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PUBLIC HEALTH

# Weathering Uncertainty Through Innovation

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# 2024: Complex Times for Health

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# 2024: Complex times for health

## Health challenges

- Life expectancy is **stalling across the UK** for the first time in a century, and even falling in some areas.
- More people are living with **chronic, major health conditions**.
  - By 2040, almost 1 in 5 of the adult population in England are projected to be living with major illness.
- Tackling **widening health inequalities** including the social and structural drivers which exacerbate risks of morbidity and mortality.
  - Those in the least deprived areas of the UK can expect to live 70 years in good health, compared to 50 years for the most deprived.
- The ongoing threat of **communicable diseases** including MMR as childhood vaccination rates fall.

# 2024: Complex times for health

## Economic challenges

- **Cost-of-living crisis** impacting vulnerable communities across the UK with families struggling to heat homes, access healthy food, and facing declining mental and physical health.
- **Declining economic productivity** leading to increasing unemployment, wage stagnation, and underinvestment in health and social services.
- **Rising rates of child poverty**, with 4.2 million children (29% of all UK children) in poverty, up from 3.6 million in 2010-11.
  - 62% of Bangladeshi, 59% of Pakistani and 53% of Black children live below the poverty line.

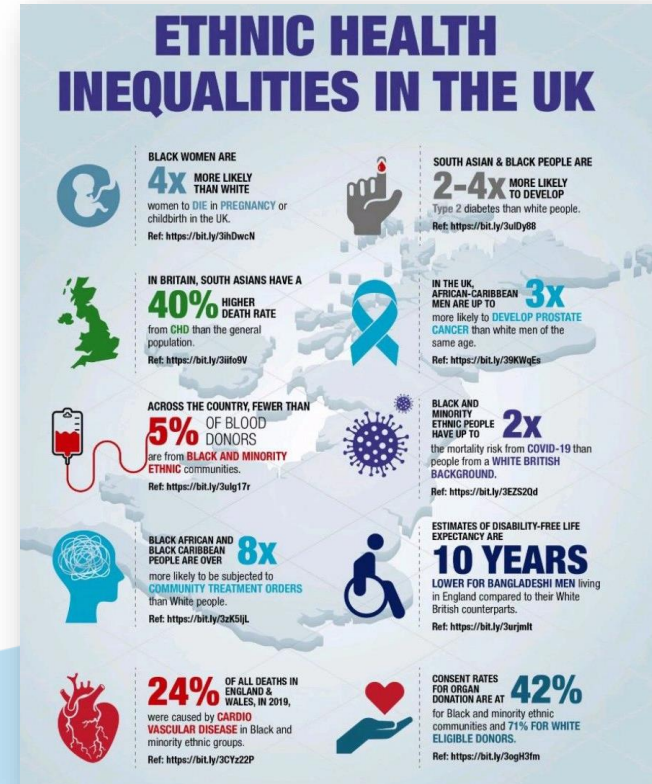
# 2024: Complex times for health



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## Wider structural and social challenges

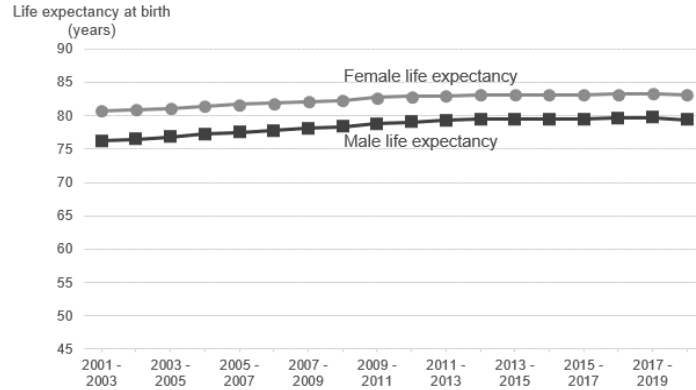
- **Structural racism** continues to impact the health of minority ethnic communities across the UK.
  - Black women in the UK are 4x more likely to die during pregnancy or childbirth.
  - South Asian people have a 40% higher death rate from coronary heart disease.
- **Climate crisis** and its impact on physical and mental wellbeing, global migration and conflict.
- **Declining trust in government and institutions** exacerbated by economic challenges, political uncertainty, social media.



# Improvements in life expectancy have stalled and the gap in life expectancy is widening



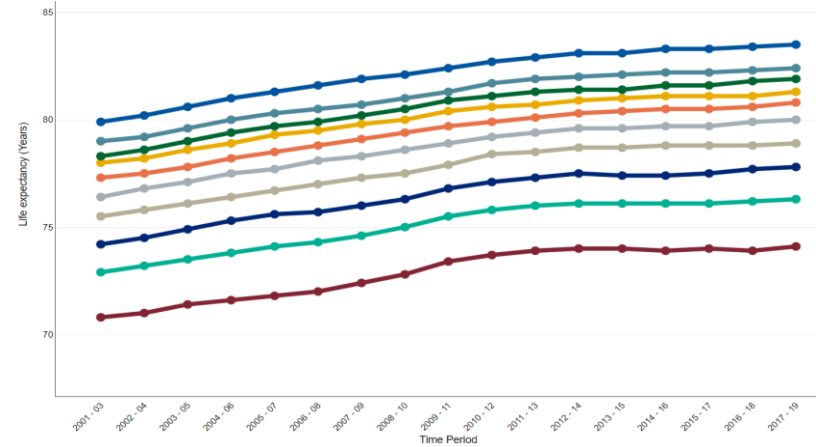
## Life expectancy (LE) at birth for males and females in England 2001-03 to 2018-20



Source: ONS,  
2022

- Upward trend in LE in England seen in the 20<sup>th</sup> Century has stalled and is now declining in older adults living in poorer areas.
- Following the pandemic, LE fell by 1.3 years for males and 1.0 year for females in 2020.

## Life expectancy for males – by deprivation deciles, 2001-2019

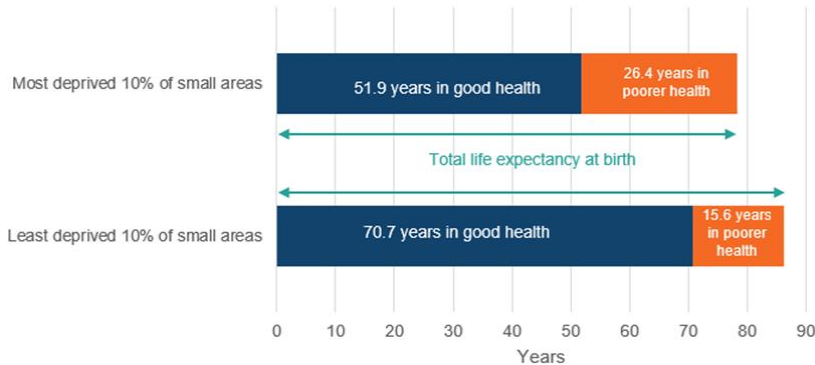


- The rise in life expectancy is slowing and the deprivation gap is widening

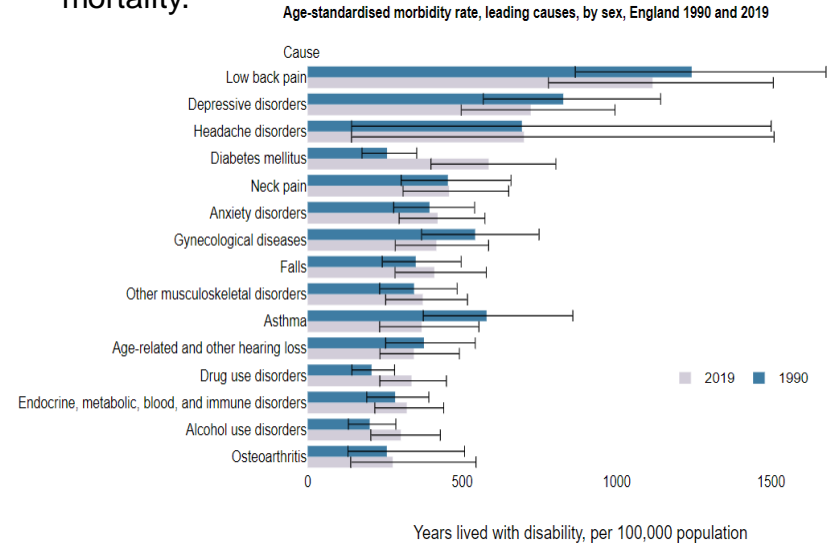
# Disparities in healthy life expectancy are even more acute

- Healthy life expectancy (HLE - the average years of life lived in good health) is not improving in England.
- Stark disparities in the number of years people can expect to live in good health between deprivation groups.

## *Expectations of life spent in good and poorer states of health for females in the most and least deprived areas in England*



- There are good public policy reasons to refocus our longer-term efforts on tackling morbidity and not just mortality.



Source: [Global Burden of Disease 2019](#)



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# New Paradigms for New Realities

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# Our leadership values in this context

- A **new paradigm for public health leadership** – an agile approach to working which transcends traditional models and embraces the intricate realities of our time.
- Requires us to abandon simplistic narratives and **embrace the inherent complexity of our systems.**
- We must **collaborate across sectors**, including within ICS structures. Practitioners, clinicians, researchers, and community leaders all hold fragments of the solution.
- Critical thinking, and a systems-level perspective, with a **relentless focus on principles of equity and justice.**
- We must understand the interconnected web of factors shaping our challenges and address the root causes, **leading visibly with courage and compassion.**
- We must foster trust amongst communities, tackle inequalities, and **learn from the Legacies of the COVID-19 pandemic**

# Complexity: New leadership paradigms

- **Discovering**
  - Digging deep into a problem, its history, its context and the people involved in it, experiencing and observing the situation from multiple viewpoints and listening to diverse voices.
- **Framing**
  - Sometimes it is important to reframe or disrupt conventional thinking about solutions by challenging the commonly accepted understanding of the underlying problem.
- **Systems thinking**
  - Effective complexity leadership happens when people come together to step back and see the big picture, and consider the interactions between the various parts of the system.
- **Brokering**
  - Likewise, effective complexity leadership involves connecting other people's interests to the work of solving the problem, through identifying and communicating a shared need that can be best satisfied by working together.
- **Holding**
  - Maintaining a degree of productive tension is another best practice, cultivating a capacity for 'not knowing', allowing space and time for reflection to take place—and potential solutions evaluated.
- **Collective learning**
  - Stimulating the organisation with innovative ideas and new ways of working drawing on multiple perspectives and interdisciplinary teams or co-creating with customers and consumers.

# A relentless focus on equity

- Robust **leadership, governance and accountability** to tackle health inequalities at all levels.
- Integrating anti-racism and **addressing structural discrimination** in our systems and programmes.
- Policies and **programs that reduce poverty and inequality**, such as implementing the living wage, strengthening social care, and providing affordable housing.
- We need to ensure that everyone has **equitable access to high-quality healthcare** - addressing barriers such as language, trust and confidence, and financial.
- Promote healthy lifestyles such as eating a healthy diet, exercising regularly, and not smoking. **Promoting secondary prevention campaigns** through culturally competent and targeted education and public health campaigns.
- Provide **support to vulnerable groups**, such as people living in poverty, migrants and asylum seekers, people with disabilities, and people with mental health problems through a range of services and programs, such as social care and mental health services.

# Focus on what we know works

- Focus on increasing uptake of evidence based high impact interventions for the prevention and treatment of CVD, diabetes and respiratory disease
- **NHS England, OHID and NICE** have collaborated to produce a resource.
- This set out strongly evidence based preventative interventions which are likely to deliver an ROI in -3 years and have the greatest impact on reducing:
  1. Health inequalities
  2. Excess mortality
  3. Admission rates

## Modifiable Risk Factors

- Tobacco dependence identification and treatment in secondary care
- Weight Management services for people with diabetes and/or hypertension
- Alcohol Care Teams

## Respiratory

- Spirometry in diagnosis of asthma & COPD
- Inhaler and medicines optimisation
- Pulmonary Rehabilitation for COPD
- Personalised Asthma Action Plan for all Children and Young People with asthma

## Diabetes

- Structured Education
- NHS Diabetes Prevention Programme
- Delivery of 9 Diabetes care processes

## CVD

- Community Pharmacy Hypertension Case Finding
- Cholesterol search and risk stratification
- NHS Health Check
- Case finding and direct-acting oral anticoagulation (DOACs) to prevent atrial fibrillation (AF) related strokes
- Cardiac rehabilitation for patients post ACS and diagnosis of heart failure
- Optimisation of hypertension treatment
- Optimisation of Heart Failure treatment through annual reviews
- Optimising management post ACS, including lipid management



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# Innovations in our Programmes & Technology

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# Technological developments in public health

- Part of our leadership must be to embrace the ethical, appropriate, inclusive, and evidence-based use of new technologies.

Artificial  
Intelligence  
(AI)

Genomics

Informatics

Telehealth  
and  
Telemedicine

Virtual  
Reality

Health Apps  
& Digital  
Platforms

# Principles for implementing new technologies

- 1. Patient-Centred Care:** All new technologies should be designed and implemented with the primary goal of improving patient outcomes. This includes ensuring that technologies are accessible, affordable, and easy to use for patients from diverse backgrounds to avoid widening inequalities and improving access for those in greatest need.
- 2. Equity and Inclusion:** The benefits of new technologies should be distributed equitably across all populations, regardless of socioeconomic status, race, ethnicity, gender, or geographic location. This requires addressing digital divides and ensuring that marginalised communities have access to necessary resources and support.
- 3. Evidence-Based Practice:** The adoption of new technologies should be based on rigorous scientific evidence. Randomised controlled trials and other research methods should be used to evaluate the effectiveness and safety of new technologies before they are widely implemented.
- 4. Transparency and Accountability:** The development and implementation of new technologies should be transparent, with clear guidelines and regulations in place to ensure accountability. This includes disclosing potential conflicts of interest and ensuring that technologies are developed and tested ethically.

# Principles for implementing new technologies

- 5. Interoperability:** New technologies should be designed to be interoperable with existing healthcare systems and data standards. This will facilitate the seamless exchange of information and ensure that patients' data is protected and accessible.
- 6. Privacy and Security:** The privacy and security of patient data must be a top priority. Robust measures should be in place to protect patient information from unauthorized access and misuse.
- 7. Ethical Considerations:** The ethical implications of new technologies should be carefully considered, including issues such as informed consent, autonomy, and the potential for unintended consequences. Ethical frameworks should be developed to guide the development and implementation of new technologies.



# Artificial Intelligence & Public Health

## Revolutionising Disease Surveillance and Outbreak Response

AI can analyse vast amounts of data from various sources (social media, healthcare records) to detect disease outbreaks faster and more precisely.

## Personalised health interventions

By analysing an individual's health data and lifestyle habits, AI can be used to develop personalised health plans and behaviour change programmes.

## Precision Public Health

AI algorithms can identify individuals at high risk for specific diseases based on factors like genetics and lifestyles enabling targeted preventative measures and resource allocation.

## Empowering Individuals and Communities

AI-powered chatbots and virtual assistants can provide health information and support directly to individuals promoting self-management and empowering communities.

## Ethical Considerations

Public health must lead the discussions on responsible AI development, addressing issues like bias in algorithms, data privacy, and transparency in decision-making



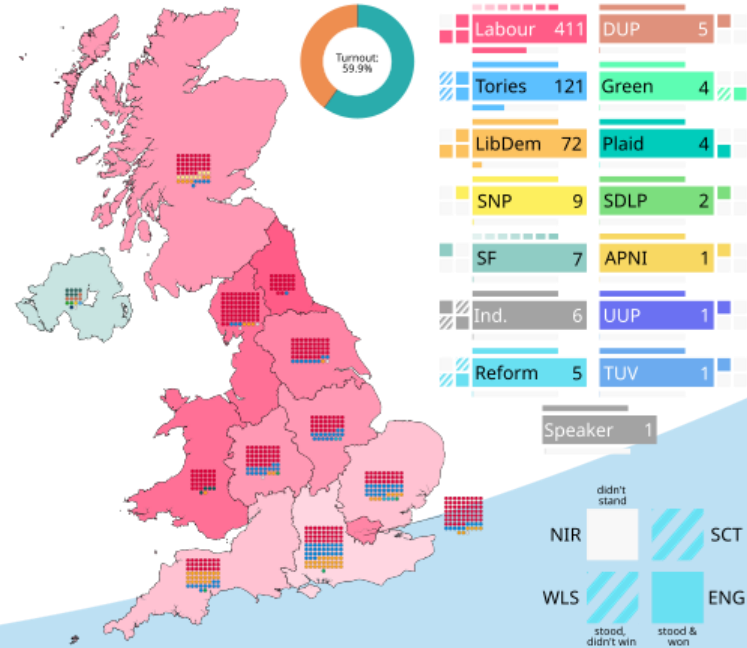
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# A New Government – Policy Opportunities

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# A mandate for change

- The new Government arrives in office at a critical time for our nation's health with a strong mandate for change.
- Manifesto pledges from the new Government reflect an understanding that we require a fundamental strengthening of our public health and wider health and care systems.
- Government must be held to account on these pledges, and pushed to go further, faster.





# Four priority areas and 14 domains for action

## **Promote policies and programmes that support people and communities to attain optimal health and wellbeing**

1. Creating a smoke-free generation
2. Reducing alcohol-related harm
3. Reducing drug dependence
4. Supporting a healthy, sustainable diet and physical activity across the life-course
5. Building a healthy workforce
6. Tackling health inequalities and their drivers

## **Tackle poverty to ensure everyone has the chance to live a long and healthy life**

7. Addressing poverty and the cost-of-living crisis
8. Giving children the best start in life
9. Addressing the root causes of economic inactivity

## **Protect the nation from infectious diseases and prepare for health threats and emergencies**

10. Taking action against climate-related health harm
11. Building health protection and pandemic preparedness

## **Increase investment in public health and prevention**

12. Investing in the specialist public health workforce
13. Enhancing public health through fair funding of local services
14. Delivering population-level interventions and policies

# Get involved with the work of the Faculty

- There are so many different ways to get involved with the work of the Faculty – each a valuable contribution to your own professional development and to the PH Specialty



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