

Public health articles...

As part of our work with a number of leading individuals from the sector and organisations we have compiled a series of articles discussing the health proposals and their understanding of public health. These articles (summarised below) will be published in full from 5<sup>th</sup> September with online discussions from some of the authors throughout the week debating the various topic areas.

The articles gathered together for this Community of Practice colloquium show the huge potential of the transition of public health to local councils, and some of the concerns. The Local Government Group has been working closely with the Faculty for Public Health, the Royal Society for Public Health, the BMA and the Association of Directors of Public Health to identify areas of commonality and difference. At the radical wings of the debate.

During the week of the 5<sup>th</sup> September, there will be an opportunity to respond to what you hear. Your contributions will be very helpful to the Healthy Communities team as it prepares to hand on its experience and learning to others.

If you are already a member of the Communities of Practice and you would like take part in these innovative and highly informative discussions, and/or simply just to view the articles and discussions please view the following page:

<http://www.communities.idea.gov.uk/c/980146/wiki/wiki-display.do?backlink=ref&id=12266771>

If you are not yet a member of the Healthy Communities, Communities of Practice you can join here:

- Go to the Communities home page, which is <http://www.communities.idea.gov.uk/welcome.do>
- Follow the instructions for how to register
- Once registered, go to the Find A Community box on the home page
- Enter 'Healthy Communities'
- Apply to join

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The summary of articles to be published on the Healthy Communities of Practice (CoP) from Monday 5<sup>th</sup> September are:

**Discussion 1 – discussing articles from nation a national perspective with articles from:**

**Councillor David Rogers - Chair of LGA Community Wellbeing Board**

“One of our most valuable resources is our democratic mandate – something that has been absent from health improvement for many decades. This, combined with a well-resourced public health workforce and a greater mainstreaming of health gain, will ensure that this time we really can make a difference.”

**Frank Atherton – President of the President, Association of Directors of Public Health**

“Directors of Public Health have long argued that the levers of influence for health (as opposed to the cure of illness) lie largely within the remit of local government. Economic benefits can be derived from healthier populations but, conversely, the

current recession threatens a reversal in the health improvements which England has enjoyed over recent decades. The White Paper gives us the framework for an integrated public health system which local areas need to create to protect and improve the health of our communities.”

**John Middleton** - *Vice president of the UK Faculty of Public Health and Director of Public Health Sandwell Primary Care Trust and Sandwell Metropolitan Borough Council.*

“It is vital that local authorities pick up the baton of health, not as a ‘new burden’, but as a crucial matter of civic pride.”

**Richard Parish** - *Chief Executive, Royal Society for Public Health.*

“Employing appropriately qualified individuals is not just a matter of effectiveness, but also public safety. Elected Members and other local authority staff have an enormously important role to play, bringing their democratic credentials and expertise to bear in the cause of better health. But this will have limited impact without a suitably qualified DPH at the heart of the local authority”.

**David Kidney** - *Head of Policy, Chartered Institute of Environmental Health.*

“In the CIEH’s view, the greatest cause for urgency in respect of this public health work is to ensure that public health resilience remains robust through the transition and that strategies are put in place nationally and locally that match the scale of the public health and wellbeing agenda facing us. This paper sets out the CIEH’s views on these important issues. We welcome views from our partners and other organisations as well as from individuals – especially our members - as we continue to develop and refine our thinking and our strategy for addressing these vitally important issues”.

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## **Discussion 2 – The detail, clarification of proposals and examples of practice with articles from:**

**Dominic Harrison** – *Joint Director of Public Health, Blackburn with Darwen*

“Just how local Health and Wellbeing Boards will hold national government (or the Department of Health) to account for failing to take evidence based action to improve population health is not detailed in the Health and Social Care Bill. Sooner or later this important issue will emerge – its resolution will be fascinating.”

**Linn Phipps** – *Freelance Consultant*

“...there is still plenty of “water to flow under the bridge” before proposals are finalised, and still an opportunity to influence the shape of the proposals, and to participate in testing them”.

**Maggie Rae** - *Director of Public Health. NHS Wiltshire*

“One of the big benefits of better integration of Public Health at my local authority – Wiltshire Council has been the opportunity to join-up the Public Protection services. This provides a very good range of services for the public which are really focused on protecting the population”.

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## **Discussion 3 - Talking through leadership, and the importance of scrutiny and districts on the new health reforms, with articles from:**

**David Phillips** - *Director of Public Health, Dorset*

“...there is a growing support and realisation of the potential strength of this approach to tackle some of the complex issues which have been facing all of our agencies over the years and with which we have struggled with limited success”.

**Su Turner** - *Principal Consultant, the Centre for Public Scrutiny*

“Since its inception in 2003, health scrutiny has grown in its effectiveness and our programme demonstrates clearly the added value that scrutiny can continue to bring in helping to tackle the health problems that exist across the country. Building an effective and accountable infrastructure needs to be the priority for all areas – building in the key principals of *Transparency, Inclusiveness and Accountability*. The role of scrutiny can help you to develop effective arrangements – and be a valuable public health tool”.

**Robin Stonebridge** – *Freelance Consultant and scrutiny champion*

“If the 'barefoot' PH specialists of the 1900's can cause slums to be torn down and clean air and water supplies to be sustained, what should the practitioners of 2010 be able to achieve with all their knowledge and techniques? The jury may be out for some time.”

**Councillor Jonathan Owen** – *Deputy Leader, East Riding Council*

“There is no better place to initiate change in the health of our communities than through local government. The experience, knowledge, commitment and flexibility to deliver is there already. It just needs a new drive from Elected Members. Local Authority political leaders have to champion the cause and let their Members take up the challenge.”

**Councillor Patrick Vernon** – *London Borough of Hackney*

“For the first time since 1974 Councillors, as local community leaders, will have the power to exercise a degree of influence and control over the commissioning and running of health services for their communities. The trick will be to demonstrate how this, along with the Councils' own local plans and services can contribute to improved health outcomes for everybody, but especially the most marginalised”.

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#### **Discussion 4 – Interpretation of the health reforms locally, with articles from:**

**Caroline Tapster** - *Chief Executive, Hertfordshire County Council*

“The health challenges we face as a nation are significant and the approach we are currently employing to tackle these issues is not working. As such, I believe that this return to local government's historic role in health improvement presents us with a key opportunity to develop a more targeted and effective way of addressing these problems. I'm looking forward to the challenge!”

**Phil Coppard** - *Chief Executive, Barnsley Metropolitan Borough Council*

“...the Government has to put aside the innate distrust of local government, perhaps by Ministers and civil servants, but certainly by the public health profession, and assert its localist instincts.”

**Hugh Annett** – *Joint Director of Public Health, Bristol*

“...engaging and mobilising the whole council on public health issues is primarily a matter of leadership. A leadership that takes the long view and is pragmatic; that is characterised by working across the breadth of the council; working in depth, working with members and officers and staff; and a leadership that over time re-shapes the

public health resource so that it is better fitted for its new environment and responsibilities.”

**John Ashton** – *Director of Public Health, NHS Cumbria*

“a piece of structure in the form of the Board of Health and Wellbeing based on principles of distributive leadership, bringing together the biological, the social and the environmental in harness with the fully engaged ‘Big Society’ is the only hope on the table. If we are to make it work we must each commit ourselves to leave our self-interests, either as individuals or organisations off the table and focus instead on the interests of our fellow citizens and of the planet that sustains us.”

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## **Discussion 5 – Summary of the previous discussion and conclusions, with:**

**David Hunter** - *Professor of Health Policy and Management, Durham University*

“To ensure that the government’s proposals for public health do succeed, there needs to be agreement reached on the optimal balance between central and local control; on the rationale (if any) for having ring-fenced budgets; on the location of the public health specialist workforce; and on the role and function of HWBs to ensure they do not repeat the mistakes of previous partnerships. If there is to be a fresh start in public health, there cannot be an implicit assumption that a state of ‘business as usual’ will prevail. If that is all DsPH and others aspire to, not only do the changes deserve to fail but we might as well opt for the status quo and stick to the devil we know.”

**Jude Williams** – *Freelance Consultant*

"It is vitally important that there is cohesive national support in place for health inequality work going into the future, for both clinical commissioning groups and local government, with some degree of independence from central government departments. In that way, some of the past models and resources can be used in the new system and as the system develops new learning can be shared between areas".