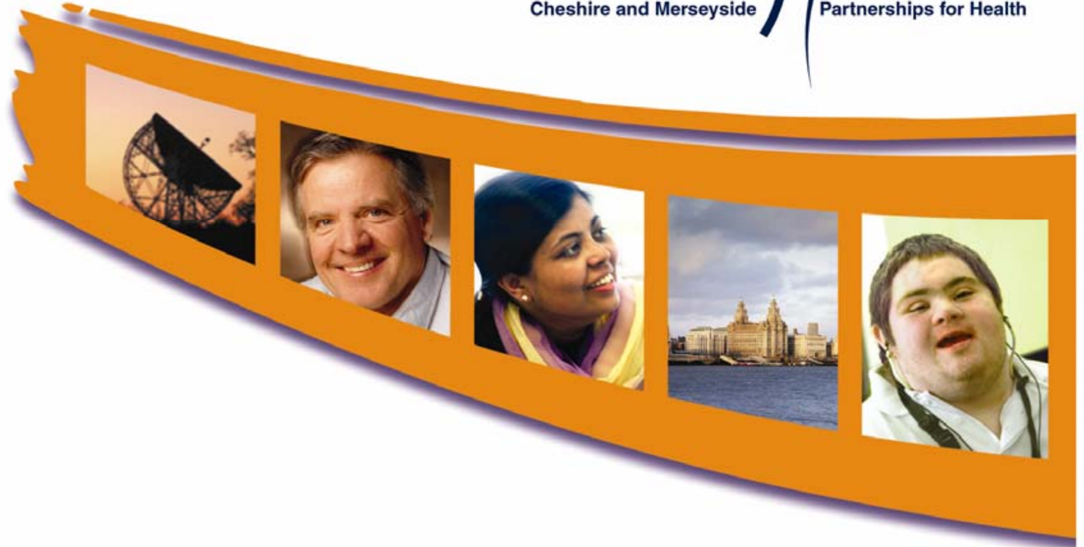

Making joint posts for Directors of Public Health work

A toolkit developed in Cheshire and Merseyside

May 2006

"I think this is a really useful document highlighting the challenging issues with helpful advice for authorities and PCTs considering such an arrangement ... Joint posts should be the norm in the future."
Anita Marsland,
Chief Executive, Knowsley Primary Care Trust,
and Executive Director of Health and Social Care, Knowsley MBC

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ChaMPs Public Health Network

Cheshire and Merseyside Partnerships for Health is the public health network serving PCTs, NHS trusts, local authorities and wider organisations. Its overarching goal is to "build strategic partnerships to improve the health of the population".

For further information, contact Viv Martindale on 0151 643 5369 or email champs@bwwpct.nhs.uk.

The purpose of a joint Director of Public Health is to deliver common objectives for their employing organisations

1. What this paper is about and who it is for

1.1. Current government policy encourages the joint appointment of Directors of Public Health (DsPH) between NHS and Local Authorities.[1] Joint appointments make sense because of Local Authorities' power of promoting well-being; because of shared national targets, and because of the shared Choosing Health agenda.

1.2. In the new white paper Our Health Our Care Our Say, there is the expectation that there will be more joint DPH appointments in the future, and that these will facilitate joint working to improve health and well-being.

1.3. Within the next year there will be many opportunities for such appointments because of NHS reconfiguration. And yet there is little detailed guidance about what such appointments are for, or how to go about designing them and making the best use of them.

1.4. However, there is now a cohort of local areas where joint DPH posts exist, some for several years. Six people in such posts met regularly throughout 2005 to share their experience of joint NHS/ Local Authority working, and to develop advice for areas considering whether and how to develop joint Director of Public Health posts. The six used a facilitated Action Learning approach which gave rigor and transparency to their work. This paper is a toolkit based on their findings.

1.5. The paper has been endorsed by the 14 Directors of Public Health in Cheshire and Merseyside, and is published by the ChaMPs Public Health Network.

1.6. The paper is addressed to those local NHS organisations and Local Authorities who are considering jointly appointing a Director of Public Health. It has also been shared in draft form with policymakers at the Department of Health. We also include advice for post holders.

1.7. Enquiries about our advice, and the way we arrived at it, are welcome to any of the named authors below via the ChaMPs Public Health Network support team.

[1] The NHS policy *Commissioning a Patient Led NHS* 2005 and the NHS/Social Care White Paper *Your Health Your Care Your Say* 2005 describe this policy.

2. What is the added value of a joint post for the Director of Public Health?

2.1. The purpose of a joint Director of Public Health is to help deliver common objectives for the partner organisations that employ them.

2.2. A Director of Public Health should be able to deliver in three main areas: health intelligence to inform and direct commissioning of services; health protection advice and leadership; and effective health promotion.

2.3. To do this they will call on skills such as Health Needs Assessment; Health Impact Assessment, Critical Appraisal of research evidence and Evaluation. They should also offer a full understanding of the wider determinants of health and well being and how to influence them.

2.4. Local Authorities have a significant influence over health determinants: probably more than the local NHS. The joint DPH has maximum opportunity to inform and influence Local Authority policy and practice.

2.5. Local Authorities now have key Health and Health Inequalities targets, and many of their non health targets, such as those for educational attainment and for employment, have significant health pay-offs which good advice and planning will enhance.

2.6. New, negotiated targets in Local Area Agreements, Local Public Service Agreements and Community Strategies will benefit from clear public health expert advice. Although this advice can be given from an “NHS only” DPH, it will be more relevant, and challenging, from a DPH who is part of the discussion and evolution of the local authority view.

2.7. The Comprehensive Performance Assessment process of local authorities and the NHS assessment processes look positively on joint appointments.

2.8. The DPH has expertise in harnessing, handling and communicating health information. When this is combined with the considerable capacity and capability of local authorities to describe their local area and produce reports for public, planners, government etc, the added value is enormous.

2.9. The jointly appointed DPH has opportunity to influence national policy through the local government route as well as the NHS route. This was powerfully evident in the recent English experience of the Workplace Smoking debate in parliament.

3. What needs to happen before the post is advertised?

Consider the purpose: posts do not join up organisations

3.1 Agree joint priorities, e.g. within Local Area Agreements and Community Strategies.

3.2 A joint programme for improving local health is needed at least in outline.

3.3 Agree what each organisation expects the post holder to deliver.

Consider the following questions:

i. How much time with each organisation?
ii. Are both chief executives committed to the post?
iii. How will objectives be set and reviewed?
iv. What resource will each organisation put in for the post and its support?
v. Will the joint post holder be part of both senior/ chief officer teams?
vi. How the agreed structures and commitments will be documented.
vii. How will the two organisations handle the DPH duty and freedom to express independent views?
viii. Will the DPH have a place on the LSP executive group or equivalent?

The arrangements: be specific

3.4 Agree how the joint DPH will fulfil conflicting diary and time commitments.

3.5 Senior deputies are needed. As a minimum in the organisation where there is the biggest time commitment.

3.6 The “Our Health, Our Care, Our Say” white paper describes a close alliance between Directors of Adult Social Services, Directors of Children’s Services and Directors of Public Health; it may be best to specify the organisational expectations of these relationships.

3.7 Is the vision for a joint post, or for a joint health improvement unit?

3.8 Consider the following questions:

i. Who will deputise for the DPH in each organisation?
ii. Will the post holder have an office base in both places?
iii. Will the post holder have staff support in both places?

Our advice

3.9 It is our view that the NHS and Local Authority should jointly fund any joint post and its support costs.

3.10 It is our view that a joint DPH post should be at the most senior level in both PCT and Council, with dual accountability to the two chief executives. Without this the post holder may depend on goodwill and current informal organisational structures to be heard in policy, resource or operational decisions.

3.11 It is our view that the DPH should be a member of the LSP executive group or equivalent.

3.12 It is our view that the structure of the post and supporting arrangements should be agreed in writing by both organisations prior to advertisement.

4 The appointment process

4.1 The appointment process should be jointly owned by both the PCT and the Local Authority

4.2 There should be a joint appointments panel, which meets all the Faculty of Public Health requirements, and also the political requirements of the Local Authority

4.3 There should be an agreed way of reaching a consensus on the agreed candidate, if a vote results in a split decision.

5. Essential skills and tasks for the joint Director of Public Health

5.1. New joint DsPH will need political awareness and the courage to operate in at least two different organisational cultures.

5.2. They must be able to lead and influence outside their authority.

5.3. They must make time to get to know politicians early on: this will be an essential part of the network of alliances open to them as a senior figure in the council and NHS.

5.4. Time given to helping councillors to understand local health issues will be time well spent, and the new DPH will learn as much as they pass on.

5.5. They must be able to understand “the art of the possible”, and to judge when and where to act for maximum influence in the short or long term.

5.6. They must be able to handle occasional conflicts of organisational loyalty with discretion, integrity and tact.

5.7. The DPH and organisations should consider:

i. Who are the key informants for induction?
ii. What are the key regular meetings where the DPH will be expected?
iii. What regular performance reporting will be expected in the respective organisations?
iv. Is there a specific early operational or policy task for the DPH to lead on? (For example, to develop a Health Impact Assessment scoping approach for new policy decisions; or to design a review of the council’s efforts to improve the health of their own workforce).

Our advice

5.8. The DPH should be encouraged to have a full induction to both organisations.

5.9. The DPH should agree with both chief officers how they are to divide their time and responsibilities.

5.8. Early, specific, measurable and significant goals should be agreed for the organisation for which the post is new.

5.9. A single set of objectives should be jointly agreed with the two chief executives.

6. Further information

We list three places to go for more information:

6.1. The UK Faculty of Public Health is the organisation responsible for professional standards and training in specialist public health practice. All Director of Public Health posts are subject to their specific requirements in order to ensure appointees are competent. Their web site is www.fph.org

6.2. We have a fuller description of the work of the six DsPH and facilitator who have prepared this advice. It is available at the ChaMPs Public Health Network website www.champs-for-health.net

6.3. The following reading list provides further background information on the policy context for joint public health posts.

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