

Employing organisation: Cambridgeshire County Council

Title: Consultant in Public Health – Population Health Intelligence
Full time

Accountable to: The postholder will be dually accountable:

- professionally to the employing authority, Cambridgeshire County Council
- managerially to the Deputy Director of Public Health Peterborough

Grade: Cambridgeshire County Council P6 (£71,251- £76,968) plus a market supplement of £6,000 per annum

Local Authority terms and conditions; potential for NHS medical consultant terms and conditions for appropriate applicants.

Strategically responsible for: Population health – leading the use of innovative population health intelligence and providing system leadership to enable effective population health management approaches across Cambridgeshire and Peterborough.

Managerial responsibility: Line management of Public Health Intelligence Team Manager and responsibility for the shared Public Health Intelligence team.

Appointment

This post will work across the shared Cambridgeshire County Council and Peterborough City Council Public Health Directorate. The two local authorities share a Director of Public Health (DPH). The appointment is full time and will be based in Alconbury but also expected to work across Cambridgeshire and Peterborough sites as required. The populations served are the residents of Cambridgeshire and Peterborough and the patients of Cambridgeshire and Peterborough Integrated Care System.

1. Job Summary

The post holder will have a senior role in the local health and wellbeing community.

The Consultant in Public Health (Population Health) will work across the Cambridgeshire and Peterborough system including the Integrated Care System, local and Combined authorities and wider partners leading how population health intelligence informs the improvement of population health and reduces inequalities.

The post holder will have a key role in maximising innovative ways to improve population health through population health intelligence and population health management. This will involve leading the Public Health Intelligence Team and further developing the existing system analytic approaches to population health. The consultant will provide public health leadership and work closely with health, local authority and wider partners to develop and embed system population health and population health management approaches that improve health and wellbeing and reduce inequalities in Cambridgeshire and Peterborough. The postholder will be expected to work across organisations and be able to influence budgets held by those organisations and effectively advocate for change.

The consultant will work as part of a public health team and system committed to improving health and wellbeing in Cambridgeshire and Peterborough.

1.1 General skills and requirements

In order to deliver their strategic objectives the post holder will need excellent communication and influencing skills and the ability to provide system leadership across a range of organisational cultures.

The success of the role will be dependent on the post holder's influencing skills and their ability to hold partner agencies to account against agreed objectives. The post holder will have considerable autonomy to address complex problems and negotiate cross-organisational solutions, guided by a general policy direction from Members and the Director of Public Health..

The role will require a high level of specialist public health skills and technical knowledge, - including public health intelligence, policy analysis and translation, health protection skills and experience, evaluation techniques and leadership skills - and therefore is only open to accredited public health consultants. The post holder will have achieved graduate and sometimes post-graduate qualifications in a relevant field followed by a period of professional experience, before entering the five year public health specialist training scheme which leads to accreditation as a consultant or equivalent. The post holder's skills and training will be applied in complex situations where there are a range of potential options, and a high level of negotiation and judgement is required to agree strategy, policy and organisational actions.

The work of the post holder will influence the spending and strategic approach of Cambridgeshire County Council, Peterborough City Council, other local authority and NHS budgets as well as wider partner agencies. The post holder will link with all relevant key agencies and organisations including UKHSA, OHID, NHS England, departments within Peterborough City Council, Cambridgeshire County Council and District Councils, ICS, NHS Providers and other partnerships. It will also involve influencing private sector, voluntary sector and community sector organisations that can impact on health and influencing the attitudes and behaviour both of professionals and of the population generally.

2. The employing organization

2.1 Cambridgeshire County Council

Cambridgeshire County Council serves a population of approximately 657,000, and while much of the county is affluent and enjoys better health than the national average, there are inequalities, complicated by rurality, across the county. The County faces the challenge of providing the infrastructure required for rapid economic and housing growth, while meeting the care needs of an ageing population, particularly in rural areas. To achieve this, the County Council works closely with four district Councils and Cambridge City Council.

2.2 Peterborough City Council

Peterborough City Council is a unitary authority serving a thriving city. It is rapidly expanding to meet the demand for new houses and is home to a community of diverse cultures. The population of 203,000 has been growing faster than other areas in the East of England and a high rate of growth is expected to continue. The City Council and ICS face a range of public health challenges and inequalities as reflected in its public health outcomes framework indicators.

2.3 Joint working

The Cambridgeshire and Peterborough Integrated Care System covers the geographies of both Cambridgeshire County Council and Peterborough City Council areas, the Local Resilience Forum (LRF), the Local Health Resilience Partnership (LHRP) the Combined Authority. Working relationships are positive across local partner organisations, while recognising the variation in local needs and demographics across a wide geographical area.

3. Public Health Arrangements

3.1 Cambridgeshire County Council and Peterborough City Council have a joint Director of Public Health who reports directly to the Chief Executives of Cambridgeshire County Council and

Peterborough City Council (see attached structure chart). The Public Health Directorate works jointly across the two local authorities, and includes public health consultants, analysts, commissioners, managers and health improvement specialists.

3.2 Resources

The postholder working with the DPH will be expected to make best use of public health department resources as well as influencing the use of resources in the Cambridgeshire and Peterborough system as a whole.

3.3 Training and CPD arrangements

Both Peterborough City Council and Cambridgeshire County Council are approved for the training of public health specialists. Peterborough usually hosts one senior Specialty Registrar (StR) and Cambridgeshire up to five StRs, 2 GP registrars and a FY2 doctor. All trainees carry out projects which involve both local authorities. There are a range of educational opportunities available, in particular through the Cambridge Institute of Public Health, which includes Cambridge University and Medical Research Council Departments

4 The strategic responsibility and key tasks

The strategic responsibility of the post holder is to lead the use of innovative population health intelligence and provide system leadership to enable effective population health management approaches across Cambridgeshire and Peterborough In delivering their strategic responsibilities, the postholder is expected to demonstrate expertise across the full range of relevant competencies as set out by the Faculty of PH (Appendix 1) and where required, take responsibility for resolving operational issues. In negotiation with the DPH, the postholder may be asked to take on responsibilities that are underpinned by any of the FPH competencies. Postholders will be expected to maintain both the general expertise as well as develop topic based expertise as required by the DPH and will be expected to deputise for the DPH as and when required.

The range of duties expected of the postholder include:

- 4.1 Taking responsibility for a range of public health issues and work across organisational and professional boundaries acting as a change agent managing complexity to deliver improvements in health and wellbeing.
- 4.2 Providing briefings on the health and wellbeing needs of local communities to Councillors, Council Officers, CCGs, NHS England, the 3rd sector, the public and partners. Where required to so, the postholder will provide verbal or written briefing to Councillors, other colleagues and stakeholders in person which may be at short notice.
- 4.3 Taking responsibility for development, implementation and delivery of policies. This may include taking the lead in developing detailed inter-agency and interdisciplinary strategic plans and programmes based on needs assessments which may lead to service specifications. The postholder will be expected to contribute appropriately to the procurement process.
- 4.4 Providing expert public health support and whole system leadership to ensure an evidence-based approach for commissioning and developing high quality equitable services, within and across a range of organisations including voluntary, public and private sector. This includes the health service component of the mandated core service. This will require expertise in evaluation and development of appropriate KPIs.
- 4.5 Utilising (and if appropriate developing) information and intelligence systems to underpin public health action across disciplines and organisations. This may include providing leadership for collation and interpretation of relevant data including production of the JSNA. Working with the DPH, this will include the integration of the appropriate elements of the public health, NHS and social care outcomes frameworks within the systems developed by the local authority as well as with relevant partner organisations.
- 4.6 The development and implementation of robust strategies for improving the health and wellbeing of local communities including ensuring qualitative and/or quantitative measurements are in place to demonstrate improvements. This may include taking responsibility for the judicious use

of the ring fenced public health grant and/or working with CCGs, Trusts, the contractor professions and PHE.

- 4.7 Providing the key local authority link to the research community, providing advice/support to colleagues and co-ordinating appropriate access to scientific information. The postholder will be expected to take part in relevant research networks and to influence research programmes of such networks so that the research needs of the local authority are taken into account.
- 4.8 Taking responsibility for the training obligations of the directorate, including becoming a Clinical Supervisor. These duties will be agreed jointly with the relevant Head of the School of Public Health.

Underpinning much of these duties are public health tasks such as;

- 4.9 Undertaking health needs assessments as required to enable actions to be taken to improve the health of the local population.
- 4.10 Developing prioritisation techniques and managing their application to policies, services and to help resolve issues such as the investment-disinvestment debate.
- 4.11 Effective communication of complex concepts, science and data and their implications for local communities, to a range of stakeholders with very different backgrounds.
- 4.12 Understanding of evaluation frameworks and applying those frameworks to the benefit of local communities.
- 4.13 A capacity to apply the scientific body of knowledge on public health to the policies and services necessary to improve health and to formulate clear practical evidence-based recommendations.
- 4.14 The understanding of human and organisational behaviour and the application of this knowledge to the achievement of change.
- 4.15 Inspire commitment to public health outcomes and to prevention as a core feature of public sector reform.

5. Management arrangements and responsibilities

The postholder will be professionally accountable to the employing authority and managerially accountable to the employing authority via the Director of Public Health. Professional appraisal will be required. An initial job plan will be agreed with the successful candidate once they have taken up the post. This job plan will be reviewed as part of the annual job planning process.

6. Professional obligations

These include:

- 6.1 Participate in the Cambridgeshire County Council staff appraisal scheme and quality improvement programme, and ensure appraisal and development of staff for which s/he is responsible
- 6.2 Contribute actively to the training programme for Specialty Registrars in Public Health and to the training of practitioners and primary care professionals within the locality
- 6.3 Undertake an annual professional appraisal including completion of a programme of CPD, 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 Public Health (Specialist) Register or other specialist register as appropriate. In agreement with the DPH, contribute to the wider public health professional appraisal system by becoming an appraiser for a specified period of time.
- 6.4 Practise in accordance with all relevant sections of the General Medical Council's Good Medical Practice (if medically qualified) and UKPHR requirements.
- 6.5 Contribute to professional leadership within the health system.
- 6.6 It is a duty of a health professional to foster scientific integrity, freedom of scientific publications, and freedom of debate on health matters, and public health professionals have a further responsibility to promote good governance and open government.

- 6.7 Public health practice must be carried out within the ethical framework of the health and care professions.
- 6.8 The postholder will be expected to maintain effective, courageous, and responsible public health advocacy
- 6.9 Will be expected to take part in call out arrangements for public health major incidents.

These professional obligations should be reflected in the job plan. The post-holder may also have external professional responsibilities, e.g. in respect of training or work for the Faculty of Public Health. Time allocation for these additional responsibilities will need to be agreed with the line manager.

7. Personal Qualities

The postholder will deal with complex public health and wellbeing challenges in a multi-organisational environment with widely differing governance and finance system and organizational cultures. It is expected that the postholder will be able to cope with such circumstances as well as multiple and changing demands and meet tight deadlines. A high level of intellectual rigour, political awareness and negotiation and motivation skills as well as flexibility and sensitivity are required. The post holder will advise the Health and Wellbeing Board, Integrated Care System, relevant Council Committees and Cabinet members, NHS commissioners and wider partners and will make recommendations regarding services, residents' care and wider determinants of health. Therefore, a high level of tact, diplomacy and leadership is required including the ability to work within the local political environment and at the same time maintain the ability to challenge and advocate for effective working and on specific issues in order to achieve public health outcomes. The achievement of public health outcomes and the successful pursuit of change are the purpose of the job and the metric against which performance will be assessed.

Appendix 1

FACULTY OF PUBLIC HEALTH COMPETENCIES **(2015 PH Specialty Training Curriculum)**

Use of public health intelligence to survey and assess a population's health and wellbeing

To be able to synthesise data into information about the surveillance or assessment of a population's health and wellbeing from multiple sources that can be communicated clearly and inform action planning to improve population health outcomes.

Assessing the evidence of effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations

To be able to use a range of resources to generate and communicate appropriately evidenced and informed recommendations for improving population health across operational and strategic health and care settings.

Policy and strategy development and implementation

To be able to influence and contribute to the development of policy as well as lead the development and implementation of a strategy.

Strategic leadership and collaborative working for health

To use a range of effective strategic leadership, organisational and management skills, in a variety of complex public health situations and contexts, dealing effectively with uncertainty and the unexpected to achieve public health goals.

Health Improvement, Determinants of Health and Health Communications

To influence and act on the broad determinants and behaviours influencing health at a system, community and individual level.

Health Protection

To identify, assess and communicate risks associated with hazards relevant to health protection, and to lead and co-ordinate the appropriate public health response.

Health and Care Public Health

To be able to improve the efficiency, effectiveness, safety, reliability, responsiveness and equity of health and care services through applying insights from multiple sources including formal research, health surveillance, needs analysis, service monitoring and evaluation.

Academic public health

To add an academic perspective to all public health work undertaken. Specifically to be able to critically appraise evidence to inform policy and practice, identify evidence gaps with strategies to address these gaps, undertake research activities of a standard that is publishable in peer-reviewed journals, and demonstrate competence in teaching and learning across all areas of public health practice.

Professional, personal and ethical development

To be able to shape, pursue actively and evaluate their own personal and professional development, using insight into their own behaviours and attitudes and their impact to modify behaviour and to practise within the framework of the GMC's Good Medical Practice (as used for appraisal and revalidation for consultants in public health) and the UKPHR's Code of Conduct.

Integration and application of competencies for consultant practice

To be able to demonstrate the consistent use of sound judgment to select from a range of advanced public health expertise and skills, and to use them effectively, working at senior organisational levels, to deliver improved population health in complex and unpredictable environments.

CONSULTANT IN PUBLIC HEALTH /CONSULTANT IN PUBLIC HEALTH MEDICINE

Cambridgeshire County Council and Peterborough City Council

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. Further amended in June 2015, and September 2018		
Education/Qualifications	Essential	Desirable
The National Health Service (Appointment of Consultants) Regulations 1996 (legislation.gov.uk) In line with legislation, inclusion in the GMC Full and Specialist Register with a license to practice/GDC Specialist List (or be eligible for registration within six months of interview) or Inclusion in the UK Public Health Register (UKPHR) for Public Health Specialists (or be eligible for registration within six months of interview)	X	
<i>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 practice</i>	X	
Public health specialty registrar applicants who are not yet on the GMC Specialist Register, GDC Specialist List in dental public health or UKPHR must provide verifiable signed documentary evidence that they are within 6 months of gaining entry to a register at the date of interview. All other applicants NOT YET granted specialist registration, must provide verifiable signed documentary evidence from the REGISTER concerned that they have submitted satisfactory evidence and therefore registration within six months of date of interview is assured.	X	
If an applicant is UK trained in Public Health, they must ALSO be a holder of a Certificate of Completion of Training (CCT), or be within six months of award of CCT by date of interview. If an applicant is non-UK trained, they will be required to show evidence of equivalence to the UK CCT <i>[see shortlisting notes below for additional guidance]</i>	X	
Applicants must meet minimum CPD requirements (i.e. be up to date) in accordance with Faculty of Public Health requirements or other recognised body	X	
MFPH by examination, by exemption or by assessment	X	
Masters in Public Health or equivalent		X
Personal qualities		
Able to influence senior members including directors and CEOs	X	
Able to both lead teams and to able to contribute effectively in teams led by junior colleagues	X	
Commitment to work within a political system irrespective of personal political affiliations	X	
Experience		
Delivery of successful change management programmes across organizational boundaries	X	
Media experience demonstrating delivery of effective health behaviour or health promotion messages		X
Experience of using complex information to explain public health issues to a range of audiences	X	
Skills		
Strategic thinker with proven leadership skills and operational nous	X	
Able to demonstrate and motivate organisations to contribute to improving the public's health and wellbeing through mainstream activities and within resources	X	
Ability to lead and manage the response successfully in unplanned and unforeseen circumstances	X	
Analytical skills able to utilize both qualitative (including health economics) and quantitative information	X	
Ability to design, develop, interpret and implement strategies and policies	X	
Knowledge		
In depth understanding of the health and care system and the relationships with both local national government	X	
In depth knowledge of methods of developing clinical quality assurance, quality improvement , evaluations and evidence based public health practice	X	

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 Public Health (Specialist) Register (UKPHR) 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 Specialty Registrars 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/UKPHR for public health specialists 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 ARCP 6/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 General Medical Council (GMC) 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 GMC 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 the Certificate of Eligibility for Specialist Registration route (formerly Article 14 of the European Specialist Medical Qualifications Order (ESMQO)), which allows the GMC 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 GMC 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 specialist registration with the UKPHR. However, exceptionally, individuals who can demonstrate that they have submitted a portfolio application to the UKPHR may be considered for shortlisting. **Suitable evidence will be a letter from the UKPHR 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 Public Health (Specialist) Register. 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/UKPHR specialist registers.

The above guidance applies to applications for both general and defined specialist registration with the UKPHR. 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.

GENERAL CONDITIONS

Terms and conditions of service

- Generic Responsibilities:** To carry out all responsibilities with regard to the Council's Equalities Policy and Procedures and Customer Care Policy.
- To comply with all Health & Safety at work requirements as laid down by the employer.
- Flexibility Clause:** Other duties and responsibilities express and implied which arise from the nature and character of the post within the department (or section) mentioned above or in a comparable post in any of the Organisation's other sections or departments.
- Variation Clause:** This is a description of the job as it is constituted at the date shown. It is the practice of this Authority to periodically examine job descriptions, update them and ensure that they relate to the job performed, or to incorporate any proposed changes. This procedure will be conducted by the appropriate manager in consultation with the postholder.
- In these circumstances it will be the aim to reach agreement on reasonable changes, but if agreement is not possible the Head of Service reserves the right to make changes to your job description following consultation.

On call arrangements

The postholder will be expected to participate in the communicable disease and environmental hazards control and emergency planning arrangements for Cambridgeshire County Council and Peterborough City Council

Indemnity

As the postholder will only be indemnified for duties undertaken on behalf of Cambridgeshire County Council and Peterborough City Council, the postholder is strongly advised to ensure that he/she has appropriate professional defence organisation cover for duties outside the scope of the Councils and for private activity within Cambridgeshire and Peterborough.

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.

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 has a duty of candour and should have a right to 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

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.