ASSOCIATE DIRECTOR OF PUBLIC HEALTH (ADULTS AND OLDER PEOPLE)
(CONSULTANT IN PUBLIC HEALTH MEDICINE/CONSULTANT IN PUBLIC HEALTH)

Employing organisation: Haringey Teaching Primary Care Trust
Title: Consultant in Public Health Medicine/Consultant in Public Health
(Full Time, Part Time or Job share)
Accountable to:
The postholder will be dually accountable:
- professionally to the employing authority Haringey Teaching Primary Care Trust
- managerially to the employing organisation via the line manager, the Joint Director of Public Health
Grade:
NHS Consultant (dependent on experience and qualifications) or NHS Agenda for Change Scale 8d/9/Local Authority Senior Manager (the scale will be dependent on job description grading at local level)

Managerially responsible for: Public Health Strategist x1; Public Health Officer x1; other staff members to be confirmed.
Appointment
This is a new full time/part time/job share post for a CPHM/CPH to the TPCT based at St Ann’s Hospital, Tottenham.

1. Job Summary
Working in one of the most ethnically and culturally diverse boroughs in the UK, this post encompasses a range of challenges and opportunities to improve the health of adults and older people in Haringey.

The appointee will be a strong advocate for public health and reducing health and be able to draw on their experience of planning and implementation of strategic public health programmes.

The postholder will lead the Public Health Adults and Older People’s Team, within an organisation which has a Joint Director of Public Health, a well developed commissioning approach, an exciting primary care strategy with four primary care collaboratives, and financial balance with room for investment. Joint commissioning is already in place between the TPCT and the Council on children and adults services. Acute providers include North Middlesex University Hospital NHS Trust, Great Ormond Street NHS Trust and Barnet, Enfield & Haringey Mental Health Trust.

The highly diverse and mobile population of Haringey presents a range of challenges for public health within the adults and older people’s agenda. Areas of focus will include but not be limited to health inequalities, mental health, vulnerable adults, the personalization agenda, pandemic influenza, sexual health, alcohol and other drugs and physical and learning disabilities.

Each of the four CPHM/CPHs within the directorate will have additional responsibilities in supporting the development of the primary care strategy and Practice-based Commissioning, in one of the four primary care collaboratives.

A high level of intellectual rigour, negotiation and motivation skills and flexibility are required to deal with complex public health issues, to advise and make recommendations regarding services and patient care. A high level of tact and diplomacy is required and an ability to understand other cultures to enable effective working across organisational boundaries and influencing without authority.

The role is to lead on health improvement and reducing health inequalities in adults and older people in Haringey, working with commissioners in the TPCT and local authority. This will be achieved through:

1.1 development and commissioning of significant public health programmes to reduce morbidity and mortality, and improve outcomes for adults and older people
1.3 development of close working relationships with the Wellbeing Thematic Group of the Local Strategic Partnership
1.4 leading health needs assessment and analysis of evidence on a range of service provision for adults and older people
1.5 development of public health capacity and raising awareness of the contribution of public health skills and knowledge in the local health community
1.6 providing expert advice on public health knowledge, standards and practice, across the spectrum of public health as required.
2. The employing organisation
Haringey Teaching Primary Care Trust places a reduction in health inequalities at the centre of its plans for the next 10 years. There is an ambitious programme of primary care developments underway, with the emergence of six super health centres across the borough which will incorporate health promotion. This, and the increasing focus on world class commissioning means public health is at the centre of TPCT core business. The recent appointment of a joint director of public health reflects the commitment of the Local Strategic Partnership to improve the wellbeing of Haringey’s population by harnessing the influence the NHS and local authority to work together on the determinants of wellbeing. Development of an effective Joint Strategic Needs Assessment is at the heart of this agenda.

3. Department/Directorate of Public Health

3.1 Current staffing
There are currently approximately 16 WTE posts in the Directorate, and this is set to increase during 2008/09. The Adults and Older People’s team in Public Health includes 2 WTEs in addition to this post.

3.2 IT, secretarial support and other internal resources
Secretarial support will be provided by the PH Administrator. Library support will be provided via an arrangement with Islington PCT.

3.3 Training and CPD arrangements
The department is approved for the training of public health specialists (Foundation Programme, SHOs, Specialist Registrars in Public Health Medicine, and Public Health Specialist Trainees). The directorate runs a monthly CPD session and has active involvement with London-wide CPD arrangements.

4. Management arrangements
The postholder will be professionally accountable to the employing authority and managerially accountable to the employing authority via their line manager, the Joint Director of Public Health. Professional appraisal will be required. An initial job plan will be agreed with the successful candidate prior to that individual taking up the post. This job plan will be reviewed as part of the annual job planning process.

The postholder:
4.1 will be expected to take part in on call arrangements for communicable disease control/health protection as appropriate depending on local arrangements

4.2 will be expected to deputise for the Director/ as required

5. Professional obligations
The postholder will be expected to:

5.1 participate in the organisation’s staff appraisal scheme and departmental audit, and ensure appraisal and development of any staff for which s/he is responsible
5.2 contribute actively to the training programme for Foundation Year Doctors/SHOs/Specialist Registrars in Public Health Medicine and Public Health Specialist Trainees as appropriate, and to the training of practitioners and primary care professionals within the locality.

5.3 pursue a programme of CPD/CME, in accordance with Faculty of Public Health requirements, or other recognised body, and undertake revalidation, audit or other measures required to remain on the GMC/GDC Specialist Register or the UK Voluntary Register for Public Health Specialists or other specialist register as appropriate.

6. **Key tasks**
This post will include the vast majority, if not all the range of tasks as set out in both core and defined areas.

The job description will be subject to review in consultation with the postholder and in the light of the needs of the employing organisation and the development of the speciality of public health and any wider developments in the field of public health.

**CORE COMPETENCY AREAS**

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

- To design, develop and utilise information and intelligence systems to underpin public health improvement and action across disciplines and organisations
- To receive, interpret, provide and advise on highly complex epidemiological and statistical information about the health of populations to the NHS, Local Authority and voluntary organisations
- To write and/or contribute to national and local policy setting reports on the health of the population of *<name of employing organisation>*
Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services

- To provide expert public health advice and leadership to support and inform an evidence-based approach within ethical frameworks for commissioning and to develop high quality equitable services, across primary, secondary and social care, and across sectors including local authorities, voluntary organisations, etc, in potentially contentious and hostile environments where barriers to acceptance may exist.
- To be responsible for leading on service development, evaluation and quality assurance governance in specific areas and for preparing and adjusting action plans in line with changing needs and changing geographical boundaries.
- To be responsible for the identification and implementation of appropriate health outcome measures, care pathways/protocols and guidelines for service delivery across patient pathways for the local population.

Policy and strategy development and implementation

- To lead on behalf of the TPCT on the communication, dissemination and implementation and delivery of national, regional and local policies, developing inter-agency and interdisciplinary strategic plans and programmes, with delegated Board or organisational authority to deliver key public health targets.
- To act in an expert advisory capacity on public health knowledge, standards and practice, across the spectrum of public health at Board or equivalent level.
- To be responsible for the development and implementation of multi-agency long-term public health programmes as required, based on identification of areas of potential health improvement, the diversity of local needs and the reduction of inequalities.

Leadership and collaborative working for health

- To take the lead role on behalf of the TPCT in developing inter-agency and interdisciplinary short and long-term strategic plans for securing health improvement both in the general population and in vulnerable groups at high risk of poor health and/or reduced life expectancy, in partnership with a range of agencies such as those in the statutory, non-statutory, voluntary and private sectors and by taking lead responsibility with a defined local authority. This requires the ability to work cross-directorate and across other agencies and voluntary organisations.
- To lead on the integration of health, social services and voluntary organisations to promote effective joint working to ensure delivery of the wider government targets.
- To influence external agencies in their public health policy decisions by working with complex professional, managerial and population groups and other organisations in the statutory, non-statutory and private sectors.

DEFINED COMPETENCY AREAS

Health Improvement

- To be responsible for designated areas of health improvement programmes, public health surveillance, population screening or geographical areas. This may include engagement with primary care professionals and community staff to raise awareness and achieve engagement in their public health role.
- To take a Board or equivalent level leadership role in specified areas with local communities and vulnerable and hard to reach groups, helping them to take action to tackle longstanding and widening health inequality issues, using community development approaches as appropriate.
- To provide expert knowledge to ensure effective community involvement with regard to all the work of the organisation including commissioning and prioritising high cost services and to ensure that policies and strategies are interpreted, developed and implemented at all levels.

**Health Protection**
*(Please note that a more detailed job description is available for those specialising in this field such as consultant in communicable disease control/health protection.)*
- To take responsibility for safeguarding the health of the population in relation to communicable disease, infection control and environmental health, including delivery of immunisation targets.
- To take part in local arrangements and contributing to the on call rota for the effective control of communicable disease, environmental hazards to health and emergency planning, as detailed in local health protection agreements.
- To communicate effectively and diplomatically with a wide audience including the media and the public to change practice in highly challenging circumstances such as communicable disease outbreaks, chemical incidents, immunisation and screening.

**Service Improvement**
- To provide expert advice to support evidence based commissioning, prioritisation of services for the population (and in some circumstances providing highly specialised advice on preferred treatment options or protocols based on the evidence for individual patients) in order to maximise opportunities for health.
- To be responsible for implementation of NICE/National Service Frameworks or equivalent national standards/guidance and frameworks.
- To lead the developments of clinical networks, clinical governance and/or audit.

**Public Health Intelligence**
- To analyse and evaluate quantitative and qualitative data and research evidence from a range of sources to make recommendations and inform decision making which has long term impacts.
- To compare, analyse and interpret highly complex options for running projects identified as key public health priorities, and communicate this information across organisations and the local community.
- To lead on, plan and design agreed aspects of the assessment of health needs, health inequalities, and health impact assessment, to identify areas for action within the local population based on the best available evidence and to be responsible for short and long term planning and for providing advice on the treatment of groups of populations.

**Academic Public Health/Research and Development**
- To undertake and commission literature reviews, evaluative research surveys, audits and other research as required to inform equitable service and reduce health inequalities. This may involve taking the lead on R&D public health and related activities for <name of organisation>.
- To develop links with academic centres as appropriate <specify>, and/or the <specify> Public Health Observatory to ensure the work of the organisation is based on a sound research and evidence base.
- To develop public health capacity through education and training by raising awareness of the contribution of public health skills and knowledge in the local health community, including the
local authority and the voluntary sectors, by contributing to teaching at undergraduate and postgraduate level and by supervising those training and working in public health.

Medically qualified members of the public health team are expected to play certain roles in medical leadership, in relationships with the medical profession and in bringing a medical perspective to public health advice. A medically qualified holder of this post would be expected to share these roles with other medically qualified members of the team.
GENERAL CONDITIONS

Terms and conditions of service
The post is subject to general NHS Terms and Conditions of Service and relevant organisational employment policies.

Those candidates who meet the requirements for appointment as a Consultant in Public Health Medicine will be eligible for the NHS Consultant Contract (England, Wales, Scotland, N Ireland as appropriate), Those candidates appointed as Consultants in Public Health will be eligible for NHS DPH salary scales (still to be confirmed in England).

On call arrangements
The postholder will be expected to be on call for health protection and public health and to participate in the communicable disease and environmental hazards control and emergency planning arrangements for Haringey. Suitable training will be provided for those who need it in discussion with the Health Protection Agency.

Indemnity
As the postholder will only be indemnified for duties undertaken on behalf of Haringey Teaching Primary Care Trust the postholder is strongly advised to ensure that he/she has appropriate professional defence organisation cover for duties outside the scope of the TPCT. For on call duties provided to other organisations as part of cross cover out of hours arrangements the NHS Litigation Authority has confirmed that those organisations will provide indemnity for the postholder. These arrangements may differ across the four countries.

Flexibility
The postholder may, with their agreement - which should not reasonably be withheld - be required to undertake other duties which fall within the grading of the post to meet the needs of this new and developing service. The employing organisation is currently working in a climate of great change. It is therefore expected that all staff will develop flexible working practices both within any relevant local public health networks and at other organisational levels as appropriate, to be able to meet the challenges and opportunities of working in public health within the new and existing structures.

Investors in People
The employing organisation has made a public commitment to work towards the National Investors in People and Improving Working Lives standards. All Directors and staff will demonstrate their ownership of and their support for these goals through management and corporate action.

Confidentiality
A consultant has an obligation not to disclose any information of a confidential nature concerning patients, employees, contractors or the confidential business of the organisation.

Public Interest Disclosure
Should a consultant have cause for genuine concern about an issue (including one that would normally be subject to the above paragraph) and believes that disclosure would be in the public interest, he or she should have a right to

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speak out and be afforded statutory protection and should follow local procedures for disclosure of information in the public interest.

**Data protection**
If required to do so, the postholder will obtain, process and/or use information held on a computer or word processor in a fair and lawful way. The postholder will hold data only for the specified registered purpose and use or disclose data only to authorised persons or organisations as instructed in accordance with the Data Protection Act.

**Health and safety**
Employees must be aware of the responsibilities placed on them by the Health & Safety at Work Act (1974) and its amendments and by food hygiene legislation to ensure that the agreed safety procedures are carried out to maintain a safe condition for employees, patients and visitors.

**Smoking policy (amend as appropriate)**
The employing organisation has a policy that smoking is not allowed in the work place.

**Equal opportunities policy**
It is the aim of the employing organisation to ensure that no job applicant or employee receives less favourable treatment on grounds of gender, religion, race, colour, sexual orientation, nationality, ethnic or national origins or disability or is placed at a disadvantage by conditions or requirements which cannot be shown to be justifiable. To this end, there is an Equal Opportunities Policy in place and it is for each employee to contribute to its success.
### PERSON SPECIFICATION

**CONSULTANT IN PUBLIC HEALTH MEDICINE/CONSULTANT IN PUBLIC HEALTH**

_Haringey Teaching Primary Care Trust_

**IMPORTANT:** This person specification contains changes introduced in amendments made to the NHS (Appointment of Consultants) Regulations for England, Scotland, Northern Ireland and Wales which came into force during 2005.

<table>
<thead>
<tr>
<th>Education/Qualifications</th>
<th>Essential</th>
<th>Desirable</th>
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<tbody>
<tr>
<td>Inclusion in the GMC Specialist Register/GDC Specialist List/UK Voluntary Register (UKVR) for Public Health Specialists</td>
<td>X</td>
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<tr>
<td>If included in the GMC Specialist Register/GDC Specialist List in a specialty other than public health medicine/dental public health, candidates must have equivalent training and/or appropriate experience of public health medicine practice</td>
<td>X</td>
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<tr>
<td>Public health specialist registrar and specialist trainee applicants who are not yet on the GMC Specialist Register/GDC Specialist List in dental public health/UKVR must provide verifiable signed documentary evidence that they are within 6 months of gaining entry at the date of interview; all other applicants must provide verifiable signed documentary evidence that they have applied for inclusion in the GMC/GDC/UKVR specialist registers [see shortlisting notes below for additional guidance]</td>
<td>X</td>
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<tr>
<td>Applicants must meet minimum CPD requirements (i.e. be up to date) in accordance with Faculty of Public Health requirements or other recognised body</td>
<td>X</td>
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<tr>
<td>MFPH by examination, by exemption or by assessment</td>
<td>X</td>
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**Personal qualities**

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<thead>
<tr>
<th>Personal qualities</th>
<th>Essential</th>
<th>Desirable</th>
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<tbody>
<tr>
<td>Strong commitment to public health principles</td>
<td>X</td>
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<tr>
<td>Able to prioritise work, and work well against a background of change and uncertainty</td>
<td>X</td>
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<tr>
<td>Adaptable to situations, can handle people of all capabilities and attitudes</td>
<td>X</td>
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<tr>
<td>Commitment to team-working, and respect and consideration for the skills of others</td>
<td>X</td>
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<tr>
<td>Self-motivated, pro-active, and innovative</td>
<td>X</td>
<td></td>
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<tr>
<td>High standards of professional probity</td>
<td>X</td>
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**Experience**

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<tr>
<th>Experience</th>
<th>Essential</th>
<th>Desirable</th>
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<tbody>
<tr>
<td>Project management skills</td>
<td>X</td>
<td></td>
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<tr>
<td>Staff management and training</td>
<td>X</td>
<td></td>
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<tr>
<td>Practical experience in facilitating change</td>
<td>X</td>
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<tr>
<td>Budget management skills</td>
<td>X</td>
<td></td>
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<tr>
<td>Training and mentoring skills</td>
<td>X</td>
<td></td>
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<tr>
<td>Scientific publications, presentation of papers at conferences, seminars etc</td>
<td>X</td>
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**Skills**

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<tr>
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<th>Desirable</th>
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<tbody>
<tr>
<td>Strategic thinker with proven leadership skills</td>
<td>X</td>
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<tr>
<td>Excellent oral and written communication skills (including dealing with the media)</td>
<td>X</td>
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<tr>
<td>Effective interpersonal, motivational and influencing skills</td>
<td>X</td>
<td></td>
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<tr>
<td>Ability to respond appropriately in unplanned and unforeseen circumstances</td>
<td>X</td>
<td></td>
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<tr>
<td>Good presentational skills (oral and written)</td>
<td>X</td>
<td></td>
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<tr>
<td>Sensible negotiator with practical expectation of what can be achieved</td>
<td>X</td>
<td></td>
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<tr>
<td>Substantially numerate, with highly developed analytical skills using qualitative and quantitative data</td>
<td>X</td>
<td></td>
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<tr>
<td>Computer literate &lt;specify e.g. MS Office etc as appropriate for post&gt;</td>
<td>X</td>
<td></td>
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<tr>
<td>Ability to design, develop, interpret and implement policies</td>
<td>X</td>
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<tr>
<td>Ability to concentrate for long periods (e.g. analyses, media presentations)</td>
<td>X</td>
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<tr>
<td>Resource management skills</td>
<td>X</td>
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**Knowledge**

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<tr>
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<th>Desirable</th>
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<tr>
<td>High level of understanding of epidemiology and statistics, public health practice, health promotion, health economics and health care evaluation</td>
<td>X</td>
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<tr>
<td>Understanding of NHS</td>
<td>X</td>
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<tr>
<td>Knowledge of methods of developing clinical quality assurance, quality improvement and evidence based clinical and/or public health practice</td>
<td>X</td>
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<tr>
<td>Understanding of social and political environment</td>
<td>X</td>
<td></td>
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<tr>
<td>Understanding of local authorities and social services</td>
<td>X</td>
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Shortlisting notes
The Faculty of Public Health advises that in order to be shortlisted for a consultant post applicants who are not yet on the GMC Specialist Register/GDC Specialist List in dental public health/UK Voluntary Register for Public Health Specialists (UKVR) must provide verifiable signed documentary evidence that an application for inclusion on one of these specialist registers is in progress as follows:

1. Applicants in training grades
Public health Specialist Registrars and Specialist Trainees in a recognised UK public health training scheme must provide evidence to confirm that they are within SIX months of award of their certificate of completion of training (CCT) and inclusion in the GMC Specialist Register/GDC Specialist List in dental public health/UKVR at the date of interview (i.e. the expected date of award of their CCT must fall no more than six months after the date of interview). Please note that from January 2005 in England, May 2005 in Scotland and November 2005 in Northern Ireland and Wales, this period has been extended from the three months required previously. The documentary evidence should be:

Either a RITA Form G (Final Record of Satisfactory Progress) or a letter from the postgraduate dean (or Faculty Adviser) specifying the expected date for completion of training (which must be not more than six months after the date of interview).

2. Applicants in non training grades

2.1 Doctors (i.e. medical practitioners)

Doctors outside recognised UK public health training schemes fall into a number of categories:

➢ those who have trained outside the UK, who may have specialist training and qualifications which they are seeking to have recognised by the Postgraduate Medical Education & Training Board (PMETB) in order to gain registration with the GMC; these doctors may be shortlisted according to the following 2005 guidance from the Department of Health and Scottish Executive which indicates that There will be some instances (for example when considering applicants trained outside the UK) where an AAC may choose to interview a candidate prior to [GMC] Specialist Register entry. In these circumstances, it will wish to be satisfied that subsequent Specialist Register entry is likely. Employers should ask the applicant to provide documentary evidence that he/she has submitted an application to the PMETB which is eligible for consideration at the time of application (for shortlisting).

➢ those who have not completed specialist training in the UK who are seeking entry to the GMC Specialist Register through Article 14 of the European Specialist Medical Qualifications Order (ESMQO), which allows the PMETB to consider not only training but also relevant experience: these doctors may have trained in or outside of the UK. Again, employers should ask the applicant to provide documentary evidence that he/she has submitted an application to the PMETB which is eligible for consideration at the time of application (for shortlisting).

2.2 Applicants from a background other than medicine

➢ Other than trainees (see 1 above), applicants from a background other than medicine would normally be expected to have gained full registration with the UKVR. However, exceptionally, individuals who can demonstrate that they have submitted a portfolio application to the UKVR may be considered for shortlisting. Suitable evidence will be a letter from the UKVR acknowledging receipt of the portfolio application.

➢ Other than trainees (see 1 above), applicants from a background in public health dentistry must be included in the GDC Specialist List in dental public health. However, those who can demonstrate that they have submitted an application for inclusion on the GDC specialist list in public health dentistry may be considered for shortlisting. Employers should ask the applicant to provide documentary evidence that he/she has submitted an application to the GDC which is eligible for consideration at the time of application (for shortlisting).

Employers are advised that individuals should not take up consultant in public health medicine or consultant in public health posts (including DPH posts) until such point as they have gained entry to the GMC Specialist Register/GDC Specialist List in dental public health/UK Voluntary Register
for Public Health Specialists. Although applicants will be able to provide documentary evidence that an application is in progress, no guarantee can be made as to the outcome of an application to the GMC/GDC/UKVR specialist registers.

The above guidance applies to applications for both general and defined specialist registration with the UKVR. Individuals with defined specialist registration are eligible for consideration for shortlisting for, and appointment to, consultant posts including those at DPH level. In all appointments, employers will wish to ensure that an applicant’s areas of competence meet those required in the person specification.