The London Public Health Forum Presents:

Becoming the healthiest global city: Maximising the impact of the new public health system in London

Please use **#LondonPHForum** to live Tweet the event

08/03/2022

Welcome

Professor Kevin Fenton

Regional Director London, Office of Health Improvement and Disparities (OHID)

Objectives

This inaugural meeting of the London Public Health Forum brings together public health leaders, practitioners and their teams from across London to:

- launch London's public health forum and invite contributions to shape future events
- outline and reflect on the evolving public health system in London and the emerging system leadership principles and behaviours required for success
- reflect on the current public health workforce ambitions and identify any gaps or new priorities as we emerge from the COVID-19 pandemic
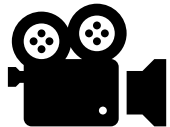
House Keeping

Please stay on mute unless you are speaking.

Please keep your camera turned off during presentations.

Please engage and ask questions by adding to the chat or raising your virtual hand. These will be answered at appropriate points.

This webinar will be recorded and slides will be shared after this event.

To turn your own live captions, select the three dots at top of your screen and click 'turn on live captions'

Office for Health Improvement and Disparities

Purpose of the Public Health Forum

Robert Pears

Consultant in Public Health, Healthcare Public Health and Workforce Development, OHID London

The London Public Health Forum

Learning and Professional Development

Encouraging discussion on current public health issues, identifying workforce issues and providing professional support

Building Networks

Connecting public health professionals to work beyond organisational boundaries

Sharing and Collaboration

Creating a forum for sharing initiatives, best practice and innovative solutions. Supporting an inclusive culture and a shared vision across the London Public Health system

Format
- 90-minute sessions
- FPH members meeting attached at end twice a year
- Quarterly – from March 2022
- Presentations followed by discussion
- Webinar

- Audience: London's public health community
- Chaired by: Regional Director, OHID in partnership with ADPHL & FPH
- Partnerships: GLA, UKHSA, NHS, HEE

London Health and Care Vision

London Health Inequalities Strategy

London Recovery Programme

OHID Strategic Framework

Office for Health Improvement and Disparities

How can the London Public Health Forum help to develop London's public health community?

Submit your answers via

www.menti.com

Menti code: 6936 2332

Or scan this QR code

Welcome from Dr Jeanelle de Gruchy

Welcome from Professor Maggie Rae

President of the Faculty of Public Health

Forum Presentations: Maximising the impact of the new public health system in London

New national and regional arrangements for Public Health in England

London Region

Julie Billett

March 2022

The New Public Health System in England: Transformation & Opportunities

Level 1, the **national organisations** of UK Health Security Agency, the Office of Health Improvement and Disparities led by the Chief Medical Officer in DHSC, and NHSEI.

Level 2, the **regional level** comprises those elements that were delivered through PHE; the UK Health Security Agency and the Office of the Regional Director of Public Health where the RDPH and Deputy RDPH maintains their joint appointment with NHSEI (and leads this agency's public health work). This includes the Greater London Authority and Group. It encompasses the regional facing arm of government whose engagement is required to address improving health and reducing health inequalities, including the underlying determinants of health.

Level 3, **'place-based level'** public health comprises Local Government and the Directors of Public Health, and with the NHS through Integrated Care Systems, Integrated Care Partnerships and Primary Care Networks at system, borough and neighbourhood level.

All three levels are interdependent and public health professionals in their role are adept at operating across different levels and structures. At each level, all organisations are also interdependent and will need to collaborate within national, regional or place-based systems.

Realignment of core public health functions and teams in London

Public Health England's Regional workforce has been redistributed to a range of receiver organisations.

The core PH functions to be delivered are highlighted here.

UKHSA

- Regional Health Protection team
- Emergency Preparedness and Resilience Recovery
- Regional Communications
- Field Epi Services
- Engagement & Response team

DHSC (OHID)

- Regional Directors' Team
- Statutory health advisor to GLA
- Regional Operations
- Alcohol, Drugs, Tobacco and inclusion health
- Health Equity and Strategy
- Health Improvement including Healthcare, Wellbeing and Workforce
- Regional Business Support
- Local Knowledge and Intelligence Service

NHS England

- Screening & Immunisations
- Specialised Commissioning
- Health & Justice
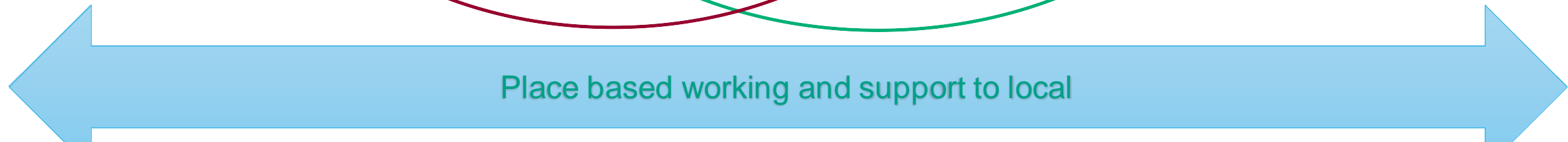- Dental Health
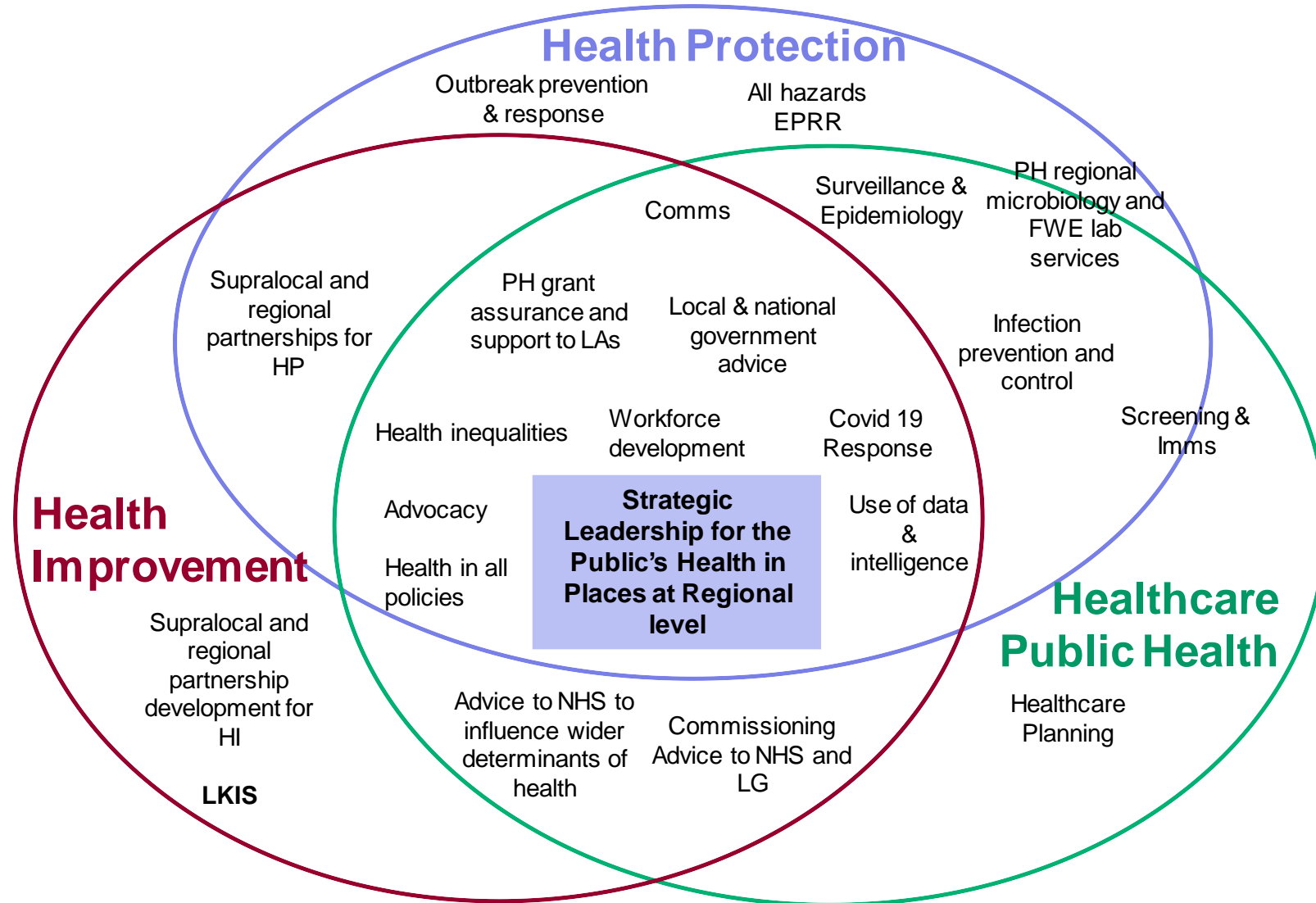
Joined up response to COVID and recovery

Office for Health Improvement and Disparities

The Office for Health Improvement and Disparities in Regions

The integrative, collaborative and supportive functions of the RDPH
Regional Leadership & Integration Across Public Health Domains

Health Protection

Outbreak prevention & response

All hazards EPRR

Comms

Surveillance & Epidemiology

PH regional microbiology and FWE lab services

Supralocal and regional partnerships for HP

PH grant assurance and support to LAs

Local & national government advice

Infection prevention and control

Health Improvement

Health inequalities

Workforce development

Covid 19 Response

Screening & Imms

Advocacy

Strategic Leadership for the Public's Health in Places at Regional level

Use of data & intelligence

Health in all policies

Supralocal and regional partnership development for HI

LKIS

Advice to NHS to influence wider determinants of health

Commissioning Advice to NHS and LG

Healthcare Public Health

Healthcare Planning

Place based working and support to local

OHID national strategic objectives

1. Identify and reduce health disparities by building and using a strong evidence base, focusing on groups and areas where health inequalities have greatest effect, and embedding health disparities considerations across the full breadth of our policy work and service delivery.

2. Work to extend healthy life expectancy & give every child the best start in life by taking action on the biggest preventable risk factors for ill health and premature death including tobacco, obesity and harmful use of alcohol and drugs; in doing so tackling underlying causes of rising NHS demand.

3. Work with the NHS and local government to improve access to the services which detect and act on physical and mental health risks and conditions as early as possible. At the same time, empower and engage individuals in better understanding and managing their own health, providing them with high-quality evidence, tools and support to make healthier choices.

4. Deliver lasting transformation in health outcomes and ensure public health is prioritised by developing strong, equitable partnerships across government, communities, industry and employers, and galvanising them to act on the **wider factors that shape people's health** such as work, housing and education.

5. Drive innovation in health improvement, harnessing the best of technology, analytics, and innovations in policy and delivery, to help deliver change where it is needed most.

6. Support effective leadership of the public health workforce by strengthening core public health capabilities and supporting the wider public health workforce.

7. Support the Government's COVID-19 response; understanding its impact on different groups, supporting optimisation of the vaccine programme, and leading on recovery to deliver on the Government's mission to unite and level up across the UK in response to the pandemic.

Role and function of the OHID Regional team

Systems Leadership for population health and reducing health inequalities

- Professional oversight of the public health function and priorities in place, alongside DsPH and ADPH
- Advocacy for PH priorities (national and regional) and promoting health and health equity in all policies and programmes in place
- Making local PH voices heard in the national PH policy discourse
- Working with national, regional GLA and local partners in place to support the levelling up and the COVID-19 recovery agenda
- London vision, HIS and london Recovery missions

Promote and support the development and delivery of integrated **population health policy** and programmes

- Work with DHSC, UKHSA and other cross government partners to support the translation, implementation and delivery of national policy and programmatic priorities
- Work with regional and local NHS, local authority and stakeholders to support population health priorities in place, and represent to national partners
- Utilise resources, levers and powers to convene, support and mobilise to reduce duplication, identify efficiencies, and support collaboration and integration wherever possible
- System-level planning and assurance and delivery of a regional DHSC response to public health emergencies

Support for the Regional **NHSE/I Population Health** Priorities & Long term plan

- Development and continuous improvement of NHS approaches and activities in place to advance prevention, population health and health inequalities priorities
- Provision of high-quality PH input to the commissioning of s7a public health services and other NSEI responsibilities
- Work alongside wider PH and population health experts in place (LAs, ICS, Provider Trusts etc) to ensure a more joined up and integrated approach to improving health outcomes within place. Advise on appropriate action to fill any gaps in public health expertise at place.

Public health **workforce development** in place

- Development of PH workforce capacity and capability, including the development of professional PH leadership development within the region (and coordination of professional appraisal and Responsible Officer functions for those operating outside UKHSA)
- Delivery of high-quality specialist PH training
- Provision of professional support and mentoring for senior public and population health leaders within place

Enhanced **data, intelligence and insights** for population health in place

- Leadership and continued improvement in use of PH data and intelligence across the system to ensure national products are tailored to the needs of local stakeholders and systems

Public and strategic **partner engagement, communication and mobilisation**

- Cross govt partnership development (regional level)
- Health in all policies
- Strategic partnership and public communication, engagement and mobilisation for improved population health
- Fostering relationships with academia to further the national and regional PH research and development agenda

Assurance of the **quality and outcomes** of population health programmes in place

- Programmatic support for regional sector led improvement
- Internal quality and governance
- Assurance of the quality and outcomes of public health programmes in place

UKHSA London

The **UK Health Security Agency (UKHSA)** is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. It provides intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation's health secure. UKHSA is an **executive agency**, sponsored by the DHSC.

UKHSA Remit Letter Priorities

The Government has established UKHSA with a global-to-local reach to protect the health of the nation from infectious diseases and other external threats to health by combining leading-edge science and analytics, insightful planning and responsive operational excellence.

UKHSA's objectives will centre on the following five priority areas of focus:

PREVENT Anticipation & readiness

DETECT cutting edge surveillance and monitoring

ANALYSE World class science and data analytics

RESPOND Collaborative action nationally and locally

LEAD On a global, national, regional and local scale

COVID-19 response
- Contributing to the full rollout of our successful vaccination programme and continuing the use of testing, surveillance, modelling and guidance to support the country through the Roadmap out of lockdown towards the return to normal social and economic activity and responding to cases and outbreaks and maintaining other activities, including the enhanced activity at the border, as necessary.

Protect from new and existing threats
- Build on the legacy of the current response to this pandemic to put in place a resilient and scalable infrastructure that puts the UK in the strongest possible position to protect the public from new and existing threats to health that may emerge, ensuring effective emergency preparedness, resilience and response for health emergencies. Ongoing immunisations programmes and work to control antimicrobial resistance, STIs and supporting the clean air strategy.

Strengthen Global Health Security
- Take action internationally to strengthen global health security, including ensuring the Government has high quality technical input in delivering its wider international health protection priorities, by supporting delivery of our G7 and COP26 priorities on improving global systems for disease surveillance and pandemic preparedness, and making a full contribution to the World Health Organization's global vaccines programme.

Establish UKHSA
- Bring together the staff and capabilities of NHS T&T and PHE to establish UKHSA as a dynamic and innovative agency that maximises the health security of the country through operational and scientific excellence.

UKHSA Groups and ExCo Membership

UK Health Security Agency

Ian Peters
Chair

UKHSA Chief Executive
Jenny Harries

Public Health

Science
- **Professor Isabel Oliver**
  Chief Scientific Advisor Transition Lead

Public Health & Clinical
- **Dr Susan Hopkins**
  Chief Medical Advisor Transition Lead
- **Dr Shona Arora**
  Director of Health Equity Transition Lead

Operations

Health Protection Ops
- **Tony Keeling**
  Health Protection Operations Transition Lead

Testing
- **Mark Hewlett**
  Chief Operating Officer - Testing

Enabling Functions

Customer, Comms & Innovation
- **Sidonie Kingsmill**
  Customer, Communications & Innovation Transition Lead
- **Lee Bailey**
  Director of Communications, UKHSA

Technology
- **Adam Wheelwright**
  Director of Technology Transition Lead

Data, Analytics & Surveillance
- **Professor Steven Riley**
  Director General Data & Analytics, UKHSA

Corporate Services

Strategy, Policy & Programmes
- **Scott McPherson**
  Strategy, Policy & Programmes Transition Lead

People
- **Faran Johnson**
  Chief People Officer Transition Lead

Commercial & Corporate Services
- **Jacqui Rock**
  UKHSA Transition Director, Chief Commercial Officer and Head of Corporate Services, UKHSA
- **Alex Sienkiewicz**
  Director of Corporate Affairs

Finance
- **Donald Shepherd and Hamza Yusuf**
  Finance Transition Leads *(until interim DG Finance appointed)*

UKHSA London

- London Regional Health Protection Operations is one of 9 Regions managed by UKHSA's Pan Regional Director

- Interim Director General for Health Protection Operations – permanent appointment will have professional public health background

- Deborah Turbitt has been appointed as the Deputy Director of Health Protection for London; Yvonne Young is Acting Deputy Director.

- MOU between OHID and UKHSA defined the ongoing role and responsibilities through to March 22 in support of the COVID response

- Regional convenors, coordinators and leads are part of UKHSA's Local Engagement and Response teams

- London EPRR team is part of the London Regional Health Protection Team

- UKHSA have dedicated communication team, with named lead for London

- Over time, COVID work will merge together with ongoing health protection work/BAU

Health Protection Operations – Missions and Ambitions

What we strive to do:

> *Deliver responsive and effective health protection services to protect against harm from exposure to all hazards*

The principles that guide us:

Informed by central values for UKHSA

The priorities to achieve this:

Manage cases and incidents

Respond to both **infections and non-infectious hazards** where risk of harm

Provide **place-based health protection leadership**

Coordinate **multi-channel delivery** of health protection services, applying subject matter expertise to support partners and identifying risks at local, regional, national and international levels

Provide assurance to Ministers, Local Authorities, External Agencies and the public that there is **sufficient capability and capacity** to adequately respond to all-hazards

What enables us to achieve this:

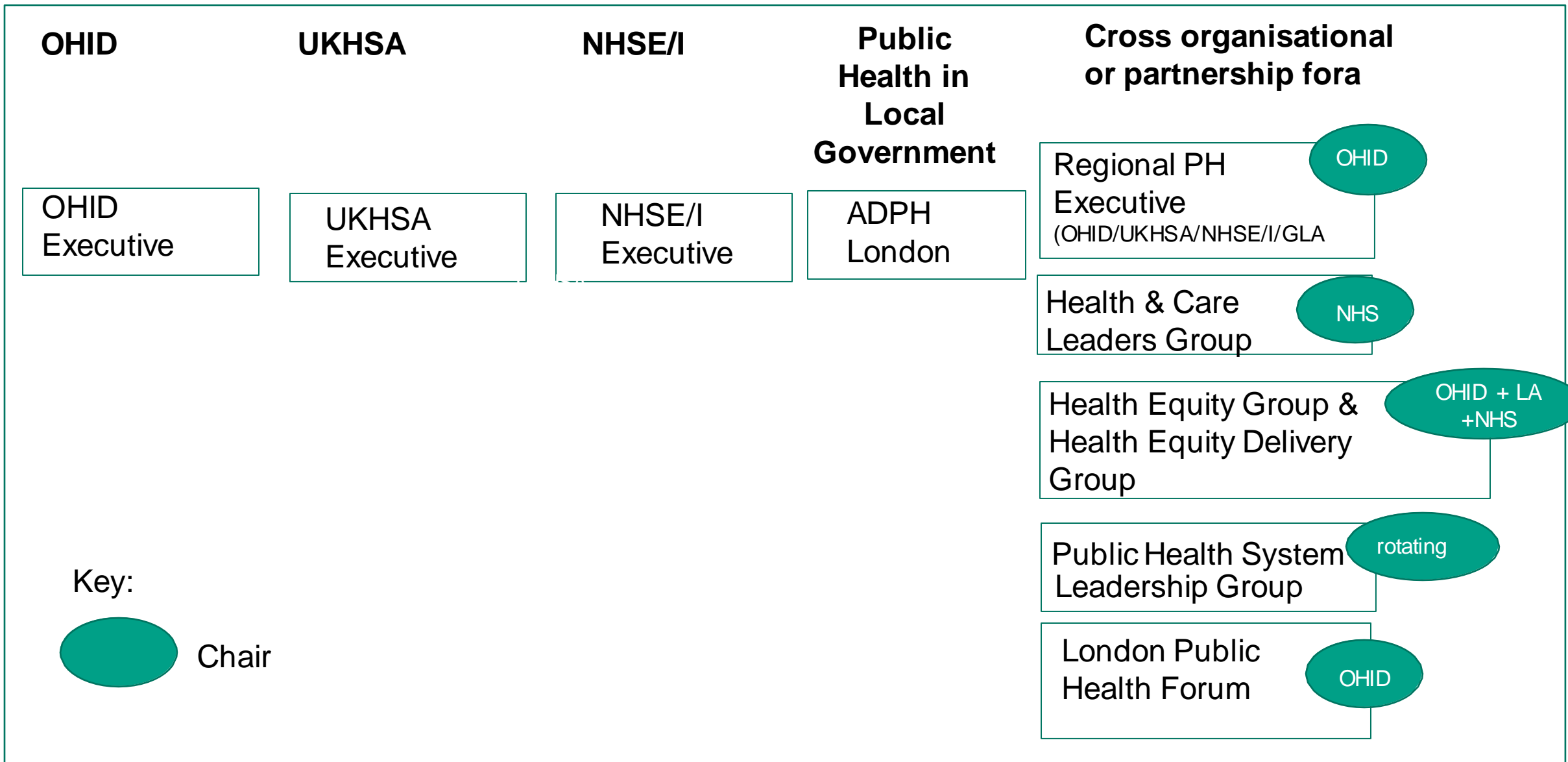| Embedded surveillance functionality | Learning, Development and Training for our People | Oversight of delivery and commissioning priorities of the UKHSA | Established partnerships and system relationships | Regular reflection and action on lessons learned |

London regional governance

OHID	UKHSA	NHSE/I	Public Health in Local Government	Cross organisational or partnership fora
OHID Executive	UKHSA Executive	NHSE/I Executive	ADPH London	

Regional PH Executive (OHID/UKHSA/NHSE/I/GLA) **OHID**

Health & Care Leaders Group **NHS**

Health Equity Group & Health Equity Delivery Group **OHID + LA +NHS**

Public Health System Leadership Group **rotating**

London Public Health Forum **OHID**

Key:

Chair

The ask

1. **Review the Covid-19 experience,** what went well and why; what London wants to take into the future from that experience; and what it wants to leave behind.

2. **Explore what key players in the London system want from OHID-London**

3. **Test how London's public health 'family' would tackle complex problems in practice,** reflecting on learning from other systems.

4. **Draw out and propose a set of principles for how London's public health family will work together and with others**

5. **Summarising, with any reflections or recommendations,** for OHID-L and its partners to consider.

Approach

Interviews Oct – Nov	Workshop 1 24th Nov	Workshop 2 15th Dec	Workshop 3 12th Jan

Interviews

Contextualisation session with OHID-L

12 interviews with GLA, ICS, London Councils, DPHs to inform workshop design:

- Opportunities & challenges for public health system
- System development work done previously

Workshop 1

1. Learning from Covid and what we want to take forward

2. The changing PH structure in London – OHID presentation

3. Opportunities and challenges for the new system

Workshop 2

1. Learning from other cities

2. Exercise: Working backwards from future success on health inequalities

Workshop 3

1. Testing principles for working together as a system.

2. What do we want from OHID-London and other parts of the PH structure?

3. Next steps for developing the system – key priority areas

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Workshop participants summarised what was learned during Covid-19, and what they wanted to take into the future

There are common beliefs about the response to Covid-19 and what has worked well

› 'Covid touched everyone' was a common theme to our discussions – a sense that the virus had *connected* organisations, layers, roles, and the communities with its leaders.

› This pervasiveness *flattened hierarchies* and accelerated decision-making; experts had access to politicians, clinicians to executives, and to partners who were in previously closed rooms.

› People told us that thinking 'beyond borough boundaries' was accentuated by the reach of the pandemic and *the need to collaborate and be seen to collaborate*, previous barriers to this lessened.

› *Resources*, including new money, or decisions without finance, were easier to access and experimentation was allowed – the search for evidence was keener in the uncertainty of the pandemic too.

› **Reflection 1**: Community-led approaches shone during the pandemic, making this central to public health work in the years ahead needs to be sustained.

› **Reflection 2**: Using data in real time to drive change has altered relationships, actions and achievement. This approach could be prioritised in designing future collaborations.

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… but transferring these lessons to other priorities requires subtlety and consideration

› Covid-19 has been a singular experience that has reached into each organisation and motivated leaders to take risks and collaborate at scale and pace.

› Community-led projects have provided an important extension of statutory efforts that has created resilience and reach on a large scale, nurturing and sustaining these relationships requires care and focus.

› Flattened hierarches and 'forgiveness not permission' will be temporary states unless action is taken to legitimise such norm-breaking behaviours.

› Financial constraints will differ in the future, as against the at-all-costs ethos of the pandemic.

› Not everyone has shared the same experience of Covid-19 and an afterglow will vary in its valence. Real thought is needed about how to create new urgency and ambition when many seek normalcy.

› **Reflection 3**: But while there is a view that these experiences can inform the future, there is also a prevalent anxiety of regression to previous silos, behaviours and norms – constraints being reasserted.

› **Reflection 4**: We cannot assume that tackling an issue like inequalities will mimic the pandemic response, it is more chronic, varied, less intrusive to some, or have the urgency of an emergency.

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12 draft 'I will' statements of principle for working together

I WILL…USE MY POSITION

1. Use my unique position, power and influence for city-wide objectives
2. Use my networks for wider gains, constantly looking for opportunities
3. Involve the community proactively in finding solutions

I WILL .. WORK WITH THE PUBLIC HEALTH FAMILY

7. To promote a system mindset and to relentlessly focus on health inequalities at all levels
8. Shift system conversations to a focus on maximising wellbeing
9. To better use and share data and allocate resources to support our ambitions

I WILL…HELP MY ORGANISATION TO

4. Define success as outcomes for collective city-wide health goals, not solely organisational success
5. Being clear on priorities, and using data more consistently to support
6. Work more with communities and through equality, diversity and inclusion

I WILL …HELP SUSTAIN EFFORTS OVER TIME

10. By seeing ourselves as a family focused on being the healthiest global city, celebrating success and promising local practice, supporting scale-up and sharing
11. By helping create a system that rewards contribution to shared objectives not just organisational ones
12. Helping power flow to where it's most needed, with communities, speaking up about equality, diversity and inclusion

Testing and embedding the 'I Will' principles for working across London's public health and wider structures

The principles are drawn and derived from:
- ✓ discussion across the workshops with participants
- ✓ how participants judged they could make a difference to one of London's major public health challenges, health inequalities
- ✓ what is known from elsewhere and wider evidence on how cities tackle complex population health problems
- ✓ the roles, influence and power that the public health family has, and can bring to bear

❯ In discussing these principles there was strong consensus that these were useful and relevant principles for future working together.

❯ However,

- they need to be connected to a clear, substantive vision for how London is to become the world's healthiest global city – see earlier reflections 1-3

- there was discussion about how far 'the family' extended, and how to share and agree these principles more widely

- there was discussion of how to implement in practice, eg, through job descriptions, but this was curtailed due to time

❯ **Reflection 9**: Given the above, these principles should be stress-tested with a wider group of leaders and against issues other than health inequalities.

❯ **Reflection 10:** Subject to the above, further work could seek to agree how to implement these practically, for example in job descriptions, MOUs, and accountability conversations.

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The most important things to get right

> In the first workshop participants summarised the most important things to get right as the public health system in London takes shape over 2022 and beyond.

What's the most important thing to get right as the new public health system in London takes shape?

Clear purpose   governance
system conversations   system freedoms   Relationships at place
Right conditions   Right system   equitable funding   allow mistakes
organisations and silos   community   locally-led
community focus
Local system
community led   funding   regionally s
sustainable funding
Community participation
Distributed leadership

Short reflections

Dr Somen Banerjee

ADPHL co-chair and DPH Tower Hamlets

Vicky Hobart

GLA Head of Health and Deputy Statutory Health Adviser

Dr Yimmy Chow

Consultant in communicable Disease Control and Head of NWL HPT

Office for Health Improvement and Disparities

Questions, Discussion and Reflections

Facilitated by Professor Kevin Fenton

Emerging workforce priorities

Robert Pears

Establishing a shared strategic approach to develop London's public health workforce

Ambition

Ambition big but initially may be 1-2 priorities to begin

Opportunity to contribute to system wide health and care workforce strategy

Contribute to COVID recovery

Approach

System owed

Robust governance

Appropriately resourced

Jointly delivered

Not duplicating existing work

Once for London

Timelines – Sep 2022

Office for Health Improvement and Disparities

London public health workforce ambitions

Promote equality, diversity and inclusion

Work with London employers to raise awareness and increase access into health careers for disadvantaged groups and increase workforce diversity.

Establish consultant portfolio support and improve retention

Address the shortage of public health consultants by considering formalised portfolio support and ways to retain the existing consultant workforce.

Build ICS public health capacity

Increase capacity and cross-organisational leadership opportunities to build stronger partner relations and strengthen the public health voice in ICS.

Clarify career pathways

Review career pathways at all levels of the profession to include entry level jobs for newly created roles such as test and trace staff, COVID marshals etc and those working in senior roles such as public health principals and strategists.

Improve workforce intelligence

Improve intelligence on the current picture, risks and issues of the public health workforce in London to inform interventions and a longer-term strategy and policy.

Drive collaboration and knowledge exchange

Promote supportive workforce development cultures and provide opportunities for continued collaboration and knowledge exchange across all organisations post public health reform.

Prevent fragmentation of workforce and potential reduction in surge capacity

Maintain health protection, health improvement and healthcare public health capacity and capability within and between organisations.

Enable system mobility

Effectively utilise the (small) pool of public health professionals e.g. creating opportunities to move easily around the system, secondments, parity of pay and T&C's, suite of job descriptions.

Office for Health Improvement and Disparities

Reflecting on the ambitions for the public health workforce, what should we prioritise in the short-term? Are there any gaps or new priorities which have emerged following COVID-19?

Submit your answers via

www.menti.com

Menti code: 6936 2332

Or scan this QR code

Office for Health Improvement and Disparities

Summary and Closure

Professor Kevin Fenton

Please complete our evaluation form:
https://forms.office.com/r/CJ90La0BUx