

**Appointments Process**

**for**

**REGIONAL DIRECTORS OF PUBLIC HEALTH/  
SHA DIRECTORS OF PUBLIC HEALTH**

**HR GUIDANCE**

MAY 2006.

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## 1 Context for the Public Health Leadership Change Process

- 1.1 The developments taking place in the role and function of Government Offices for the Regions (GORs), the growing importance of partnership working as exemplified by Local Area Agreements, and the changes set in train by Commissioning a Patient Led NHS (CPLNHS) have created the opportunity to develop a public health function with the necessary capacity to deliver public health objectives at Regional level as set out in two White Papers *Our health, our care, our say* (January 2006) and *Choosing Health*, (November 2004).
- 1.2 CPLNHS (July 2005) announced proposals to strengthen commissioning to support improvement in health and well-being, and in healthcare services, by building upon larger and more effective Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs). A CPLNHS human resources (HR) Framework (December 2005) was produced in partnership between the Department of Health (DH), the NHS trade unions and *NHS Employers*. The framework provides overall guidance for handling the HR implications of the resulting organisational re-configurations. Paragraph 61 of the Framework promises additional HR guidance will be made available to SHAs on the appointment of Directors of Public Health (DsPH).
- 1.3 In March 2006, the Chief Medical Officer (CMO) issued a position statement setting out arrangements for the simplification and integration of the current arrangements for public health and medical leadership for the DH public health function co-located with the GOR and for SHAs. This guidance sets out the arrangements for appointments to these joint posts of Regional Director of Public Health/SHA Director of Public Health.
- 1.4 As part of the wider change programme within DH, the need to strengthen the Department's presence in the regions and its input to the wider social care agenda has been identified. These improvements will be taken forward as part of the implementation programme for the recent review of the Department's high level structure, with close links to the work on public health.
- 1.5. The context for the proposed changes to public health is a complex one, requiring careful consideration of the implications of change on service delivery, whilst ensuring that those staff affected by the changes are fully engaged in the organisation design process. The timetable for implementation is challenging with a number of key interdependencies with other complex change programmes. DH is fully committed to ensuring all stakeholders continue to be involved in the design and delivery of the improvements to ensure the best possible outcome.

## 2 Proposed Changes to Public Health Leadership

2.1 The organisational design principles, as set out by CMO in his position statement of March 2006, are as follows;

- Changes to the public health and medical leadership arrangements will involve a simplification and integration of the present functions.
- A single Director of Public Health post will be established to subsume the current Regional Director of Public Health and Strategic Health Authority Director of Public Health and Medical Director posts.
- The post holder will provide overall leadership and be accountable for the public health function (population health improvement, health inequalities, health protection, health emergency planning, clinical quality and patient safety) within the Strategic Health Authority and for the Department of Health staff co-located with the Government Office for the Region.
- The post holder will be supported by a strong team with senior level staff in both the Strategic Health Authority and co-located in the Government Office for the Region, working in an integrated way to realise the full spectrum of public health potential.
- The new Director of Public Health will be accountable for all his/her Strategic Health Authority responsibilities to the Strategic Health Authority Chief Executive (and be a Board member).
- The Director of Public Health and team will work as part of the Government Office business planning processes under the direction of the Regional Director of the Government Office in line with the requirements of the central government departments concerned.
- An annual agreement will be put in place between the relevant Government Office for the Region and the Strategic Health Authority which will outline the basis for cooperation and the work programme to support it.
- Accountability for the effective management of DH resources and the quality of the delivery of DH policies and public health functions will be through to the CMO.
- Both DH and SHA staff accountable to the Director of Public Health will work closely with each other, with Government Office and other Strategic Health Authority staff, the Health Protection Agency, the Public Health Observatory and other parts of the Regional Health Group.

- An important role for all public health staff will be working with key regional bodies such as Regional Assemblies and Regional Development Agencies, which are important partners in improving population health in regions. Where appropriate, Government Office and Strategic Health Authority teams will be expected to function as an integrated team to support delivery of policy – for example through development and monitoring of Local Area Agreements with Local Strategic Partnerships including Primary Care Trusts, Local Authorities and other partners.
- 2.2. The proposed structures, lines of accountability and job descriptions for the new posts are all subject to consultation with stakeholders. A Consultation Group of representative trade unions and a Reference Group with representatives of RDsPH and SHA DsPH and of the Faculty of Public Health have been established for this purpose. (See Appendix 2 Terms of reference of Changes to Public Health Consultation Group and Appendix 3 Terms of Reference for Changes to Public Health Reference Group).

### **3 Objectives and Target Audience for Appointments Process**

#### **3.1 Objective**

The overall objective for this guidance is to ensure an effective process for the appointment of Regional Directors of Public Health/SHA Directors of Public Health and make the best use of current RDPH/SHA DsPH/Medical Director skills and avoid the unnecessary loss of skills and experience.

This will ensure that:

- We get the best people in leadership positions as quickly as possible to give personal certainty and avoid loss of momentum;
- The recruitment process is transparent and competency based, in order to ensure that any appointments are made on merit;
- DH and the SHAs work together to ensure that the change is managed consistently;
- The timescales, processes and policies involved are explained;
- There is a commonly agreed approach to contractual conditions and remuneration for all appointments;
- There is an interface between this process and appointments to Directors of Public Health in PCTs

#### **3.2 Scope**

For the purposes of these specific RDPH/SHADPH appointments this Guidance replaces relevant DH policy, including its Restructuring and Redeployment Policy and local SHA restructuring agreements. Following the completion of this appointments process, the relevant DH and SHA policies will apply, including CPLNHS HR Framework and DH HR Framework.

#### **3.3 Consultation**

There will be extensive consultation with all stakeholders, including the representative Trade Unions. A consultation group has been brought together for this purpose, and the terms of reference for that group are attached in Appendix 2.

This guidance will be published when agreed following consultation with recognised trade unions and appropriate professional organisations. It will be a joint agreement between Department and

relevant Unions, specific to these appointments.

### **3.4 Target Audience**

This guidance note is for the attention of SHA Chief Executives, SHA Human Resource Directors, DH Human Resource Leads, DH Regional Directors of Public Health, SHA Directors of Public Health, Government Office Regional Directors and SHA Medical Directors where relevant.

## 4. Principles

### 4.1 Key Principles of the Appointments Process and Arrangements

- 4.1.1 The newly created post of Regional Director of Public Health/SHA Director of Public Health will be a Civil Service appointment.
- 4.1.2 Senior Civil Service appointments fall under the remit of the Office of the Civil Service Commissioners (OCSC) and are governed by OCSC Recruitment Code. Information about OCSC and the Recruitment Code is available from the following website [www.civilservicecommissioners.gov.uk](http://www.civilservicecommissioners.gov.uk) The selection process for the RDPH/SHA DPH appointments will be handled as exceptions to fair and open competition under provisions within the Recruitment Code.
- 4.1.3 The appointment process will mirror the NHS Appointments Advisory Committee Regulations and the Faculty of Public Health will be involved in the appointment process in the usual way.
- 4.1.4 Within the context that the appointments of the RDsPH/ SHA DsPH will result from ring fenced competition, the principle of appointments being made on merit on the basis of fair and open competition will underpin the process. “Merit” “fairness” and “openness” are broad concepts but are all intended to get the best person for the job from a field of applicants and will avoid any form of unfair discrimination.

### 4.2 HR principles

- 4.2.1 All reasonable steps should be taken to avoid redundancies in order to ensure that valuable skills and experience are not lost to the service;
- 4.2.2 The best available people should be sought for any new posts;
- 4.2.3 The human and financial costs of these changes must be minimised through ensuring that when recruiting, prior consideration is given to staff identified as at risk, and through offering support, career counselling, training and development to individuals;
- 4.2.4 HR processes followed must be consistent (as far as practicable), fair and transparent, and comply with employment legislation;
- 4.2.5 There is full and open communications with staff and staff side organisations throughout the appointments process;
- 4.2.6 All eligible staff are expected to apply for one of the new posts, unless:
  - a) they have resigned their post
  - b) SHA DsPH have opted into the PCT DPH first round pool instead
  - c) SHA DsPH have opted into an alternative SHA Director pool
  - d) their employer has agreed reasons that the individual need not apply.

- 4.2.7 Existing SHA Medical Directors will only be eligible to apply for the post if they are currently managing a PH portfolio and fulfil the criteria set out in section 4.3.2 below. If they do not meet these criteria they should discuss their position with their employer to find out what opportunities are available locally.
- 4.2.8 All staff should be kept fully informed and supported during the appointments process, including the design and planning phases;
- 4.2.9 There should be partnership working with trade unions at a national and local level and clear consultation processes agreed with the relevant representatives.
- 4.2.10 There is the right of appeal against any unfairness at any stage of the process. Appeals must be lodged in writing to the Programme Manager and will be determined by the Director of HR of the employing organisation, in consultation with the appropriate Trade Union representative, within 48 hours.

### **4.3 Relevant Regulations, Policy and Guidance**

- 4.3.1 This guidance is informed by relevant DH policy and CPLNHS HR Framework.
- 4.3.2 It is a condition of appointment to hold the appropriate specialist registration (i.e. those appointed must be included in an appropriate specialist register (GMC Specialist Register/GDC Specialist List in dental public health/ UK Voluntary Register for Public Health Specialists), or provide verifiable signed documentary evidence of being within six months of gaining entry to the appropriate specialist register as at the date of the interview. Those on the GMC Specialist Register in a speciality other than public health medicine must have equivalent training and/or appropriate experience of public health medicine practice.
- 4.3.3 The Director of Public Health appointment process will fall under the remit of the Office of the Civil Service Recruitment Code. The appointment process will mirror the NHS Appointments Advisory Committee.
- 4.3.4 There is a requirement to follow the equal opportunities legislation, which prohibits discrimination on the grounds of sex, race, disability, sexual orientation, religion or belief in the arrangements that an employer makes for the purpose of determining who should be offered employment.
- 4.3.5 For those posts that become redundant as part of the new Public Health leadership structure, the relevant employer has a legal

obligation to seek to avoid redundancy by trying to identify suitable alternative employment for displaced staff.

- 4.3.6 An employee may forfeit their right to a redundancy payment if they do not apply for, or accept an offer of suitable alternative employment. When considering whether a post constitutes suitable alternative employment, employers need to consider whether it provides similar earnings; has similar status; is within the member of staff's capability; and does not involve unreasonable additional inconvenience.
- 4.3.7 For TUPE (Transfer of Undertakings Protection of Employment Regulations 1981), or the Cabinet Office Statement of Practice of Transfers in the Public Sector, to apply there would normally need to be a transfer of an existing business entity. European Law states that a reorganisation of administrative functions carried on by public sector bodies will not give rise to a relevant transfer for the purposes of TUPE. Therefore, for these specific RDPH/SHA DPH posts TUPE will not apply, because they are new posts embracing a new range of responsibilities and activities and as such there is no transfer of an existing entity, which means that the creation of the posts will not give rise to a relevant transfer for the purposes of TUPE.

## **5. Timetable for Appointments**

### **5.1 Sequence**

- 5.1.1 The recruitment process will begin as soon as this guidance has been finalised.
- 5.1.2 The formal appointment of Directors of Public Health will take place after the appointment of the SHA Chief Executive, SHA Chief Executive (designate) or Acting Chief Executive who is the appointing officer.

### **5.2 Timetable**

The timetable is subject to further discussion but the aim is to make appointments by the end of June.

## **6 Appointments Process**

### **6.1 Eligibility**

6.1.1 As stated above, initially competition for the new posts will be restricted to current substantive Regional Directors of Public Health in the Department of Health and current substantive Directors of Public Health in Strategic Health Authorities as existing before reconfiguration, subject to them meeting the professional eligibility for the post set out in Section 4.3.2.

6.1.2. Medical Directors currently managing a PH portfolio will also be eligible if they meet the professional eligibility requirements set out in 4.3.2.

### **6.2 Pooling**

6.2.1 There will be a national pool.

6.2.2 All candidates will be required to indicate their preferred Government Office/SHA at the time of application and prior to the Assessment Centre (see below) taking place. They may also wish to be considered for RDPH/SHA DPH posts in other Government Offices/SHAs and if so should also indicate this in their application. This will allow candidates flexibility in terms of geographical preference for posts.

### **6.3 Applying for the Post**

6.3.1 A job and person specification will be circulated to ring-fenced candidates.

6.3.2 Candidates will be asked to submit a curriculum vitae and a covering letter of suitability, against the person specification, for the post to [scs.applications.mailbox@dh.gsi.gov.uk](mailto:scs.applications.mailbox@dh.gsi.gov.uk) by 5.00pm on 5 June. Candidates are also asked to indicate in their covering letters of suitability their preferred Government Office/SHA and any other that they would also wish to be considered for.

### **6.4 Assessment Centres**

6.4.1 There will be a national assessment process for all candidates.

6.4.2 This national assessment process will include the Professional Skills for Government leadership behaviours and core skills. Briefing sessions about what to expect at the assessment centre, which will expand on the briefing material (attached as a separate document) will be held at 12.30pm on 7<sup>th</sup> June (London) and 12.00pm on 12<sup>th</sup> June (Leeds). The briefing sessions will last about an hour.

6.4.3 Assessment centres will be held on the following dates:

9th June – London  
14th June – Leeds  
16th June – Bristol  
20th June – London  
22nd June – Leeds

6.4.4 It would be helpful if candidates could email [scs.applications.mailbox@dh.gsi.gov.uk](mailto:scs.applications.mailbox@dh.gsi.gov.uk) prior to submitting their formal application to confirm which briefing session and assessment centre they would like to attend. Alternatively, candidates should include their preferences in their covering letter.

6.4.5 Candidates may also find it helpful to look at the following website for further information about Professional Skills for Government to help prepare for the assessment centre - <http://psg.civilservice.gov.uk/>

## **6.5 Interviews**

6.5.1 All candidates who complete the assessment centre process will be invited to interview.

6.5.2 Interviews will be held in London on dates to be confirmed.

6.5.3 Candidates can be considered for more than one Government Office/SHA (see 6.2.2 above) and they will be interviewed for their preferred Government Office/SHA.

6.5.4 The panel composition will be in line with good practice and in accordance with OCSC requirements. Where possible each panel will include the relevant SHA CEOs for each post, the relevant Government Office Regional Director, CMO / DCMO, a Civil Service Commissioner, the SHA Chair and a Faculty Assessor. However, it may be necessary for SHAs to collaborate with each other, DH, OCSC and with the Faculty in organising interview panels.

## **6.6 Confirmation of Appointments**

6.6.1 The results of all interview panels and assessment centres will be used to determine the appointments to all posts. Candidates not appointed to their first choice Government Office/SHA who have indicated their interest in being considered for posts in other Government Office/SHA will be considered for those posts and where possible the need for a further formal interview will be avoided, subject to agreement with the relevant Government Office Regional Director and SHA Chief Executive.

## **7 Terms of Appointment**

### **7.1 Contract and Accountability**

The following sets out the terms and conditions on appointment. Post holders will hold a single contract with the Department of Health and the Strategic Health Authority. The contract will describe their responsibilities and accountabilities to each organisation. The Director's annual accountability review will be carried out by the Chief Executive of the Strategic Health Authority with inputs from the Government Office Regional Director and the Department of Health. The Director's professional appraisal, in line with the requirement for revalidation and accreditation, will be carried out under the direction of the Chief Medical Officer.

### **7.2 SHA DsPH**

7.2.1 SHA DsPH or Medical Directors who are appointed to the new posts will be seconded to the Civil Service in order to ensure their continuity of service and terms and conditions of employment are preserved. Initially the secondment will be for a 3-year period, with extension subject to formal review of the continuing need for the post.

7.2.2 The secondment period of 3 years with review, is deemed suitable alternative employment firstly since the period of 3 years provides security for a length of time that is commensurate with that of permanent staff

### **7.3 DH Regional DsPH**

DH Civil Servants will retain their current terms and conditions of employment but will also be appointed to the relevant SHA as a Director.

### **7.4 Relocation and Expenses**

These will be applied as appropriate to the terms and conditions of the successful candidates. DH allowances are set out in DH HR guidance. SHA terms will be those agreed for the new organisations.

### **7.5 Remuneration**

Remuneration for these posts will be determined by DH and will apply equally to SHADsPH and DH Regional DsPH.

## **8 Unsuccessful Candidates**

All candidates who have been unsuccessful through the appointments process having applied for one of these posts or a post at the tier below, will be deemed to have demonstrated that they have made efforts to mitigate their redundancy. All will receive support to try to find suitable alternative employment in line with the policies of their current employer – the Department or SHA.

### **8.1 DH Candidates**

If a substantive DH Regional DPH is unsuccessful in their application for the new post, the Department's Redeployment Policy will apply.

### **8.2 SHA Candidates**

If a substantive SHA DPH or eligible Medical Director is unsuccessful in their application the policies outlined in the CPLNHS HR Framework will apply.

Unsuccessful candidates may opt in to the PCT DPH first round recruitment pool. Eligibility for opting in to other SHA and/or PCT pools is set out in the CPLNHS HR framework. Further information is available in the PCT DPH Guidance (to be published shortly).

### **8.3 Career Support and Development**

8.3.1 All unsuccessful candidates will be provided with feedback from the process and guidance on any further personal development.

8.3.2 A range of support mechanisms will be offered to individuals who do not secure a post through restructuring. This will be in line with the current policies in place with their employer, and may include:-

- Training in CV and interview preparation
- Paid time off for interviews
- Career counselling
- Trial periods in appropriate posts
- Outplacement support

8.3.3 It is recognised that all candidates may require additional specialist support aligned to their profession. This will be explored on an individual basis by the relevant employer.

### **8.4 Redundancy and Early Retirement**

Both DH, (with guidance from the Cabinet Office), and NHS Employers are reviewing the arrangements for redundancy compensation in the

NHS and the Civil Service with the relevant Trade Unions to make them compliant with new age discrimination legislation, due to be introduced in October 2006. Discussions with Trade Unions will commence shortly and all affected staff will be kept closely informed of progress. Until final decisions have been taken on this, existing arrangements will continue to be applied.

## APPENDIX 1

### Useful Contacts

Valerie Day, DH Head of Public Health	<a href="mailto:Valerie.day@dh.gsi.gov.uk">Valerie.day@dh.gsi.gov.uk</a>
Anne Rainsberry, DH Director of HR	<a href="mailto:Anne.rainsberry@dh.gsi.gov.uk">Anne.rainsberry@dh.gsi.gov.uk</a>
Clare Simpson, DH HR Lead	<a href="mailto:Clare.simpson@dh.gsi.gov.uk">Clare.simpson@dh.gsi.gov.uk</a>
Mala Rao, DH Lead for Job Description	<a href="mailto:Mala.rao@dh.gsi.gov.uk">Mala.rao@dh.gsi.gov.uk</a>
Joanne Wass, CPL NHS HR Lead	<a href="mailto:Joanne.wass@calderdale-pct.nhs.uk">Joanne.wass@calderdale-pct.nhs.uk</a>
Frances Gillick, SCS Recruitment	<a href="mailto:Frances.gillick@dh.gsi.gov.uk">Frances.gillick@dh.gsi.gov.uk</a>
DH HR Project Lead	<a href="mailto:AnneEast@aol.com">AnneEast@aol.com</a>
NHS Employers and Trade Union contacts	<a href="mailto:Foluke.Ajayi@nhsemployers.org">Foluke.Ajayi@nhsemployers.org</a> <a href="mailto:sian.thomas@nhsemployers.org">sian.thomas@nhsemployers.org</a> <a href="mailto:Marc.Taylor@dh.gsi.gov.uk">Marc.Taylor@dh.gsi.gov.uk</a> <a href="mailto:wendy@fda.org.uk">wendy@fda.org.uk</a> <a href="mailto:dalgie@bma.org.uk">dalgie@bma.org.uk</a> <a href="mailto:j.restell@miphealth.org.uk">j.restell@miphealth.org.uk</a>
Chris Hannah – CPLNHS HR Programme Lead	<a href="mailto:chris.hannah@cmha.nhs.uk">chris.hannah@cmha.nhs.uk</a>
<b>SHA HR Cluster Leads</b> North West Jo Rafferty West Midlands Robert Bott South West Greg Allen North East Lyn Simpson Michelle McGuigan East of England David Wherrett East Midlands Anne Marlow South East Coast Carmel Martin South Central Denis Gibson Yorkshire and the Humber Paul Harrison London Annabel Scarfe	<a href="mailto:Jo.rafferty@cmha.nhs.uk">Jo.rafferty@cmha.nhs.uk</a> <a href="mailto:Robert.bott@sasha.nhs.uk">Robert.bott@sasha.nhs.uk</a> <a href="mailto:Greg.allen@swpsha.nhs.uk">Greg.allen@swpsha.nhs.uk</a> <a href="mailto:Lyn.simpson@ntwsha.nhs.uk">Lyn.simpson@ntwsha.nhs.uk</a> <a href="mailto:michelle.mcquigan@ntwsha.nhs.uk">michelle.mcquigan@ntwsha.nhs.uk</a> <a href="mailto:David.wherrett@nscsha.nhs.uk">David.wherrett@nscsha.nhs.uk</a> <a href="mailto:Anne.marlow@lnrwdc.nhs.uk">Anne.marlow@lnrwdc.nhs.uk</a> <a href="mailto:Carmel.martin@kentmedway.nhs.uk">Carmel.martin@kentmedway.nhs.uk</a> <a href="mailto:Denis.Gibson@hants-wdc.co.uk">Denis.Gibson@hants-wdc.co.uk</a> <a href="mailto:Paul.Harrison@sysha.nhs.uk">Paul.Harrison@sysha.nhs.uk</a> <a href="mailto:Annabel.scarfe@swlha.nhs.uk">Annabel.scarfe@swlha.nhs.uk</a>

## APPENDIX 2

### REGIONAL DIRECTORS OF PUBLIC HEALTH/SHA DIRECTORS OF PUBLIC HEALTH

#### CHANGES TO PUBLIC HEALTH CONSULTATION GROUP

##### TERMS OF REFERENCE

#### 1. Purpose of the Group

The purpose of the Changes to Public Health Consultation Group is to consult with staff side on the production of the HR Guidance for the appointment of Regional Directors of Public Health/SHA Directors of Public Health. It is a Group established to meet the *joint* consultation requirements for DH in respect of Regional Directors of Public Health and the NHS in respect of SHA Directors of Public Health and Medical Directors. It is so established in recognition of the inter-relationships between DH and the NHS in the creation of the new post of Regional Director of Public Health/SHA Director of Public Health.

#### 2. Accountability

The Consultation Group is accountable to Fiona Adshead as senior DH sponsor and Chris Hannah as NHS sponsor. It will produce regular updates as required.

The responsibility of the Consultation Group extends to the point at which the process for appointing to the Regional Director of Public Health/SHA Director of Public Health and the process of support has been determined.

The Consultation Group will work closely with the Changes to Public Health Reference Group.

#### 3. Scope of Responsibility

The Consultation Group will consider the HR Guidance for Public Health Appointments in line with the CPLNHS HR Framework published in November 2005, the DH statement on the joint appointment to the posts of Regional Director of Public Health/SHA Director of Public Health issued 31 March 2006 and the proposed implementation process. This will include the Appointments Process, Terms of Appointment and support for unsuccessful candidates.

The Consultation Group will also produce communications to ensure that all those affected by the process are kept informed regarding discussions and the final HR Framework.

The remit of the Consultation Group, whilst recognising the links between the appointment of the Regional Directors of Public Health/SHA Directors of Public Health and the appointment of PCT Directors of Public Health does not extend to the process for the appointment to roles beyond the SHA.

#### 4. Membership

Dr Valerie Day, Head of Public Health, DH is responsible for managing the implementation to the changes in the Public Health structure and ensuring the appointment to the Regional Director of Public Health/SHA Director of Public Health roles.

Dr Valerie Day will Chair the Consultation Group meetings and membership will include:

Marc Taylor	FDA
Wendy Jones	FDA
C Spencer Jones	BMA
David Algie	BMA
Jon Restell	MiP
Jim Keegan	MiP

Foluke Ajayi	NHS Employers
Sian Thomas	NHS Employers
Joanne Wass	NHS HR Lead
Anne Rainsberry	Head of Corporate Human Resources DH
Sheree Axon	Corporate HR, DH
Clare Simpson	Head of HR, Standards and Quality GBT
Fiona Adshead	DCMO
Chris Hannah	NHS CPLNHS Lead
Anne East	DH HR Project Lead

Staff side representatives will brief their colleagues and provide feedback to the Consultation Group in order to ensure the HR Guidance for Public Health Appointments is a result of an informed process.

#### 5. Frequency of Meetings

This is to be determined following discussions at the first meeting on 5<sup>th</sup> April 2006.

## **APPENDIX 3**

### **REGIONAL DIRECTORS OF PUBLIC HEALTH/SHA DIRECTORS OF PUBLIC HEALTH**

#### **CHANGES TO PUBLIC HEALTH REFERENCE GROUP**

##### **TERMS OF REFERENCE**

#### **1. Purpose of the Group**

The purpose of the Changes to Public Health Reference Group is to act as a representative group for RDsPH and SHA DsPH and input and feedback on the organisation design, structures and specific job roles and accountabilities of the new proposed joint Regional Director of Public Health/SHA Director of Public Health post and to provide input and feedback on the support mechanisms available both to those appointed and those not appointed to these posts.

#### **2. Accountability**

The Consultation Group is accountable to Fiona Adshead as senior DH sponsor and Chris Hannah as NHS sponsor. It will produce regular updates as required.

The responsibility of the Reference Group extends to the point at which the process for appointing to the Regional Director of Public Health/SHA Director of Public Health and the process of support has been determined.

The Changes to Public Health Reference Group will work closely with the Consultation Group.

#### **3. Scope of Responsibility**

The Reference Group will consider the HR Guidance for Public Health Appointments in line with the CPLNHS HR Framework published in November 2005, the DH statement on the joint appointment to the posts of Regional Director of Public Health/SHA Director of Public Health issued 31 March 2006 and the proposed implementation process. This will include the Appointments Process, Terms of Appointment and support for unsuccessful candidates.

The Reference Group will also produce communications to ensure that all those affected by the process are kept informed regarding discussions and the final HR Framework.

The remit of the Reference Group, whilst recognising the links between the appointment of the Regional Directors of Public Health/SHA Directors of Public Health and the appointment of PCT Directors of

Public Health does not extend to the process for the appointment to roles beyond the SHA.

#### **4. Membership**

Dr Valerie Day, Head of Public Health, DH is responsible for managing the implementation to the changes in the Public Health structure and ensuring the appointment to the Regional Director of Public Health/SHA Director of Public Health roles.

Dr Valerie Day will Chair the Reference Group meetings and membership will include:

Dr Mike Gill	RDPH
Dr Gabriel Scally	RDPH
Dr Robert Sheriff	SHA DPH
Dr Paul Cosford	SHA DPH
Foluke Ajayi	NHS Employers
Sian Thomas	NHS Employers
Joanne Wass	NHS HR Lead
Anne Rainsberry	Head of Corporate Human Resources DH
Fiona Adshead	DCMO
Sally Parker	TFPH
Clare Simpson	Head of HR, Standards and Quality GBT
Sheree Axon	Corporate HR, DH
Chris Hannah	NHS CPLNHS Lead
Anne East	DH PH HR Project Lead

RDsPH and SHADsPH representatives will brief their colleagues and provide feedback to the Reference Group in order to ensure the HR Guidance for Public Health Appointments is a result of an informed process.

#### **5. Frequency of Meetings**

This is to be determined following discussions at the first meeting on 19<sup>th</sup> April 2006.