



Association of *Directors of Public Health (UK)*

ADPH Annual Conference 2010
‘Health Inequalities - Delivering Marmot’
Friday 21st May 2010
10.00 – 16.00

Royal College of Physicians, 11 St Andrews Place,
Regents Park, London NW1 4LE

Conference summary and outcomes

The ADPH Annual Conference 2010 considered the key policy areas of *Fair Society, Healthy Lives* – the Marmot Review report, with the specific objectives to explore:

- how Directors of Public Health can deliver these across the UK;
- the partnerships and approaches that will support effective delivery locally.

Frank Atherton, ADPH President, chaired the conference.

Sixty three delegates participated in the conference.

Keynote speakers were:

- Mike Grady, Senior Research Associate, University College London & member of the Marmot Review Team
- David Pencheon, Director, NHS Sustainable Development Unit
- Steve Boorman, Director of Corporate Responsibility & Chief Medical Adviser, Royal Mail Group

The conference also included a session on *Leading together better – working with local government*, chaired by Sue Johnson, Joint Head of the IDeA Healthy Communities Programme, with presentations from:

- Chris Packham, ADPH Vice President and Director of Public Health, Nottingham City PCT/Council
- John Dixon, Executive Director of Adults & Children, West Sussex County Council
- Rosalind Turner, Managing Director for Children Families & Education, Kent County Council
- Martin Seymour, Principal Consultant, Healthy Communities Programme, IDeA

In addition, the conference included a session to discuss the new coalition government's health policies, which had been outlined the previous day.

All presentations from the conference are available on the ADPH website at: <http://www.adph.org.uk/events.php>

Introduction

ADPH President Frank Atherton opened the conference by welcoming members and guests.

Frank highlighted the key messages for public health that had emerged from the new coalition government's policy document published the previous day – an additional session in the conference programme would enable members to discuss this further.

The ADPH had recently written to new Secretary of State for Health Andrew Lansley, setting out key issues on which Directors of Public Health hoped the new government would take action to improve the health and well-being of communities, and was seeking an early meeting with the Secretary of State to discuss these further.

Frank also stressed the importance of emphasising the vital role Directors of Public Health would play in taking forward the new government's public health policies.

Session 1 – Delivering Marmot

Mike Grady, Senior Research Associate, University College London & member of the Marmot Review Team

Mike Grady presented the background to and key findings of the Marmot Review.

Key points highlighted were:

- A particular strength of the Review's Report (Fair Society, Healthy Lives) was the presentation of strong evidence.
- The Report had been well received, and the review team was now working with a range of organisations on implementation of its recommendations, with a two year process of national implementation. Mike Grady was leading this process and invited ADPH members to contact him if they would like further support for implementation.
- A toolkit was also being developed that would support implementation of the Marmot recommendations.
- The role of the DPH was to be the champion for Public Health and the public health workforce – bringing creativity, confidence, vision, and energy; utilising data and evidence; and bringing together disparate groups/organisations with a common goal to improve public health.
- A particularly key role for DsPH was working across PCTs and local authorities to focus on improving life chances and widening spending/decision-making to organisations outside the NHS. A significant proportion of local government spending was related to health inequalities, but this needed to be more population focused and evidence based.

Questions/answers/comments

- What linkage was there with Comprehensive Area Assessment and the Audit Commission – Mike confirmed that issues around CAA and performance indicators would be discussed with the Audit Commission.
- It was suggested that there may now be a need to re-present/re-frame existing evidence to reflect the new coalition government agenda.
- It was important in the current economic context to avoid short term-ism, by ensuring engagement with communities on an asset basis, building sustainable networks, and taking leadership in Local Strategic Partnerships.

David Pencheon, Director, NHS Sustainable Development Unit

David Pencheon discussed how the Sustainable Development Unit, and Directors of Public Health, could lead and support the relationship between a sustainable and just society. Key points highlighted were:

- At core these were issues of social justice and duty of care.
- The current transition provided an opportunity to influence and change practice – it was important to have plans/new approaches prepared that could be presented as and when opportunities arose.
- There was a need to re-frame evidence and arguments to fit to varying environments (i.e. recognising and adapting to differing organisational/cultural norms and imperatives).
- The SDU currently provides regional awareness and advocacy workshops, and David invited suggestions from members as to how SDU can help DsPH to lead the sustainability agenda locally and bring it in to the core business of public health and tackling health inequalities.

Questions/answers/comments

- A question was raised regarding how GPs can frame duty of care into the Low Carbon Patient Pathway (LCPP); and what shorter term targets DsPH could put in place for delivery over the coming few years – LCPP was a new concept related to redirecting resources from hospitals; and in relation to short term targets for delivery it was suggested that the onus be placed on reporting on activity (using templates to support this) – thereby incentivising good practice.
- Food and travel were both key issues for the NHS and its users – radical/visionary approaches should be considered.
- It was commented that sustainability must be seen as core business.
- The SDU could help with linking the resilience agenda and sustainability – for example helping the NHS and DsPH (as commissioners) to make use of carbon trading.

Session 2 – Workforce well-being and inequality

Steve Boorman, Director of Corporate Responsibility & Chief Medical Adviser, Royal Mail Group

Steve Boorman focused on Policy Objective C within Fair Society, Healthy Lives – to create fair employment and good work for all – with a focus on:

- improving access to good jobs and reducing long-term unemployment across the social gradient;
- making it easier for people disadvantaged in the labour market to obtain and keep work;
- to improve the quality of jobs across the social gradient.

Steve described the findings of the NHS Health & Well-being report, including:

- that a healthy workforce was essential for the NHS to meet 21st Century challenges and deliver Lord Darzi's vision of High Quality Care for All;
- the role of the NHS Constitution in giving legal rights to patients and the public on quality of care; and to staff by providing rewarding jobs in a healthy and safe environment;
- the NHS as a cornerstone of the Government's response to Dame Carol Black's review – being an exemplar of workplace health and demonstrating that improving staff health could improve the health of the general population.

Questions/answers/comments

- It was highlighted that there were examples of good practice in prevention/upstream approaches within European social care schemes in the workplace and that the UK could learn from these.
- Clinical pathways don't tend to include factors related to the workplace and primary care should have a stronger role in tackling social issues linked to non-employment.

- Fit to Work required evaluation, and a question was raised as to how best to promote fit to work principles within smaller organisations – especially as approximately 90% of the UK workforce had no direct access to occupational health services. A new free helpline was now available to support small organisations with occupational health issues.
- Social security structures should support the health and well-being of those who were unemployed.
- Concerns were raised over the erosion of goodwill within the NHS workforce – it was important to invest in staff health and well-being – a ‘feel good’ factor brought greater effectiveness and efficiency.

Session 3 – New coalition government’s outline health policies

This additional session was included in the conference programme to discuss the new coalition government’s health policies, which had been outlined the previous day in the Coalition’s Policy document.

Although more detail was required on many areas of policy, key issues outlined were:

- A significant move towards GP commissioning of care, and subsequent impact on PCTs
- Significant reduction in health ‘quangos’; future of Strategic Health Authority functions still to be clarified
- Establishment of an independent NHS Board to allocate resources and provide commissioning guidelines
- Reform of NICE and strengthening of the Care Quality Commission and Monitor

Frank Atherton confirmed that the ADPH would continue to advocate and lobby for public health and the DPH role as the new government’s policies were developed. It was hoped that this would provide an opportunity to further strengthen the role of public health and members would be involved in and kept informed of our activity as this work progressed.

Session 4 – Leading together better – working with local government

Sue Johnson (Joint Head of the IDeA Healthy Communities Programme) chaired this session, which offered conference delegates the opportunity to take part in a question and answer panel with presenters and panel members:

- Chris Packham, ADPH Vice President and Director of Public Health, Nottingham City PCT/Council
- John Dixon, Executive Director of Adults & Children, West Sussex County Council
- Rosalind Turner, Managing Director for Children Families & Education, Kent County Council
- Martin Seymour, Principal Consultant, Healthy Communities Programme, IDeA

Sue opened the session by highlighting joint work and publications by IDeA, ADPH, ADASS and ADCS, which had been shared with ADPH members.

The aims of this session were to explore and share best practice for supporting joint working across and within health and local government to secure the best possible public health outcomes.

Key points from presentations:

- Local Strategic Partnerships, and the 2nd tier level work within LSPs were a focus for achieving good outcomes and offered a whole systems approach (as advocated in the Marmot report) – however there were concerns for their future as the Audit Commission had questioned the value of LSPs.
- Total Place also offered a strong whole systems approach to improving public health.
- A detailed evaluation of the new coalition government’s policies would be needed to assess their impact on joint working.

- Joint posts at senior level were key, and vital to move the public health agenda forward, and could help to resolve difficult organisational issues (such as pooled budgets, potential closure of local hospitals).
- Important to ensure common understanding/interpretation as terminology and language varied between sectors and presented a risk of tension/misunderstanding.
- Local government was not necessarily conversant with a pathway approach and would need to build greater understanding of this.
- Every Child Matters had provided a coherent and helpful framework for triumvirate working – it would be vital to maintain these approaches albeit that the terminology may change with a new government in place. Similarly Children’s Centres provided a good example of frontline joined up working.
- Real sharing of intelligence and understanding of the evidence base was vital for moving forward and achieving desired outcomes.
- Directors of Public Health and other Directors within local authorities must be enablers of innovative approaches by others.

Discussion points

- Specific work will be needed on asset based community development, which is a potentially powerful tool. Using a JSNA approach may help to develop this.
- JSNAs can be used to build the evidence base for commissioning.
- Part of the DPH offer is as a connector with communities.
- Suggestions for further work:
 - Continue development of a portable definition of the role, function and extent of the DPH/PH team;
 - Collation of a structural baseline assessment of the position (across England) with integrated working (currently there was significant variation reported amongst DsPH as to the extent/success of joint appointments and ways of working);
 - Developing support for DsPH with the anticipated major restructuring of the public health system (e.g. succession planning);
 - Influencing the Transformation of Community Services process and development of primary care commissioning;
 - Supporting initiatives around pooled intelligence, asset based development and placed-based solutions.

ADPH Annual Report Competition – Awards, 2010

Nicola Close, ADPH Chief Executive, introduced the awards for the 2010 Annual Report Competition. The competition entries had been of an excellent standard this year and all participants and judges were thanked for their involvement. The results of the competition were announced:

First Place:	Sandwell PCT
Second Place:	NHS Suffolk
Third Place:	NHS Sefton

All short listed reports were available for reference at the conference and winning reports were available via the ADPH website at: http://www.adph.org.uk/annual_report_competition.php

Close of conference

In closing the conference, Frank Atherton thanked all presenters and members for contributing to a successful event, and confirmed that the ADPH would be taking forward actions from the conference. As a high priority, the Association would focus on the role of the Director of Public Health and public health teams and would ensure that members were able to input to the development of the new public health system over the coming months.

May 2010