

Blog: Localism and Public Health: what will be the impact of regulating the employment of Directors of Public Health

Posted on Thursday 9th February 2012

Written by: [Catherine Staite \(/staff/profiles/government-society/staite-catherine.aspx\)](#)

The plan to impose regulations on local authorities about the employment of Directors of Public Health (DPHs) is wrong on so many levels.

It gives the message that local authorities cannot be trusted to employ independent professionals. There are many roles in local government which carry personal responsibility and authority. Section 151 officers, planning officers and monitoring officers have a long history of acting with professional independence. Their decisions may from time to time thwart councillors or other officers but they don't get sacked for it. It also demonstrates how little DH understands Localism. The imposition of more regulations isn't just an irritant for local government it sends out a corrosive and damaging message that central government doesn't trust it to do a simple job well. That will hardly build the confidence of DPHs at a time of transition.

The plan has clearly been developed in response to anxiety on the part of DPHs about moving to another universe – local government. The right response to that understandable anxiety is to allay fears and build bridges, not for DPHs to look back to the shelter of the NHS. The NHS hasn't always been very nice to Public Health. DPHs may find that local government is rather nicer. Times are hard in local government but there is some very good work going on to meet the challenges. Many DPHs are already joint appointments and many others have already made very successful transitions into local government and are beginning to enjoy themselves in their new environment. Most local authorities are still very good places to work and most chief executives are very good people to work for. Good working relationships, built on mutual trust and respect, will ensure the successful transition of public health to local government. In the unlikely event that things do go wrong for a DPH, because of a personality clash or performance issues, an obligation on the part of the local authority to have regard to regulations will be no help at all.

Nicola Close's comment about the need for DPHs to be free to speak out on behalf of communities reflects a fundamental lack of understanding of the way local government works. Councillors speak out on behalf of their communities. That is what they have been elected to do. It is their job and they do it with the professional advice and support of their officers. DPHs will be supporting local politicians to argue more effectively for their communities on health and wellbeing issues and providing them with the data and analysis needed to make difficult choices. This will be a lot more powerful than being a disregarded lone voice.

The negative tone of the discourse about the transfer of DPHs demonstrates the extent to which sight has been lost of the main goal of the changes. DPHs know more than anyone about the importance of the wider determinants of health – housing, employment, environment - than anyone. Those lie within the remit of local authorities and DPHs will be able to harness resources, create synergies and maximise impact in the battle for better outcomes. They know that we need a radical realignment of services towards prevention, early intervention and re-ablement and that change will only happen if there is an integrated approach, across public health, social care and the wider NHS. That work is being led locally by the Health and Wellbeing Boards, of which DPHs will be key members. In local government DPHs can have the sort of influence that they only dreamed of when they were running a peripheral service in the NHS.

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