The Association of Directors of Public Health

Narrative on the UK Public Health System

Key messages

- A whole system approach and concerted action to address the wider determinants of health is needed to make sustained progress in improving population health outcomes.
- Directors of Public Health should continue to be recognised as collaborative system leaders with a focus on integration and prevention and working across organisational boundaries.
- There needs to be a shift across the system towards prevention of ill-health and tackling health inequality.
- Integration of services needs to extend beyond the NHS and social care to the wider range of services engaging with the population, taking a place-based approach and working collaboratively to ensure people lead healthy and fulfilling lives.
- A fit for purpose workforce, funding aligned with population need, a strong evidence base and good quality data are key enablers of the public health system.

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice. The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

This forward looking narrative outlines our thoughts on the public health system. It sets out how DsPH view the system in the short to medium term and is the precursor to a larger piece of work setting out our vision for the system in the longer term. It is UK wide and focuses on roles and responsibilities rather than structures. It is a collation of existing ADPH publications and views from the membership with key recommendations to ensure the public health system is fit for the future.

ADPH is a member of the UK Public Health Network - a collaboration of umbrella organisations representing public health across the four nations of the UK.

Background

Since devolution in the late 1990s the public health system has varied substantially across the UK. Despite the differences in the structures of the systems, all four countries face very similar public health challenges including rising obesity levels, continued tobacco use, high alcohol consumption, rising levels of sexually transmitted infections, rising mental health concerns and an unhealthy, ageing population.

Issues such as these are complex and short term piecemeal solutions will not have a sustained positive impact on outcomes. While behavioural aspects and individual choice are important, a series of wider determinants have significant impact on the health of the public. These include key determinants such as education, employment, access to services, housing and the environment in which people live. The scale of the challenge means no one part of the system can make sustained progress on its own; a whole system approach is needed.

Focus on inequalities

While population health is improving overall, health inequalities in the UK are stark and the gap continues to widen. In England, in the most deprived areas, men can expect to live 19 years less of their lives in good health, compared with the least deprived areas. Women can expect to live 20 years less.[1]

The social determinants of health, such as income, housing, education and the built environment, are key drivers of health inequalities. Those from a socioeconomically deprived background are more likely to be impacted by harmful drinking and alcohol dependence, and are also more likely to smoke, and to be obese – all of which lead to associated negative health impacts.[2]

Health inequalities have a particularly striking effect on children, for example, three in five of the most deprived boys aged five to eleven are predicted to be overweight or obese by 2020, compared to one in six of boys in the most affluent group.[3]

Health inequalities are also experienced by those who, for instance, have a mental illness, a learning difficulty and those from particular ethnicities, for example, in London the greatest health inequalities can be found in Bangladeshi, Pakistani, and mixed populations.[4]

Policy context

Challenges such as climate change, sustainability, security, and new technologies continue to provide both opportunities and threats to the public health system, as does our impending exit from the European Union. There are substantial challenges from ongoing austerity both in terms of spending cuts (directly to public health as well as the impact of cuts to other parts of the public sector) and from policy change such as welfare reform.

Many of the policy drivers for healthcare are similar across the nations of the UK. These have shifted beyond ensuring patient safety, quality of care and efficiency, to involving patients and the public in decisions both in individual care and systems and to delivering more care outside of the hospital and in the community. There is a welcome new focus on coordinated and integrated health and social care, as well as an increasing focus on the wider determinants of health.

In England, devolution of responsibility for health to some regions promises further variation in the system. This presents a significant opportunity to share lessons from the different approaches.

A whole system approach to health and wellbeing

A public health approach to integration

ADPH is committed to supporting the involvement of public health in integrating services.[5] Our understanding of integration is broad and inclusive, extending beyond the NHS and social care and taking a place-based approach. This involves working collaboratively with a wide range of partners including the police, fire service, housing services, planning teams and schools, with a collective responsibility to address the factors that impact on health and ensure that people can lead healthy and fulfilling lives.

The integration agenda presents opportunities for public health to influence service changes so that these promote health and wellbeing and reduce inequalities. We need to enhance our ability to form partnerships with different parts of the system - for example, the criminal justice system, where many of

the determinants of crime are the same as the determinants of health. Improved joined-up working can also present opportunities to take a longer term, life-course approach to people's health.

Public health teams have skills and expertise that can help local areas to plan and deliver integration effectively. However, while public health is fully involved in the integration agenda in some areas, this is not the case everywhere and greater engagement with public health is needed.

DsPH are recognised as collaborative system leaders for integration, with a place at top level discussions and decision making. They provide an objective perspective and can focus on the big picture. With a history of working in both the NHS and local authorities, they are often seen as 'bi-lingual', 'boundary spanners' and 'honest brokers', trusted by both and with an understanding of both cultures. DsPH have a key leadership role in working across organisations, building partnerships and influencing.

Prevention at population level

DsPH want to see a shift across the system towards prevention and tackling health inequality. Prevention should be seen in its widest sense and go well beyond the health system to the wider determinants of health. A whole system approach will deliver greater population-level improvements.

To advocate for the most effective interventions, a clear understanding about the level of prevention (primary, secondary, tertiary) and appropriate interventions for key health needs and particular population groups is needed. Achieving prevention impact at a population level needs not only an emphasis on personal health and care and community engagement, but also population level policies, often referred to as a 'health in all policies' approach. To do this will require a range of partners to support the delivery of prevention from workplaces and schools to homes and hospitals.

Public health teams have a detailed understanding of all stages of prevention and often lead on developing system wide prevention strategies. DsPH have a critical role in leading work on prevention, shifting the focus of systems to prevention where real health and wellbeing gains can be made.

Integration provides a key opportunity to re-orientate systems to be more preventative. Prevention should be embedded strategically and operationally in all pathways with the use of outcomes frameworks and financial incentives to deliver population prevention at scale.

While the rhetoric of prevention is now widely accepted this is rarely matched by investment. Investment in prevention approaches will lead to greater returns in health and resources saved in the long term, but we also need to demonstrate that prevention is going to reduce demand for services in the short term. Equally as important, the public's well-being depends on preventing ill health. More evaluation of public health initiatives and research into scaling up prevention is urgently needed.

Roles in the public health system

A whole system approach to public health must include action by government at global, national and local levels, and by the NHS, public sector, third sector, industry, communities, families and society as a whole. The DPH has a key public facing local leadership role but greater emphasis should be placed on the sense of collective responsibility.

- Director of Public Health

Despite changes in the system, the DPH purpose and core values have remained. This is to act as an independent advocate for the health of the population and to provide system leadership for its improvement and protection.[6] However, the context is ever changing and DsPH need to be adaptable in how they work, with a growing emphasis on the art of public health alongside the science. There is

increasing local divergence and new models of DPH leadership emerging, from specialist, technical functions, to broader managerial roles encompassing a wider range of services. 46% of DsPH in England are now taking on additional responsibilities, from environmental health and leisure, to adult social care.[7]

With continued austerity and resource pressures, the DPH will likely play an increasing role in understanding, interpreting and communicating evidence to ensure that resources are used in a cost-effective manner. There will be a continued emphasis on system leadership and the influencing role, with a focus on integration and prevention, and working across organisational boundaries with growing complexity and a wide range of partners. The DPH also has a role in ensuring greater community engagement and working with communities using asset-based approaches to co-produce local solutions.

Public sector reform is an opportunity for the DPH to apply public health skills to areas outside traditional public health, NHS or social care, for example, providing strategic and business intelligence for a patch, commissioning for outcomes, evaluation and interpreting data and research.[8]

- Public health team

DsPH cannot work in isolation and require adequately-resourced and professional public health teams. Consultants in Public Health will increasingly operate as system leaders within their portfolio. They will also need to be flexible to respond to the fast-moving public-sector reform agenda, again applying their public health skills to a range of opportunities beyond traditional public health roles.

- Government (and agencies)

Agencies such as Public Health England and Public Health Wales help to set the legal and policy framework, secure resources and make sure public health is central to the Government's priorities. They are well placed to deliver public health activity which is best organised on a national (and increasingly international) level. This includes, for example, aspects of knowledge and intelligence, behaviour change campaigns and health protection expertise to ensure that populations are protected from chemical, biological, radiological and nuclear threats to health.

- NHS

Despite its name, the primary purpose of the NHS is to treat illness. However, it also has great potential to promote health and prevent illness, not least because of its sheer scale. The size of the NHS workforce provides millions of opportunities to engage the population through a making every contact count approach and effect positive behaviour change. Clarifying the role of the NHS in prevention is important, and the NHS needs to do this in order to reduce and manage demand.

- Voluntary and community sector

Voluntary and community sector organisations play an important and increasing role in improving the public's health, and need to be seen as a part of the public health system. They play two core roles: service provision (commissioned/grant-funded) and advocacy, and articulation of local needs and assets.

Greater engagement and better communication between public health leaders and local communities is needed to give communities more ownership of health improvement and prevention through asset-based approaches and co-production.

Enablers of the Public Health System

Workforce

Workforce is an enabler of an effective public health system; the UK needs a workforce that is fit for purpose to support the public health system and meet future public health challenges.

Public health specialists offer a unique and essential contribution as systems leaders. They possess an in-depth knowledge of population health science, skills to maximise opportunities to improve health and wellbeing and develop solutions to complex public health problems, and the ability to make improvements and address wider issues through influencing and uniting all parts of the system.[9] In the context of reducing funding, the role of public health specialists must be given due importance. Public health professionals have expertise around evidence analysis and prioritisation, which should be highly prized at a time of financial constraint.

We need to ensure there is a strong pipeline of future DsPH with the skills and expertise to meet capacity requirements and fulfil key functions. We expect there to be a continued emphasis on system leadership, with DsPH working across organisational boundaries with a complex range of partners. ADPH supports the Aspiring DPH Leadership Programme and recognises that there should be a stronger focus on leadership and influencing skills for all DsPH.

DsPH and public health specialists must be flexible and adaptable in how they work. We need seamless career pathways for public health professionals to move around the system, both between organisations and locations in the UK. Increasingly, public health specialists need to be able to adapt to the fast-moving public-sector reform agenda, and apply their skills to a range of opportunities beyond traditional public health roles. We also need to consider opportunities post DPH.

While the ADPH focus remains on supporting current, future and past DsPH, we also need to support the wider public health workforce, embedding the collective responsibility for public health with a real opportunity to grow the contribution of the wider workforce. An inclusive approach to the contribution of people from diverse backgrounds and sectors is essential in delivering a whole system approach.

Funding

A properly financed public health system where funding is aligned with population need is of crucial importance. Reductions to funding for public health represent a short-term approach and ignore the much larger long-term costs associated with not investing in public health. Inversely, there are great dividends to be paid, both to the economy and society, through investing in public health initiatives.

Reductions to public health funding (and in England the potential removal of the public health grant ringfence) will increase the need for DsPH to continue to use their influence more widely across public sector budgets. Much of health improvement activity is dependent upon addressing the social determinants of health, for example, employment, education and housing, and integration of public health policy across local authorities will help us move towards 'health in all policies'.

Changes to public health funding must necessarily be seen in the context of NHS funding. The role of the NHS in prevention and, in England, how prevention should be achieved through Sustainability and Transformation Partnerships, is yet to be clearly defined and should be as a matter of urgency. Much could be achieved through judicious pooling of health and social care budgets, which could help to clearly identify the return on investment to everyone from prevention investments.

In England, this is a time of change for the local government funding system. The move towards 100%

Business Rate Retention had been scheduled for 2020; although it is likely to delayed due to the impact of the General Election 2017. It is very important that the system is designed in such a way that does not mean disinvestment in prevention, does not worsen health inequalities and enables DsPH to continue to improve the health of their local populations.

Research and evidence

A strong public health evidence base and access to good quality data is essential to inform public health policy and practice; increasingly this includes drawing on evidence outside of randomised controlled trials. In the 2017 ADPH English System Survey, 60% of DsPH who responded felt they had insufficient access to all the data they required for their role.[10]

There is a need for more coordination to ensure that public health research and intelligence activities are relevant, with a reasonable chance of influencing policy or practice in the near future, and that duplication is minimised. Research funders need to ensure that public health practitioners are actively involved in setting the priorities for research funding programmes, and that they consider the intervention readiness of proposals and the potential fiscal impact of delivering the intervention.

Investment needs to be directed into research into effective prevention approaches. There also needs to be a shift in focus to the evaluation and return on investment of existing public health interventions. Many public health research proposals that originate in universities propose potential new interventions, but there are many interventions that already exist and need robust evaluation. Public health teams often seek support for robust evaluation of public health interventions that they are already funding, or have in pilot phase, because they want evidence to include in their decision-making.

There is potential for more research to be carried out in partnership with public health teams, and ADPH encourages DsPH to get involved in research, including, where local flexibility, circumstances and finances allow, supporting research through funding of excess treatment costs.

DsPH and public health specialists need good research skills and strong links with academics and research organisations. We need a supportive environment for the exchange of information, expertise and resource between public health teams and research organisations.

ADPH Recommendations

National

- Investment in public health must be increased. Cuts to public health budgets must be reversed and public health needs to be funded both sustainably and adequately in line with local population health need.
- Each UK Government should adopt a 'health in all policies' approach to decision-making and policy development, assessing the long-term health impact for all policies.
- Each UK Government should ensure there is cross-sector investment in prevention and population health measures, with more recognition of 'the public purse' and incentives to encourage closer collaboration between agencies.
- The role of the NHS in prevention and, in England, how prevention should be achieved through Sustainability and Transformation Partnerships, needs to be clearly defined.
- The role of public health specialists must be given due importance, with recognition that public health has part to play in all health-related systems and strategies.
- Access to data and data sharing needs to be improved.
- DPH numbers should continue to be monitored with support for the pathway to becoming a DPH.

Local

- All providers and commissioners/service planners should work together locally to promote a whole systems approach to health and wellbeing.
- There should be cross-sector investment in prevention and population approaches with closer collaboration between agencies.
- Prevention should be embedded in all pathways with recognition of the role of the wider workforce in prevention.
- Health impact should be assessed for all plans and initiatives and a health in all policies approach adopted.
- The Director of Public Health should have a place at top level discussions and decision making.
- Local public health initiatives should be evaluated and shared.

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