



Directors of Public Health in Local Government

Roles, Responsibilities and Context

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Prepared by the Public Health Systems and Strategy Unit within the Department of Health and Social Care, Public Health England, the Local Government Association, the Association of Directors of Public Health and the Faculty of Public Health.

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1. Introduction

- 1.1 **Public health practice made huge strides during the 20th century, transforming the living standards of millions and saving countless lives in the process. Looking forward to the 2020s, dealing with the avoidable mortality caused by both communicable and non-communicable disease will require different ways of thinking and acting.**
- 1.2 The 2013 reform of the public health system in England empowered local government to lead on major health issues that affect their populations. This laid the foundations for a more strategic approach to local public health, tailored to fit local health requirements, taking a wider approach to the determinants of health and health inequalities. Local government has responded to this challenge, taking advantage of its full range of influence in pursuit of better population health.
- 1.3 To support a local government-led approach to better public health, every local authority with public health responsibilities must employ a specialist Director of Public Health (DPH), jointly appointed with the Secretary of State of the Department of Health and Social Care (in practice, Public Health England). This individual is accountable for the delivery of their authority's public health duties. The DPH is a statutory chief officer of their authority and the principal adviser on all health matters to elected members and officers, with a frontline leadership role spanning all three domains of public health - health improvement, health protection and healthcare public health. They have a vital leadership role for system-wide efforts to secure better public health.
- 1.4 This guidance, written in collaboration with Public Health England, the Local Government Association and the Association of Directors of Public Health, sets out both the statutory and non-statutory elements of the DPH role. It seeks to promote understanding of this vital role, and the ways it operates at the heart of an effective public health strategy.

2. The role of the director of public health

2.1 **Section 3 describes the legal duties of a DPH, as a chief statutory officer of their local authority, a status defined by section 2(6)(zb) of the Local Government and Housing Act 1989, inserted by Schedule 5 of the Health and Social Care Act 2012. This section outlines fundamental aspects of the DPH role, as an influential system leader with oversight and expertise across all determinants of health within local authorities, the NHS and other sectors and agencies, working across organisational boundaries, in a complex system with a wide range of stakeholders, to influence and facilitate system-wide change and to secure the improving health of their population.**

2.2 All DsPH should:

- be an independent advocate for the health of the population and provide leadership for its improvement and protection.
- be the person who elected members and senior officers look to for expertise and advice on a range of public health issues, from outbreaks of disease and emergency preparedness through to improving local people's health and access to health services;
- improve population health by understanding the factors that determine health and ill health, how to change behaviour and promote both health and wellbeing in ways that also reduce inequalities in health;
- provide the public with expert, objective advice on health matters;
- be able to promote action across the life course, working together with local authority colleagues such as the director of children's services and the director of adult social services, and with NHS colleagues;
- contribute to and influence the work of NHS commissioners, helping to lead a whole system approach to public health across the public sector. For screening and immunisation programmes, DsPH are expected to provide appropriate challenge to arrangements and also to advocate for an emphasis on reducing health inequalities and improving access in underserved groups in the work of commissioners, providers and other key stakeholders.

- work through Local Resilience Fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to its health;
- work with local criminal justice partners and Police and Crime Commissioners (PCCs) to promote safer communities. There are a range of natural areas for collaboration between DsPHs and PCCs. These areas include but are not limited to the commissioning of drugs and alcohol services, mental health, adverse childhood experiences, illicit tobacco, and developing a “Public Health Approach” to crime and disorder. Directors of Public Health are well placed not only to work with police and crime commissioners on addressing the crime and offending aspects of drugs and alcohol, but to address wider determinants (public environment through licensing) and other health issues (blood borne virus treatment).
- work with wider civil society to engage local partners in fostering improved health and wellbeing.

2.3 Within their local authority, and working with statutory partners, DsPH also need to be able to:

- be a leading member of the health and wellbeing board, advising on and contributing to the development of Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, and commission appropriate services accordingly;
- contribute to and influence the work of NHS commissioners, helping to lead a whole system approach to the public’s health across the public sector.
- take responsibility for the oversight of their authority’s public health services, with professional responsibility and accountability for their effectiveness, availability and value for money;
- play a full part in their authority’s action to meet the needs of vulnerable children, for example by linking effectively with the Local Safeguarding Children Board; and

2.4 Please refer to the [guidance on the DPH role, published by the Association of Directors of Public Health](#), for more information.

3. Statutory functions of the director of public health

- 3.1 **A number of the DPH's specific responsibilities and duties arise directly from Acts of Parliament, mainly the NHS Act 2006, the Health and Social Care Act 2012, and related regulations. Some of these duties are closely defined but most allow for local discretion in how they are delivered. This section summarises and explains the main legal provisions in effect from April 2013.**
- 3.2 In general the statutory responsibilities of the DPH are designed to match exactly the corporate public health duties of their local authority. The exception is the annual report on the health of the local population: the DPH has a duty to write a report, whereas the authority's duty is to publish it (under section 73B(5) & (6) of the 2006 Act, inserted by section 31 of the 2012 Act). The content and structure of the report may be decided locally.
- 3.3 Section 73A(1) of the 2006 Act, inserted by section 30 of the 2012 Act, gives the DPH responsibility for:
- all of their local authority's duties to take steps to improve the health of the people in its area;
 - 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 the public's 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; and
 - such other public health functions as the Secretary of State specifies in regulations, including services prescribed under Section 6C of the 2006 Act and under dental public health powers under in 111 of the 2006 Act, as amended by the 2012 Act.
- 3.4 As well as those core functions, the Acts and regulations give DsPH some more specific responsibilities from April 2013:

- through regulations made under section 73A(1) of the 2006 Act, inserted by section 30 of the 2012 Act, the Department has confirmed that DsPH are responsible for their local authority's public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications (a function given to local authorities by sections 5(3), 13(4), 69(4) and 172B(4) of the Licensing Act, as amended by Schedule 5 of the 2012 Act);
- if the local authority provides or commissions a maternity or child health clinic, then regulations made under section 73A(1) also give the DPH responsibility for providing Healthy Start vitamins (a function conferred on local authorities by the Healthy Start and Welfare Food Regulations 2005 as amended); and
- DsPH must have a place on their local health and wellbeing board (section 194(2)(d) of the 2012 Act).

4. Corporate and professional accountability

Corporate accountability

- 4.1 The DPH is a chief officer of their local authority and shares the same kind of corporate duties and responsibilities as other senior staff. To discharge their responsibility to their authority and deliver real improvements in the public's health the DPH needs both an overview of the authority's activity and the necessary degree of influence over it.
- 4.2 This may or may not mean that the DPH is a standing member of their local authority's most senior corporate management team. That should be determined locally, not least because the scope of the DPH role can also vary locally – for instance, where it is agreed that a DPH's role will extend beyond its core statutory responsibilities.
- 4.3 However, it does mean that there should be direct accountability between the DPH and the local authority chief executive (or other head of paid service) for the exercise of the local authority's public health responsibilities, and direct access to elected members.
- 4.4 DsPH should also 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 public health budget - although formal accountability will rest with the authority's accounting officer (usually the chief executive).

Professional accountability

Regulation and registration

- 4.5 Medical and dental public health consultants are registered with - and regulated by - the General Medical Council (GMC) or the General Dental Council (GDC). They, and other public health consultants, can also register with the voluntary UK Public Health Register (UKPHR), accredited by the Professional Standards Agency. PHE will not regard an applicant for a DPH post as suitable unless s/he has the appropriate registration with the GMC, the GDC or the UKPHR.
- 4.6 To assure themselves of the continuing competence of their DPH, local authorities should ensure that s/he:

- undertakes a continuing professional development (CPD) programme that meets the requirements of the Faculty of Public Health (FPH) or other equivalent professional body;
- maintains a programme of personal professional development to ensure competence in professional delivery. This programme should include all training and development needs identified by both management and professional appraisal processes; and
- undertakes appropriate annual professional appraisal in order to ensure revalidation and fitness to practise.

Revalidation

- 4.7 Medical revalidation is the process by which all licensed doctors, including DsPH with medical qualifications, are required to demonstrate to the GMC that their skills are up to date and that they are fit to practise in order to retain their license to practise. The GMC publishes guidance on the revalidation process.
- 4.8 PHE acts as the designated body for revalidation, where appropriate, for all doctors for whom it is the employing organisation and for those holding honorary academic contracts with PHE. PHE also acts as the designated body for doctors employed by local government organisations. Equivalent arrangements for revalidation have been agreed for all public health specialists who are UKPHR specialist registrants. GDC registrants, not otherwise registered with UKPHR, must meet strengthened CPD requirements to maintain GDC registration.

The role of responsible officers

- 4.9 Responsible officers help to evaluate doctors' fitness and monitor their conduct and performance in the context of fitness to practise. The role of the responsible officer is to support doctors in maintaining and improving the quality of service they deliver, and to protect patients and citizens in those cases where doctors fall below the high standards set for them. Responsible officers are licensed doctors themselves, and as such must have their own responsible officer.
- 4.10 The Responsible Officer Regulations came into force on 1 January 2011 and apply to medically qualified DsPH. The regulations designate those bodies that are required to nominate or appoint a responsible officer for the purposes of medical revalidation – this includes local authorities that employ medically qualified staff. PHE provides the responsible officer for all doctors in local government.
- 4.11 The responsible officer:

- makes recommendations to the GMC about the fitness to practise of doctors;
- assures the quality of professional appraisers;
- ensures that recommendations are informed by clinical governance information provided by the employing organisation, and other key stakeholders, where appropriate; and
- provides support and advice to employers and appraisers where performance concerns have been identified, in liaison with GMC, GDC and UKPHR when appropriate.

Professional appraisal and continuing professional development

- 4.12 Local authorities should reassure themselves that all public health professionals are in a position to participate in professional appraisal and that those with suitable experience and training are enabled to appraise others in the public health system.
- 4.13 CPD is an essential feature of the revalidation process for public health consultants and specialists. The overall aim of CPD is to ensure that those who work in the field develop and maintain the necessary knowledge, skills and attributes to practise effectively and work towards improving and protecting the health of the population. Local authorities should consider how to support their DPH to meet these aims.
- 4.14 CPD is a professional obligation for all public health professionals and protected time for CPD is a contractual entitlement for directors in local government on medical and dental contracts. In order to comply with the FPH minimum standards for CPD all Faculty members must either submit a satisfactory CPD return annually or have been formally exempted by the FPH from this requirement.
- 4.15 The UKPHR expects all its registrants to participate in CPD, preferably as part of a formal scheme operated by a professional body.
- 4.16 Personal development plans should include recommendations made as a result of both management and professional appraisal. This ensures that CPD activities are suitably aligned to the needs of the employing body, and the professional development requirements of the individual.

5. Appointing directors of public health

5.1 **The Secretary of State for Health (and therefore Public Health England, which acts on the Secretary of State's behalf) has two general duties that are particularly relevant to the joint appointment process:**

- to promote the comprehensive health service (section 1 of the NHS Act 2006, as amended by section 1 of the 2012 Act); and
- to promote local autonomy so far as that is compatible with the interests of the comprehensive health service (section 1D of the 2006 Act, inserted by section 5 of the 2012 Act).

5.2 Local authorities undertaking public health duties conferred on them by the 2012 Act are part of the comprehensive health service. This means that the Secretary of State may not normally intervene in decisions about matters such as the role or position within local authorities of DsPH, but must intervene - and ultimately may refuse to agree a joint appointment - if the Secretary of State has reason to believe that an authority's proposals for the appointment of a DPH would be detrimental to the interests of the local health service.

Requirements for directors of public health appointments

5.3 Local authorities recruiting a DPH should:

- design a job description that includes specialist public health leadership and an appropriate span of responsibility for improving and protecting health, advising on health services and ensuring that the impact on health is considered in the development and implementation of all policies;
- make every effort to agree the job description with the FPH and the PHE regional director, ensuring in particular that it covers all the necessary areas of professional and technical competence; and
- manage the recruitment and selection process and set up an advisory appointments committee to make recommendations on the appointment to the leader of the local authority.

5.4 The advisory appointments committee should be chaired by a lay member, such as an elected member of the local authority (the cabinet member of the health and wellbeing board, for example). It should also normally include:

- an external professional assessor, appointed after consultation with the FPH;

- the chief executive or other head of paid service of the appointing local authority (or their nominated deputy);
- senior local NHS representation;
- the PHE regional director, or another senior professionally qualified member of PHE acting on his or her behalf; and
- in the case of appointments to posts which have teaching or research commitments, a professional member nominated after consultation with the relevant university.

The role of the Secretary of State and Public Health England

5.5 The relationship of the Secretary of State and the local authority in the joint appointment process is one of equals. The role of the Secretary of State is to provide additional assurance of the DPH's competency. This means that PHE, acting on behalf of the Secretary of State, should be involved in all stages of the process. PHE will advise the Secretary of State on whether:

- the recruitment and selection processes were robust; and
- the local authority's preferred candidate has the necessary technical, professional and strategic leadership skills and experience to perform the role - proven by their specialist competence, qualifications and professional registration.

5.6 In order to provide this assurance for the Secretary of State, PHE will:

- agree with the local authority and the FPH a job description that fits with the responsibilities of the DPH and sets out the necessary technical and professional skills required;
- offer advice in relation to the recruitment and selection process, including the appointment of FPH assessors;
- participate in the local advisory appointment committee;
- confirm to the local authority the Secretary of State's agreement to the appointment.
- Ensure the interests of the Secretary of State are taken into account in circumstances where the designated DsPH responsibilities are carried out by an officer with other broad responsibilities.

- 5.7 PHE regional directors will work with local authorities in any area where there is a DPH vacancy to ensure a robust and transparent appointment process is established and a timescale for recruitment and appointment agreed. This should be completed within three months of a post becoming vacant.
- 5.8 If the regional director has concerns about the process or their involvement in it, s/he will seek to resolve these concerns through negotiation with the local authority. They will be able to draw upon advice and dispute resolution support if it is required. It is important that the interaction between the regional director and the local authority is based on dialogue, collaboration and agreement.
- 5.9 The local authority has the primary role in recruiting people who will be under contract to it. However, there are clear joint considerations in processes for appointing a DPH. If, at the end of this procedure, the Secretary of State is not satisfied that an appropriate recruitment process has taken place and that the local authority preferred candidate has the necessary skills for the role, s/he will write to the lead member and chief executive of the council setting out in full the reasons for not agreeing the appointment and proposing steps to resolve the situation.
- 5.10 Under section 73A of the 2006 Act, inserted by section 30 of the 2012 Act:
- The Secretary of State can direct a local authority to review the DPH's performance, to consider taking particular steps, and to report back if the local authority believes that a DPH is not properly carrying out any Secretary of State function that has been delegated to the local authority. This power does not extend to the DPH's performance of the local authority's own health improvement duties; and
 - a local authority must consult the Secretary of State before dismissing its DPH. The authority may still suspend its DPH from duty (following its standard rules and procedures) and the Secretary of State cannot veto its final decision on dismissal. An authority proposing dismissal for any reason should contact PHE for advice on how to proceed with the consultation. PHE will normally provide the Secretary of State's formal response within a maximum of 28 days.

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