to give notice of the intention to make use of public speaking provision, however, as a matter of courtesy, a period of 24 hours notice is encouraged.

4. **Director of Public Health Role (Pages 1 - 26)**

To consider the report.



Staffing Committee Report

Date of Meeting: 16 August 2016

Report of: Executive Director – People and Deputy Chief Executive

Subject/Title: Director of Public Health Role

Portfolio Holder: Cllr Paul Bates

1. Report Summary

- 1.1 This report outlines the restructure of the line management arrangements for the Director of Public Health, the implications for the current post holder and the proposal of how new arrangements are to be recruited to .

2. Recommendations

It is recommended that Staffing Committee:

- 2.1 Note the rationale for deletion of the current post of Director of Public Health which reports to the Chief Executive and its replacement of a Director of Public Health which reports to the Director of Adult Social Care and Health, within the People Directorate.
- 2.2 Approve the termination of the contract of employment of the current Director of Public Health and for this to be at a date to be agreed.
- 2.3 Approve the costs of a severance package for the current Director of Public Health, up to a maximum level as set out in paragraph 5.1 in this report, provided that the terms shall comply with any regulations in relation to public sector severance that apply to the post holder and are in force at the date of termination.
- 2.4 Approve the job description and person specification for the new Director of Public Health and delegate negotiation to the Executive Director of People and Deputy Chief Executive (in consultation with the Chair of Staffing Committee) with the Faculty of Public Health regarding the final versions.
- 2.5 Delegate authority to the Executive Director of People and Deputy Chief Executive, in consultation with the Chair of Staffing Committee, to agree to the commencement of an appropriately timed recruitment process to the revised role of Director of Public Health (DPH) which gives greater clarity to the role and reporting lines within the Council.

3. Other Options Considered

- 3.1 No Change. This option does not align with the Council's current and future plans to become a more agile, effective and efficient organisation and the revised structure of People, Place and Corporate Services Directorates. It is also unsustainable in light of proposed national reductions to, and removal of, the ring-fence from the Public Health Grant.
- 3.2 To not have a DPH. Under statute each Local Authority must have a DPH (see paragraph 5.2).
- 3.3 For the current postholder to be assigned to the revised role. Due to the significant payscale differences and the change from the role being at tier 2 to tier 4, the new role would not be seen to be a 'reasonable alternative' due to the scale of the changes proposed and as such this is not a viable option.
- 3.4 To defer until the national introduction of the cap on severance payments. In 2015 Government announced that it intended to apply a £95,000 cap on the total value of exit payments made to employees in the public sector. The cap is to include the costs of pension strain payments. In November, the Government stated its intention to have the regulations approved by Parliament in 'summer/autumn 2016'. The necessary changes were made to primary legislation in May 2016, but Government has not confirmed a date when the new regulations will be before Parliament. Implementation of the cap might be delayed as a consequence of the Brexit decision; or if the regulations are subject to legal challenge, and there are several grounds on which this might happen.
- 3.5 Government has published a draft of The Public Sector Exit Payments Regulations 2016. The final form of the regulations may differ, but the current draft exempts from the cap exit payments where the employee's entitlement arises as a result of certain TUPE (Transfer of Undertakings (Protection of Employment) Regulations) transfers. In narrow legal terms the post holder did not transfer under TUPE. However, in 2013 the Council wrote to all transferring Public Health staff informing them that 'the transfer is being handled as a TUPE transfer, which provides you with certain protections in law.' To deviate from that position now could result in legal challenge.
- 3.6 In summary, there is uncertainty that the cap will be implemented quickly and uncertainty whether, if implemented, it would apply to the post holder. Delay in implementing the revised structure of Director of Adult Social Care and Health and the DPH would seriously hinder the work needed to deliver clarity in role and a truly joined up approach to the health and social care agenda.
- 3.7 In these unusual circumstances it is recommended that Staffing Committee approve the costs of a severance package for the current Director of Public Health, up to a maximum level as set out in paragraph 5.1 in this report, provided that the terms shall comply with any regulations in relation to public sector severance that apply to the post holder and are in force at the date of termination. This will give authority to the Executive Director to approve the termination of the contract of employment of the Director of Public Health, by

way of voluntary redundancy, or otherwise as the Executive Director and Director of Public Health agree, and to approve the terms of that package within the approved financial envelope outlined in 5.1 of this report.

- 3.8 In light of the possible publication of regulations implementing a cap on severance costs; it is recommended that the terms of the severance package must comply with any regulations in relation to public sector severance that apply to the post holder and are in force at the date of termination.

4. Reasons for Recommendations

- 4.1 Cheshire East Council is in the process of modernising and transforming its way of working and is seeking to enhance collaboration, remove internal silos and streamline functions. As such, a structure of three Directorates has recently been established – People, Place and Corporate Services.
- 4.2 The redesign of the reporting arrangements for the DPH has been subject of discussion since late 2015 and is part of the realignment of adult social care and health and the creation of a high performing and cost effective People Directorate, whilst maintaining due regard for the Council's legislative duties.
- 4.3 Cheshire East Council has already made reforms in its delivery of Children's Services. The agreed appointment of a Director of Adult Social Care, with responsibility for health, and line management of the Public Health team, allows us to address the radical changes needed to reduce demand and improve the health of our adult and particularly our older residents. The proposed new management arrangements are set out in the attached structure chart.
- 4.4 The recommendations contained in this report allow Cheshire East Council to continue to build on the opportunities afforded following the significant work already undertaken to bring all 'peoples' services together. Proposals seek to establish clarity in both responsibility and accountability for the interface with health economy at an officer level, together with the recent retendering and rationalisation of services to support improvements in local health.
- 4.5 There are additional benefits, in that this new line management and reporting structure will allow us to streamline our interactions with local and sub-regional NHS partnerships and initiatives, reduce duplication and provide clarity of response. The Council is also seeking to reduce the multiple interactions we currently have with our two integration programmes and the Cheshire and Merseyside Sustainability and Transformation Planning process. This will allow us to enhance, and bring clarity to, our role as local leaders in this field and ensure that health and social care reforms are aligned.
- 4.6 The current Public Health budget comes directly from central government (from the Department of Health through Public Health England), with a ring fence currently in operation until the end of March 2018. It is suggested that if the ring fence is removed, Public Health services may be funded from local

Business rates income. The current Public Health budget is being proactively managed to accommodate this change, so the impact on local services and tax payers is minimised. As part of these plans, a contingency for the proposed redundancy payment has been made in year (2016/17) from the ring fenced Public Health budget. Payment sum entitlements comply with the current requirements of the post holders NHS contractual terms and conditions.

5. Background

5.1 The recommendation to the Staffing Committee is that we approve the termination of the contract of employment of the current Director of Public Health. This is to be via **voluntary redundancy**, or otherwise and at a date to be agreed. The rationale is as follows:

- As part of the realignment of Services and the inclusion of Public Health into the new People Directorate, the new DPH will be reporting to the new Director of Adult Social Care and Health. This has resulted in a move from a tier 2 to a tier 4 post and necessitated a review of the DPH job description/role and subsequent grading onto Cheshire East Council terms and conditions.
- The present DPH has indicated that the new DPH post is not a suitable alternative to the present post in terms of its reduction from a tier 2 to a tier 4 position and the reduction in proposed salary from the present salary of £183,328 pa including on costs (on Medical and Dental Consultant terms and conditions) to a salary of £86,636 pa including on costs. No other suitable alternative roles are available in the Council and as a result the current post-holder has requested to be allowed to leave the Council on voluntary redundancy terms.

- The VR costs would be as follows:

Actual Salary	£146,970
Salary with on-costs	£183,328
Max redundancy costs (including pension costs)	£293,814*

(* estimates provided by NHS Pensions)

- The vast majority of the redundancy costs relate to pension cost entitlements under NHS pension scheme rules, with approx. 20% as a severance payment.
- The cost of VR would be met from within the Public Health Grant. The present Public Health budget is ring fenced to Public Health and provision for this one off redundancy payment has been factored into the financial projections for Public Health this year. In addition, the severance payment costs for the DPH will increase as the current post-holder will be eligible for a pay rise to the top of the Medical and Dental Consultant grade.

- The savings generated by this proposal are as follows:

Savings Yr 1	6/12 th of current salary less	£91,664 - £43,318
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	6/12 th of new post	= £48,346
Savings each year from Yr 2	Full cost of current salary less full cost of new post	£183,328 - £86,636 = £96,692

- The costs of VR would therefore be recouped within a 4 year period.
- In addition, the appointment of the new Director of Public Health, reporting into the Director of Adult Social Care and Health, will enable a further review of the Public Health team to take place and it is fully expected that further savings will be made by a restructuring of the service, resulting in a quicker payback of severance costs and an appropriate fit with local need.

5.2 The recommendation to the Staffing Committee is that the **process of recruitment to a revised role of Director of Public Health (DPH)** be agreed to ensure that the statutory requirements for the role and the recruitment process are met. The rationale is as follows:

- The formal transfer of responsibility for the local delivery of public health to local government in April 2013 created a new context for the appointment of Directors of Public Health (DsPH) after that date. The opportunities afforded by this change for whole-organisation engagement in improving the health and wellbeing of local populations and for a more direct relationship with the strengths of local democracy, underline the importance of the role to local government, and the breadth and depth of impact that DsPH can achieve. Any new appointment would be made in this context.
- The Health and Social Care Act 2012, makes clear that each Local Authority must, acting jointly with the Secretary of State for Health, appoint an individual to have responsibility for its public health functions under the Act, known as the 'Director of Public Health'.
- The Act sets up the DPH as the officer champion for health within the local authority. She or he is responsible for all public health functions of local authorities defined by the Act, including any conferred on local authorities by regulation. The Act made it a statutory requirement for the DPH to
 - produce an annual report on the health of the borough
 - be a statutory member of the Health and Wellbeing Board, and work with the Board to promote integrated, effective delivery of services.
 - be a statutory Chief Officer, as set out in the Local Government and Housing Act 1989, as amended.
 - Provide statutory advice and guidance to CCG's and NHS bodies.
- The guidance on appointing DsPH is part of statutory guidance in relation to the responsibilities of the DPH, (in the same way that guidance is currently issued for the responsibilities within the statutory roles of Director of Children's Services and Director of Adult Services).
- Because of the prescribed nature of the process of appointing a DPH, there are a number of specific features of the appointment process:

- Public Health England (PHE) on behalf of the Secretary of State, should be involved in all stages of the recruitment and appointment process
 - The recruitment and selection process should include organising an advisory appointments committee in line with the joint guidance from the Faculty of Public Health, Local Government Association and Public Health England. This provides a robust, tried and tested method for providing assurance of technical and professional skills of DsPH [http://www.fPublic Health.org.uk/seniorpublichealthappointments](http://www.fPublicHealth.org.uk/seniorpublichealthappointments)
 - This process is that which is proposed to be followed locally.
- A job description, person specification and advert have been drafted and are attached. These drafts have been shared with the Faculty of Public Health. All documents are based on the national templates. Feedback and final approval of the documentation is awaited. The Executive Director of People and Deputy Chief Executive therefore requires delegated authority to approve minor amendments to these documents in line with Faculty of Public Health expectations.
 - The draft job description and person specification have been evaluated to comply with and maintain the integrity of the local HAY scheme. The outcome is that the grade for the role is the top of SMG1 ~ salary £72,114 with £5,000 performance related pay (£86,636 pa including on costs). There is an opportunity to apply a market supplement, at appointment if necessary, whilst maintaining a robust business case for this proposal.
 - DPH Advisory Appointments' Committees normally include: the Chief Executive of the appointing local authority or his/her nominated deputy, the Public Health Regional Director, or another senior professionally qualified member of PHE acting on his or her behalf, an external professional assessor appointed after consultation with the Faculty of Public Health and a senior NHS representative.
 - The proposed panels below are in line with this recommendation and mirrors the process used in other senior management appointments within Cheshire East Council.

Panel1

- Executive Director, People and Deputy Chief Executive
- Public Health England regional director or representative
- Faculty of Public Health Advisor
- Senior NHS representative
- Director of Adult Social Care and Health

Panel 2

- Portfolio Holder – Health & Communities
- Portfolio Holder – Adult Social Care

Panel 3

- Staffing Committee Members
- The proposal is to consider recruitment later in the year as the level of expertise within the team negates the need for immediate recruitment.

6. Wards Affected and Local Ward Members

6.1 All ward members

7. Risk Management & Implications of Recommendation

7.1 There are no major risks to the proposal, providing due process in the appointment of the DPH is followed (as stated above).

8. Legal Implications

- 8.1 Under the Council's Constitution, the authority to appoint and dismiss the Director of Public Health is delegated to the Staffing Committee. The Committee also has authority to undertake the recruitment process for senior officers, including the Director of Public Health. Staffing Committee also has authority to approve severance packages with a value of £100,000 or more. The Committee may delegate any or all of these powers to an officer of the authority.
- 8.2 Before any offer of employment is made to the new post of Director of Public Health in due course, all the Members of the Cabinet must be notified of the proposed appointment and allowed a period in which to object (in accordance with the Local Authorities (Standing Orders)(England) Regulations 2001 (as amended)).
- 8.3 The legal implications of the Government's proposal to apply a £95,000 cap on the total value of exit payments made to employees in the public sector are discussed in the body of this report. Independent external legal advice has been taken and this endorses the recommendations set out in the report.

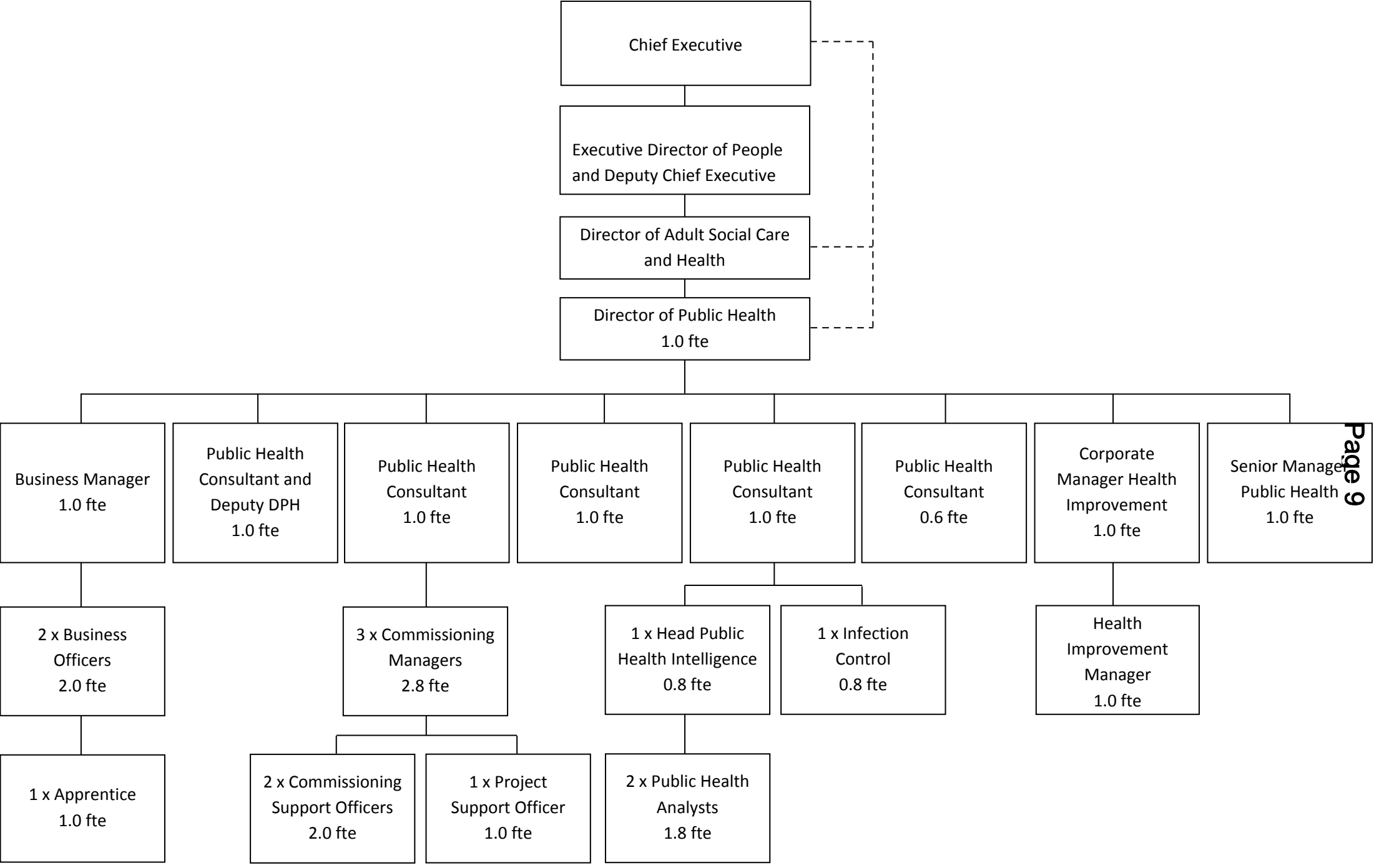
9. Access to Information

9.1 Further information is outlined in the document: 'Directors of Public Health in Local Government Guidance on appointing Directors of Public Health produced by Public Health England in partnership with the Faculty of Public Health and the Local Government Association; October 2013.

10. Contact Information

- 10.1 Contact details for this report are as follows:
- Name: Kath O'Dwyer
Designation: Executive Director of People and Deputy Chief Executive
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CHESHIRE EAST COUNCIL

JOB DESCRIPTION

<u>JOB TITLE:</u>	Director of Public Health
<u>EMPLOYING ORGANISATION</u>	Cheshire East Council
<u>ACCOUNTABLE TO</u>	Professionally accountable to the Council and Secretary of State through Public Health England Managerially accountable to DASS and Health
Grade:	Competitive conditions and salary
Responsible for:	See structure chart (appendix 1)
Key Relationships	Cabinet, Senior Management Team, Local NHS bodies including clinical commissioning groups, Public Health England, Health and Wellbeing Board, Local Resilience Forum

APPOINTMENT

This is a full time post for a Director of Public Health. It will be based at Cheshire East Council Headquarters, Middlewich Road, Sandbach, CW11 1HZ.

Statutory functions of the Director of Public Health¹

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
- **JOB PURPOSE** To fulfil the statutory role of Director of Public Health (as above) and be accountable via the Director of Adult Services and Executive Director of People/Deputy

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>)

Chief Executive to the Chief Executive / Leader of the Council and elected members for statutory elements of the post.

- To protect and improve the health of the population, provide advice on health services and deliver statutory and mandated responsibilities.
- To lead the service area by turning strategy into successful delivery.
- Support and continuously improve the service, focusing on commissioning high quality service and providing quality advice to our customers.
-
- Build the reputation of Cheshire East Council with residents and stakeholders.
- To model corporate standards of behaviour.
-
- To produce, as required in statute, the independent DPH annual report on the health of the population

PRINCIPAL ACCOUNTABILITIES

Corporate Leadership

- Provide ownership of leadership plans and ambitions.
- Ensure support for all councillors in carrying out their roles.

Directorate Leadership

- Enhance the performance of the Directorate and Council working closely with corporate colleagues to meet the Council's corporate objectives.
- Act as principal advisor on all health matters to elected members and officers adviser to the council on policy matters, supporting the Director of Adult Service and Health, Executive Director of People and councillors by developing and implementing plans that result in high quality service delivery. Job much more than about service delivery
- Deputise for the Director of Adult Services and Health as necessary – please clarify? Will this post act as the deputy DASS for all service-areas of adult services and health.
- Undertake such other duties as may be determined from time to time within the general scope and commensurate with the grade of the post.

The Public Health Team and Service

- Lead an effective and proactive team, taking overall strategic leadership and management responsibility, making sure resources are used effectively to deliver services.
- Ensure staff engage fully and work with the whole organisation, encouraging a 'one team' work culture.
- Provide a lead in risk management, emergency planning and business continuity in the service area, to make sure services continue. Much broader role required around local leadership for in health emergency planning.
- Promote equal opportunities with our communities and our staff through personal example, open commitment and clear action.
- Ensure value for money services by listening to local residents and leading by example to achieve the most efficient service design and delivery. Need to include needs assessment, evidence.
- Formulate the strategy to address the key public health priorities, having due regard to local strategies and national best practice.
- Coordination of transformational programmes to support evidence based commissioning and service provision, integrated internally and with the NHS and other organisations wherever appropriate.
- Coordination of related functions such as contracting and clinical governance to support effective commissioning and service provision.
- Provide specialist Public Health leadership across the Council and the Borough.

- Statutory member of Health and Wellbeing Board, and main source of health advice.

Partner Organisations

- Take a lead role in developing partnerships, networks and relationships with stakeholders across the Borough and the wider Sub Region, to deliver value for money and ease of access to services for our residents.
- Act as Cheshire East Council's Champion for Health

The Employing Organisation

Cheshire East Council is a unitary authority. It was formed in 2009. The Council is the thirteenth largest council in the country, with a population of 370,000.

Cheshire East is an amazing space with 1,100 square kilometers of un-spoilt beautiful countryside interspersed with picturesque market towns. Cheshire East is in close proximity to Manchester and Liverpool and has the Welsh mountains, the Peak District and the Staffordshire Moorlands is on the doorstep. As such the area offers stunning countryside coupled with easy access to urban culture. This makes for a diverse population with significant internal differences.

There are two CCGs covering the area – Eastern Cheshire CCG and South Cheshire CCG. The NHS E footprint (and STP) covers the Cheshire and Merseyside area.

Public Health is part of the Public Health Collaborative for Cheshire and Merseyside provided by CHaMPS.

Department/Directorate of Public Health

A copy of the current structure and organisational chart of the public health directorate is attached.

The post holder will be supported by public health administrative, information and intelligence. All public health staff have access to library facilities.

All public health staff are required and supported to undertake CPD.

Management arrangements

The Director of Public Health will be professionally accountable to the Council (and Secretary of State for Health through PHE) and managerially accountable to the Director for Adult Social Care and Health 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 staff (including trainees) (*see structure chart*) including line management duties, recruitment, appraisals, disciplinary and grievance responsibilities Clarify number of staff directly line managed by DPH.
2. Manage budgets, c£17m.
3. Be expected to take part in on call arrangements for communicable disease control/health protection/the Council 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 Directorate
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
4. Practise in accordance with all relevant sections of the GMS's Good Medical Practice if medically qualified and the FPH's Good Public Health Practice.

Personal Qualities

The Director of Public Health is:

1. 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,
2. Trustworthy and independent professional accountable to Secretary of State through Public Health England as well as to the local population through the Local Authority.
3. 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
4. Able to demonstrate corporate skills in strategic leadership within an organisation
5. A skilled and trusted communicator at all times particularly in a crisis
6. Strongly committed to teaching and research in collaboration with academic departments
7. Up to date and can demonstrate continuing professional development through appraisal and revalidation as a specialist with GMC or other regulator
8. Highly visible to ensure in-depth knowledge of local communities and better working between the public and local organisations
9. Able to show intellectual rigour and personal credibility to collaborative working and commissioning processes
10. Demonstrably accomplished in improving the health of communities
11. 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

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

Specification

GENERAL CONDITIONS

Terms and conditions of service

Not yet known

Indemnity

As the post holder will only be indemnified for duties undertaken on behalf of Cheshire East the post holder is strongly advised to ensure that he/she has appropriate professional defence organisation cover for duties outside the scope of the Cheshire East and for private activity within Cheshire East .

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 - [FROM FACULTY]

DIRECTOR OF PUBLIC HEALTH

Cheshire East

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	Essential	Desirable
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	

Shortlisting notes

The Faculty of Public Health 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/UKPublic 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.

DIRECTOR OF PUBLIC HEALTH

SUPPLEMENTARY INFORMATION IN RESPECT OF THE ROLE OF STATUTORY DIRECTOR OF PUBLIC HEALTH

This information supplements and expands on the role outline for the above role. It is intended to outline the scope of the role and its key elements.

Many of these are statutorily defined and will change only in response to changes to that legislative framework. Others will vary over time according to the needs and priorities of the Council and the communities it serves. Many of these changes will be identified and led by the postholder in conjunction with colleagues across the public sector and regional and local stakeholders.

The role has two main elements. The first is to be the statutory 'Director of Public Health', in which capacity the postholder will report and have direct access to Elected Members and the Chief Executive. In their management capacity they will work to the Director of Adult Services and Health and in turn the Executive Director of People who form part of the senior management team of the Council. Local authorities have a number of such 'dual roles'.

Statutory functions of the Director of Public Health.

Section 73A(l) of the NHS Act 2006 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
- 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.

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 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

- 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

- Health Improvement
- Health Protection

Health Services Public Health. **Key Public Health Responsibilities:**

Produce an independent annual report on the health of the population, progress on improving health and reducing inequalities and making recommendations.

Be principal adviser to Health and Wellbeing Board in developing a Health and Wellbeing Strategy based on the assessed needs of the population.

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.

Support Local Resilience Forum in developing comprehensive multi agency plans for the anticipated threats to public health.

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. Be Principal Advisor on all health matters to members and officers across local government.

CORE COMPETENCY AREAS

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

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.

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.

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.

Produce an annual report on the health of the population.

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

Lead 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 and deliver key public health targets.

Act in an expert advisory capacity on public health knowledge, standards and practice, across the spectrum of public health at Board or equivalent level.

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.

Ensure proper linkages between the health agenda and strategies related to the wider strategies including for example, community safety, the environment and sustainability.

Leadership and collaborative working for health

Take the lead role on behalf of the Council 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. This requires the ability to work cross-directorate and across other agencies and voluntary organisations.

Work with health and non-health professional and community staff to raise awareness of their public health role and influence their public health policy decisions.

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

Be responsible for designated areas of health improvement programmes, public health surveillance or population screening or geographical areas

Take a 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

Provide expert knowledge to ensure effective community involvement including commissioning and prioritising high cost services and to ensuring that policies and strategies are interpreted, developed and implemented at all levels.

Health Protection

Take responsibility for safeguarding the health of the population in relation to communicable disease, infection control and environmental health, including delivery of immunisation targets

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

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

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 in health.

Be responsible for implementation of NICE and National Service Frameworks or equivalent national standards, guidance and frameworks.

Lead the development of clinical networks, clinical governance and audit.

Review the evidence and providing highly specialised advice or preferred treatment options or protocols based on the evidence for individual patients.

Public Health Intelligence

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.

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.

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.

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

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

Develop links with universities to ensure the work of the organisation is based on a sound research and evidence base

Develop public health capacity through contributing to education and training and development within the Council and within the wider NHS and non NHS workforce.

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Job Advert: DIRECTOR OF PUBLIC HEALTH

Cheshire East

Salary and Hours: Competitive conditions and salary, full time

Terms: LA terms as appropriate

Employment: Permanent

Location: Cheshire East Council, Westfields, Middlewich Road, Sandbach, Cheshire, CW11 1HZ

Are you a transformational leader with a proven track record of effective delivery, innovation and influence? If so, this new and exciting role may be just for you.

We are looking for a forward thinking Director of Public Health who is able to shape not only the Public Health services across Cheshire East but create a joined up approach to reducing health inequalities and addressing the wider determinants of health. This is an opportunity to transform the environment and economy that supports improved health and wellbeing where people live, work and play.

Cheshire East covers an area with 1,100 square kilometers of un-spoilt beautiful countryside interspersed with picturesque market towns. It has excellent transport links to other parts of the UK, in particular Manchester, Liverpool and London. However, the area does face significant health and public health challenges including significant variations in resident's health experience.

This post offers a unique opportunity to work with a successful and ambitious Local Authority, its partners and the public to promote, improve and protect health and wellbeing for the local population across a range of rural and urban locations

You should be able to demonstrate a robust understanding of public health principles, Local Government, NHS and partnership working. You will be comfortable working with a wide range of departments and managers within the Council and across key agencies and organizations. You will be able to lead work innovatively, focusing on outcomes that matter most to residents and promote empowered participation of communities and partners.

If you think you are up to this challenge we would love to hear from you.

For an informal discussion please contact:- Kath O Dwyer, Executive Director – People & Deputy Chief Executive (01270 371105)

Closing date: tbc

Proposed interview dates: tbc

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