



Non-Executive Members of Public Health England

Information pack for applicants

Closing date: 12 noon on 9 October 2012

Reference no: E12-21

Contents

	Page
Overview	3
Annex A: Appointment of Non-Executive Members	6
Annex B: Public Health England role and responsibilities	9
Annex C: Making an application	15

Non-Executive Members of Public Health England

Overview

The roles

The Non-Executive Members of Public Health England will have an important role in supporting the Chair and contributing to the organisation's strategic direction and governance.

Non-Executive members will bring a range of skills and experience to bear in their roles, which will enable them to consider complex issues and provide advice and constructive challenge to benefit the organisation. Candidates will have a proven track record in a substantial and high profile role in a relevant field and will be able to demonstrate the skills necessary to fulfil the responsibilities of these key roles.

One of the Members will have responsibility to Chair the Audit and Risk Committee. Candidates for this role will, in addition to the requirements to fulfil their role as a Non-Executive Member, need to have demonstrable skills to chair the Committee.

For further information on the role of the Non-Executive Members see **Annex A**.

Public Health England

Public Health England's overall mission will be to protect and improve the health and wellbeing of the population, and to reduce inequalities in health and well being outcomes. It will be the leader in protecting and improving the public's health through the provision of health protection services, and will provide expert public health advice and professional support to Local Authorities, the NHS and the public. It will also ensure that improved outcomes for physical and mental health and wellbeing are systematically addressed by the NHS and Local Authorities.

For further information on the role of Public Health England, see **Annex B**.

Indicative timetable

Advert:	9 September 2012
Closing date:	12 noon on 9 October 2012
Shortlisting complete:	Mid/End November 2012
Interviews held:	Early December 2012
Appointment start date:	End December 2012

Remuneration

Standard Non-Executive Member rate is £7,883 per annum, with £13,137 per annum payable in relation to the role as Chair of the Audit and Risk Committee.

Time commitment

Two to three days per month.

Tenure of office

The Secretary of State for Health determines the length of appointments, which will be for up to a maximum of four years.

Accountability

The Non-Executive Members are appointed by the Secretary of State and will be accountable to the Chair for carrying out their duties in relation to their contribution and performance on the Advisory Board.

Location of posts

London

Essential Criteria:

All candidates will be expected to meet the following criteria:

- Experience/interest in protecting and improving the health of the public.
- A record of achievement and personal effectiveness in a substantial, high profile role in a relevant field.
- The ability to guide the strategic direction of the work of Public Health England supported by a strong understanding of corporate governance and board level financial, risk and performance management and impeccable personal standards of professional behaviour.
- Sound judgement, based on the ability to consider complex issues from an impartial and balanced viewpoint.
- The ability to work as an individual and as part of a team, with a positive and constructive style and good communication skills.

In addition, candidates will be expected to have experience in one or more of the following areas:

- Scientific background, in order to interpret complex information and understand the implications for Public Health England.
- Commercial experience, including experience of business development or commercial experience gained in a strong customer focused industry.
- Experience within the UK public sector, potentially within local government, the public health field or in the voluntary sector.
- Experience of financial management, and with the skills to chair the Audit and Risk Committee.

Diversity and equality of opportunity

We value and promote diversity and are committed to equality of opportunity for all and appointments made on merit.

Key contacts:

For information regarding the selection process, please contact:

Samantha Alcock
Appointments Team
Department of Health
Quarry House
Quarry Hill
Leeds
LS2 7UE
Tel: 0113 254 5845
Email: samantha.alcock@dh.gsi.gov.uk

For information regarding the role of the Public Health England and its Non-Executive Members, please contact:

Paul Woods
Public Health England Transition Team
Department of Health
Richmond House
79 Whitehall
London
SW1A 2NS

Email: paul.woods@dh.gsi.gov.uk

Please quote reference E12-21 on all correspondence.

For further details on how to make an application, please see **Annex C**.

Appointment of Non-Executive Members

Why are we recruiting now?

Public Health England will assume its operational responsibilities on 1st April 2013. We are beginning the recruitment process to appoint approximately three Non-Executive Members of Public Health England now with the aim of concluding the recruitment process by Christmas. The reason for doing this, in advance of the establishment date, is so that the Non-Executive Members can support the Chair in developing the role of the Advisory Board and to make a positive contribution to developing the strategic direction and governance of Public Health England.

Role and responsibilities of Non-Executive Members

The role of Public Health England's Advisory Board is to provide strategic advice on the running of the organisation. The Non-Executive Members of the Board will bring a range of skills and experience which will allow them to provide advice, support, and constructive challenge on the running and future development of Public Health England.

The Board will advise on and provide assurance for:

- The development of the Public Health England's strategic plan and annual business plan.
- Public Health England's financial and performance objectives.
- The effectiveness of corporate governance arrangements to ensure the effective operation of Public Health England.
- That Public Health England maintains the highest professional and scientific standards in preparing and publishing its advice, and commands the confidence of the professional and scientific communities related to public health.
- Issues and policies, both within the public health service and from other Government departments, that could impact on the strategic direction of PHE.

In addition, the Audit and Risk Committee for Public Health England will report to its Board.

Qualities required for the roles of Non-Executive Members

The Non-Executive Members of Public Health England are key public appointments. They are high profile positions and require individuals who will have achieved prominence in a relevant field, and be recognised and respected by their peers.

Non-Executive members will bring a range of skills and experience to bear in their roles, which will enable them to consider complex issues and provide advice and constructive challenge to benefit the organisation. Candidates will have a proven track record in a substantial and high profile role in a relevant field and will be able to demonstrate the skills necessary to fulfil the responsibilities of these key roles.

To be considered, you must be able to demonstrate that you have the qualities, skills and experience to meet all the essential criteria, set out in the overview section.

Remuneration

- Standard Non-Executive Member rate is £7,883 per annum, with £13,137 per annum payable in relation to the role as Chair of the Audit and Risk Committee.
- Remuneration is taxable, and subject to National Insurance contributions, both of which will be deducted at source under PAYE before you are paid.
- Those appointed will also be eligible to claim allowances, at rates set centrally, for travel and subsistence costs necessarily incurred on Public Health England business.
- Note: Impact of appointment on people in receipt of benefits. Your appointment may have an effect on your entitlement to benefits. If you are in receipt of benefits you should seek advice from the Department for Work and Pensions.

Time commitment

Two to three days per month.

Tenure of office

The Secretary of State determines the length of appointments, which will be for up to a maximum of four years.

Accountability

The Non-Executive Members are appointed by the Secretary of State and will be accountable to the Chair for carrying out their duties as a Non-Executive Member and for their performance.

Eligibility criteria

There are circumstances in which an individual may not be considered for appointment. They include:

- people who have received a prison sentence or suspended sentence of 3 months or more in the last 5 years;
- people who are the subject of a bankruptcy restrictions order or interim order;
- anyone who has been dismissed by an NHS body or local authority or public body within the past five years, other than by reason of redundancy;
- in certain circumstances, those who have had an earlier term of appointment terminated;
- anyone who is under a disqualification order under the Company Directors Disqualification Act 1986; and

- anyone who has been removed from trusteeship of a charity.

Further advice about disqualification for appointment can be provided by contacting Samantha Alcock.

Conflict of Interests

You should particularly note the requirement for you to declare any actual or potential conflict of interest you may have in carrying out the role of Non-Executive Member. Conflicts may relate to any relevant business interests, positions of authority or other connections with organisations relevant to the business of the Public Health England.

If you are aware of any potential conflicts prior to your appointment you should raise these during the process of your application. If an issue arises following your appointment you should ensure that you alert the Chair, to whom you will be accountable for your performance.

Standards in public life

You will be expected to demonstrate high standards of corporate and personal conduct. All successful candidates will be asked to subscribe to the *Code of Conduct for Board Members of Public Bodies*, you can access this document at: <http://www.bl.uk/aboutus/governance/blboard/Board%20Code%20of%20Practice%202011.pdf>

Diversity and equality of opportunity

We value and promote diversity and are committed to equality of opportunity for all and appointments made on merit.

Public Health England's Operating Model: Mission and values

From its establishment in April 2013, Public Health England will be the authoritative national voice and expert service provider for public health.

Mission

Public Health England's overall mission will be to protect and improve the health and wellbeing of the population, and to reduce inequalities in health and wellbeing outcomes.

It will do this in concert with the wider health and social care and public health system, and with key delivery partners including local government, the NHS, and Police and Crime Commissioners, providing expert advice and services and showing national leadership for the public health system.

Purpose

Public Health England will work with partners across the public health system and in wider society to:

- Deliver, support and enable improvements in health and wellbeing in the areas set out in the Public Health Outcomes Framework.
- Lead on the design, delivery and maintenance of systems to protect the population against existing and future threats to health.

Role

Public Health England will work with its partners to provide expert evidence and intelligence, and the cost-benefit analysis that will enable local government, the NHS, and the voluntary, community and social enterprise sector, among others, to:

- Invest effectively in prevention and health promotion so that people can live healthier lives and there is reduced demand on health and social care services, as well as on the criminal justice system.
- Protect the public by providing a comprehensive range of health protection services.
- Commission and deliver safe and effective healthcare services and public health programmes across the whole lifecourse and across care pathways; from prevention through to treatment, from children's services to mental health and wellbeing, substance misuse services, screening programmes and older people's services.
- Ensure interventions and services are designed and implemented in ways that meet the needs of different groups in society advancing equality of opportunity between protected groups¹ and others, and reducing inequalities.

¹ There are nine protected groups in Equalities and Human Rights Legislation. These are age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

A transformed public health system will rely on a strong and capable workforce, building on the core professionalism and high standards of current practice while working in new ways and with new partners. Public Health England will work with partners to ensure the effective supply and deployment of a qualified and expert workforce across the system and to provide professional support for those working in public health specialisms.

The organisation will harness its experience, intelligence and evidence base to promote transparency and improvement in performance across the public health system, and to provide impartial and expert advice to policy makers across Government on the best operational means to achieve public health goals.

Ways of working

Working with local government

The transformed public health system will be built on local action. Local authorities, supported by their Directors of Public Health, are the local leaders for public health. Public Health England will not duplicate the work that they do. Instead, Public Health England will be the expert body with the specialist skills to support the system as a whole. Public Health England will carry out functions and activities that would not be practicable to replicate in each local authority. Public Health England will support local authorities in their new role by providing services, expertise, information and advice in a way that is responsive to local needs. It will support local authorities to ensure action taken is on the basis of best available evidence of what works.

Working with the NHS Commissioning Board

Public Health England will provide a public health service to the NHS Commissioning Board to support the commissioning and delivery of health and wellbeing services and programmes. Public Health England will be providing public health and population healthcare advice to the NHS Commissioning Board. It will work with the NHS Commissioning Board to ensure that the prevention of ill health and promotion of good physical and mental health and wellbeing are addressed systematically across services and care pathways.

As recommended by the NHS Future Forum in its November 2011 interim letter, further work will be done in 2012 to establish and publish the arrangements of how Public Health England and the NHS Commissioning Board will work together. This will set out how NHS commissioners can obtain population health advice from Public Health England and how both organisations will be accountable for performing their roles effectively and in partnership.

Working with Government

Public Health England will be an executive agency of the Department of Health, and its Chief Executive will be accountable both to the Permanent Secretary and the Secretary of State for Health, for its performance and strategic development. This operational independence will allow Public Health England to provide impartial, evidence-based information to Government departments, and support the Chief Medical Officer in providing cross-Government public health advice.

Working with the devolved administrations

Public Health England will be able to coordinate nationwide action where necessary, including working with the devolved administrations to tackle nationwide threats to health from infectious disease, radiation, chemicals and other health hazards, and to enable effective UK-wide emergency preparedness, resilience and response arrangements.

Working with expert partners worldwide

Existing and emerging challenges to health need innovation and an increasingly global approach. Public Health England will:

- Work with partners in academia and across the public health system in the UK and internationally to identify, understand and develop approaches to tackling new and emerging threats to health.
- Have a strong practical focus on fostering innovation, and on evaluating and disseminating effective practice from learning across the system to protect and improve health.
- Develop and draw on new behavioural science techniques, and use these to implement new approaches to support the public to make healthier choices.
- Work in strong partnership with the public health workforce.

Functions

Public Health England will achieve its aims through a wide range of activities, working with partners across and beyond the public health system. Public Health England will have three main business functions:

1. Delivering services to national and local government, the NHS and the public.
2. Leading for public health.
3. Supporting the development of the specialist and wider public health workforce.

Culture and values

Public Health England will need to develop its culture and values, and the Chief Executive designate and senior team will lead this process during the transition to the new organisation in 2012/13.

Public Health England will demonstrate:

- Advocacy for public health, across all of its work for quality improvements and greater positive population health effects of healthcare and social care services.
- A culture of subsidiarity, focused on support for local accountability and action and commitment to adding genuine value through its nationwide activity.
- Clear focus on its goals of improving and protecting health and wellbeing, and reducing inequalities.

- Commitment to open, respectful and constructive partnership working across the public health system, recognising and valuing the roles and expertise of others.
- Scientific and analytical rigour, dedicated to providing impartial and objective advice, evidence and expert judgement and taking action on the basis of the best available evidence.
- A forward-looking, flexible and innovative approach, constantly seeking to develop new ways of tackling challenges, and harnessing learning from different sectors and countries.
- Transparency and accountability in the way it delivers all its functions.
- Valuing its people, with an inclusive culture and commitment to equality and to fair opportunities for all to progress.
- Strong financial discipline, with value for money and cost-benefit analysis at the heart of its services and operations, and commercial expertise to enable generation of income from its activities where appropriate, to offset the costs of its operations.

Structure of Public Health England

The information, linked to below, sets out how PHE will be structured to achieve its ambitions of protecting and improving health and wellbeing, while reducing health inequalities. It shows the proposed structure for April 2013, and will be used as the basis for transition.

<http://healthandcare.dh.gov.uk/phe-structure>

Letter from Duncan Selbie

Attached below, for information, is a letter from Duncan Selbie (Chief Executive Designate), circulated in July to all “sender organisations” at regional and national level, setting out his “vision” for Public Health England.

Letter from Duncan Selbie (July 2012)

“Announcing the posts that will make up the team to lead Public Health England nationally provides an ideal moment to begin the conversation that we will develop over the coming months about our ambition, what this means in practice and what we want to be known for.

Our ambition

The Secretary of State for Health has made clear his expectation that Public Health England will provide strategic leadership and vision for the protection and improvement of the nation’s health.

Through the application of research, knowledge and skills we will lead nationally and enable locally a transformation in the health expectations and, in time, outcomes of all people in England regardless of where they live and the circumstance of their birth.

What you can expect

- Collaboration will be the hallmark of success through leadership without hierarchy.
- From now on we will focus increasingly on transformation rather than transition, important though it is to get that right.
- Public Health England will exist to serve the system, a system led locally by elected members.
- Our attitudes and behaviours will have the greatest impact in achieving our ambition.

National leadership, local action

Public health expertise is becoming embedded in councils across England. We will be the professional voice for that expertise nationally. We need to work hard to win the respect of local government and be an active partner in its local leadership for health and wellbeing.

Between now and April 2013

We need to move now to create Public Health England. We have established the following principles to underpin this:

- People are safely and securely transferred into the new agency.
- Disruption to existing services is minimised and service continuity is maintained.
- Communication will be regular and frequent.

Change on this scale is not straightforward and we will make mistakes. You are the people most likely to notice. Please tell us – through your line manager or directly with the transition team or me – if we appear to be doing something daft. We are not clairvoyants. If we do not know, we cannot put it right. Please do not assume we have always made the best judgement or thought things through sufficiently. So many people hold the necessary expertise and knowledge.

In creating the senior leadership team there is an intentional emphasis on professional public health leadership through the requirement for three recognised leaders in the Director for Health Protection, the Director for Health Improvement and Population Health, and our Chief Knowledge Officer.

The Chief Operating Officer will bring general management capability and make sure whatever we have promised to do happens. The Director of Finance and Corporate Services and the Director of Human Resources will bring the appropriate professional leadership to the corporate infrastructure of Public Health England.

The focus on delivery will be supported by the Director of Strategy and the Director of Programmes. In essence, the Director of Strategy will develop the strategic direction for the agency, holding the ring on our internal discussions and with our stakeholders to fashion how our ambition translates into practical impact.

The Director for Programmes will ensure that this strategic direction is translated into national priorities in agreement with the NHS Commissioning Board, local government and local health and wellbeing boards.

Public Health England will have operational independence as an executive agency. It will have a publicly appointed non-executive chair, with a board having a majority of non-executive members. As an executive agency of the Department of Health, the Chief Executive will be accountable to the Secretary of State for Health.

An executive board will complement the senior team and ensure Public Health England's decision-making draws on significant senior scientific and professional expertise.

We will seek, with your help, to describe how we fit into a credible and coherent system for public health in England which demonstrates how a national voice and local action work to the benefit of the public's health.

I cannot think of anything more worthwhile or more timely and look forward to working with you."

You can find Duncan Selbie's most recent messages at:

<http://healthandcare.dh.gov.uk/category/conversations/>

Making an application

Overview

The appointments of Non-Executive Members of Public Health England are Secretary of State appointments. The Department of Health will manage the recruitment process in a way that is open and fair to all applicants and the appointment will be made on merit.

The interview panel will make recommendations to the Secretary of State on candidates they believe are 'appointable'. Taking into account feedback from the panel, the Secretary of State will make the final decision on who he believes best meets the criteria for the roles and will make the appointments.

How to apply

All applicants are required to complete an application form. This is available online by visiting the DH website: www.dh.gov.uk/appointments and searching for the vacancy E12-21.

Alternative formats such as braille, large print and tape versions of this information pack and the application forms are available from

Samantha Alcock

Tel: 0113 254 5845

Email: samantha.alcock@dh.gsi.gov.uk

If you wish to submit a paper copy of your application, or one in an alternative format, please send to:

Samantha Alcock
Appointments Team (Room 3E44)
Department of Health
Quarry House
Quarry Hill
LEEDS
LS2 7UE

All applications will be acknowledged by email and you will be contacted again after the closing date.

The Appointments Team must receive your completed application form **before 12 noon on 9 October 2012**.

Your personal information

Your personal information will be held in accordance with the Data Protection Act 1998. You will not receive unsolicited paper or electronic mail as a result of sending DH any personal information. No personal information will be passed on to third parties for commercial purposes.

When we ask you for personal information, we promise we will:

- only ask for what we need, and not collect too much or irrelevant information;
- ensure you know why we need it;
- protect it and insofar as is possible, make sure nobody has access to it who shouldn't;
- ensure you know what choice you have about giving us information;
- make sure we don't keep it longer than necessary; and
- only use your information for the purposes you have authorised.

We ask that you:

- provide us with accurate information; and
- inform us as soon as possible of any changes or if you notice mistakes in the information we hold about you.

If you apply for a post, we will share some of the information you provide with the members of the selection panel for the post to which you applying, so that your application form and CV can be assessed.

Panel members are identified in the section below on “How we will handle your application”. The ‘monitoring information’ you provide will not be used in the selection process and will therefore not be shared with the selection panel assessing your application.

How we will handle your Application

We will deal with your application as quickly as possible and will advise you of the likely timetable at each stage. After the closing date for applications:

- your application and CV will be assessed to see whether you have the expertise required at the appropriate level for the post for which you have applied. We will rely on only the information you provide on your application form and CV to assess whether you have the experience required. Please ensure that you provide evidence to support how you meet all of the relevant criteria, which are identified in the overview section;
- the selection panel will be chaired by Felicity Harvey, Director General of Public Health, Department of Health and will also comprise of the newly appointed Chair of Public Health England and Hilary Randall as an External Panel Member.
- if you are invited to interview but are unable to attend on the set date then an alternative date can only be offered at the discretion of the panel;

- your application may be “long-listed”, subject to the volume of applications received, before it is passed to the shortlisting panel for consideration. You should be aware that in this situation, your application might not be considered in full by all of the panel;
- we anticipate that by mid/end November 2012 the panel will have decided who will be invited for interview;
- the panel will select the people who have demonstrated that they best meet the essential criteria;
- we will write to let you know whether or not you have been invited to be interviewed. It is our intention that interviews will take place in a central London location in early December;
- please note that due to the volume of applications we receive we are unable to provide feedback to those not shortlisted for interview;
- if invited to interview, the panel will question you about your experience and expertise and ask specific questions to assess whether you meet the criteria set out for the post;
- candidates who the panel believe are ‘appointable’, will be recommended to the Secretary of State who will make the final decision. The Secretary of State may choose to meet with appointable candidates before making a decision. If he does, he will meet all candidates and in the presence of the panel chair or their nominated representative;
- if you are successful, you will receive a letter from the Secretary of State appointing you as a Non-Executive Member of Public Health England; and
- if you are unsuccessful, you will be notified by the Appointments Team. The letter will provide the details of who you may approach for feedback on your application.

Queries

For queries about your application, please contact Samantha Alcock on 0113 254 5845.

If you are not completely satisfied

DH will aim to process all applications as quickly as possible and to treat all applicants with courtesy. If you have any complaints about the way your application has been handled, please contact Jacky Cooper in the Department of Health by emailing Jacky.Cooper@dh.gsi.gov.uk.