



England

# Reflections on one year in post and looking ahead

West Midlands Public Health Alliance Conference

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# Introduction

- Reflections on a career in public health
- Overview of Public Health in NHS England
- Improving population health outcomes
- Enduring Public Health Challenges
- Opportunities
- Supporting the Profession
- Building a Culture of Innovation in Public Health

# Reflections on a career in public health



*"Start by doing what is necessary, then what is possible, and suddenly you are doing the impossible."*

~ Francis of Assisi



# Overview of Public Health in NHS England



# National Public Health Team in NHS England

## Purpose...

Our purpose is to provide national public health leadership across NHSE and the wider system with the aim of improving and protecting the health of the population, reducing inequalities and supporting longer healthy life expectancy

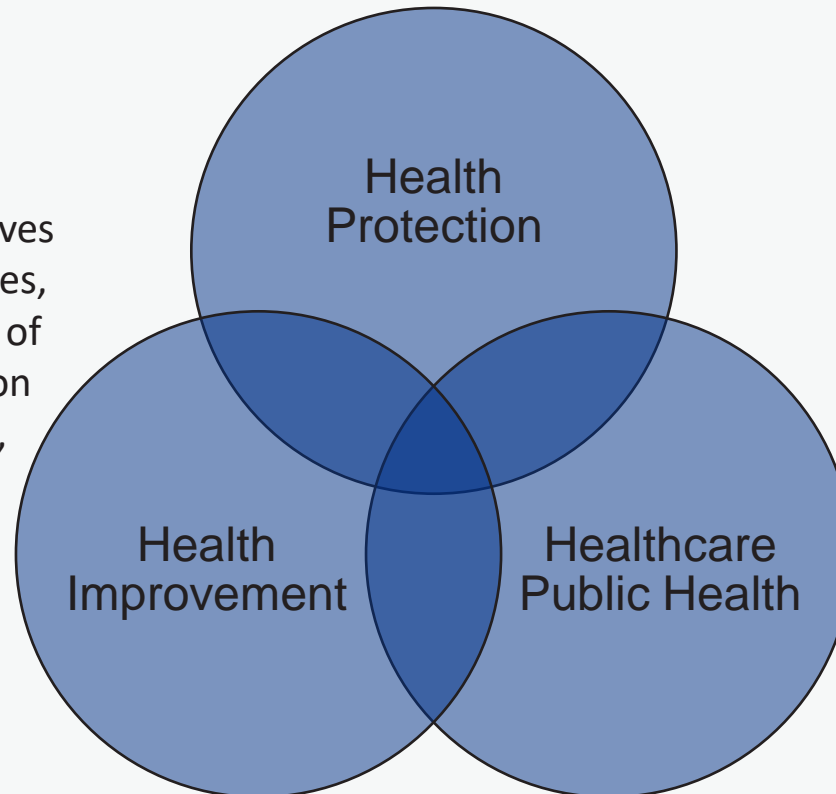
## How...

System public health leadership, public health technical advice, professional standards and workforce development

# Three domains of public health

**Health Protection** professionals work to protect the population from health threats, emergencies, and disasters. They develop emergency response plans, coordinate preparedness efforts, and provide guidance on managing public health emergencies such as infectious disease outbreaks, natural disasters, or chemical incidents.

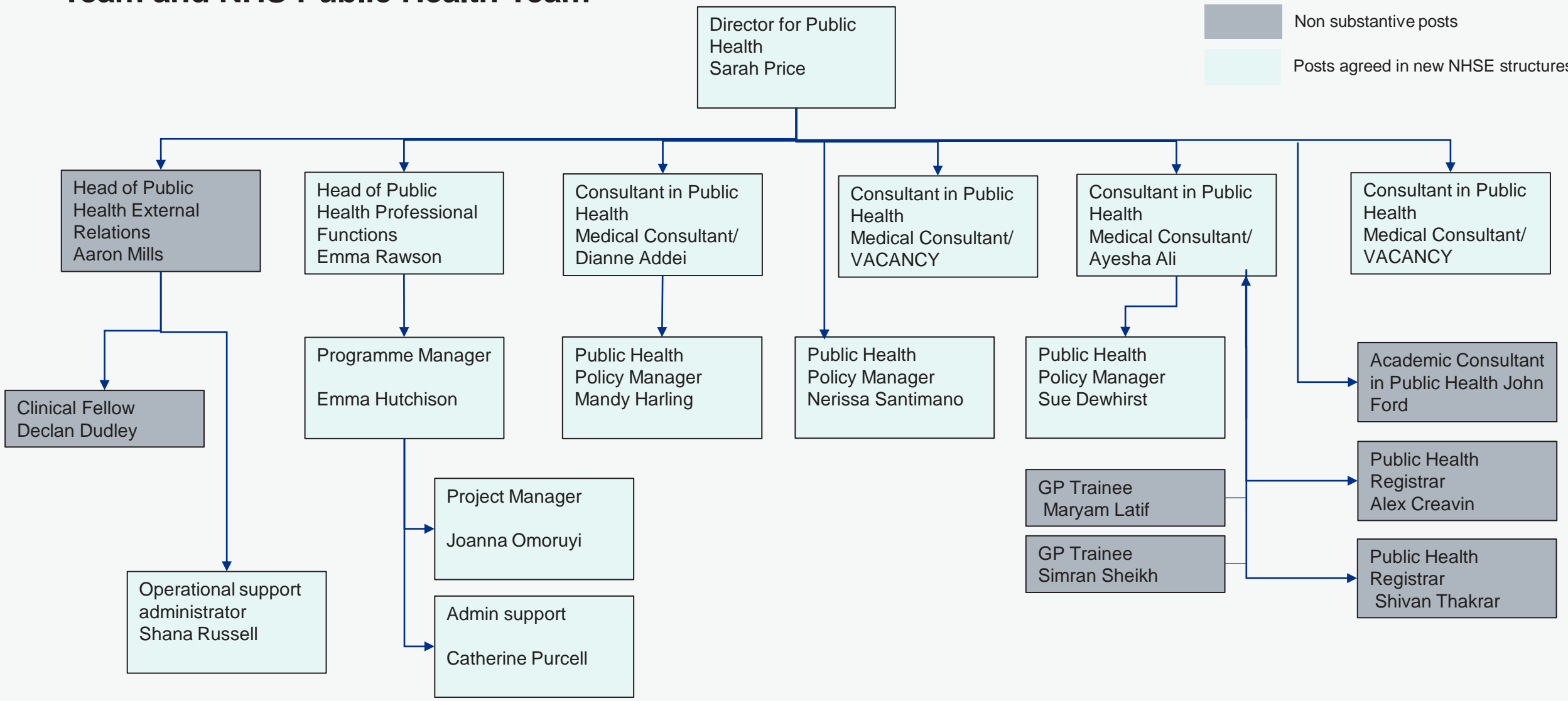
**Health Improvement** Public health professionals develop and implement health promotion campaigns and initiatives to raise awareness about healthy lifestyles, disease prevention, and the importance of vaccinations. They promote awareness on topics such as nutrition, physical activity, sexual health, and substance use.



**Healthcare public health** improves public health by ensuring health services are of consistently high quality and especially that they are evidence-informed and value-based, and address issues of effectiveness, efficiency and equity.

# From 1 March 2024: NHS Director for Public Health, NHS Public Health Professional Functions Team and NHS Public Health Team

Non substantive posts  
 Posts agreed in new NHSE structures



# Public Health | clear differentiation of roles in line with the operating framework

## NATIONAL

Our purpose is to provide national public health leadership across NHSE and the wider system with the aim of improving and protecting the health of the population, reducing inequalities and supporting longer healthy life expectancy.

- **Provide system public health leadership:** knowledge and intelligence function.
- **Provision of public health specialist advice to standing capabilities and NHS programmes** in the areas: specialised and highly specialised commissioning, inequalities improvement, infection management, prevention, frailty, population health management, screening and imms etc
- **Manage key relationships with senior stakeholders:** OHID, NICE, Royal Colleges, ADPH, NIHR, NHS PH professional and delivery network.
- **Head of Profession** for a range of public health consultants and practitioners
- **Public health professional standards:** appraisals, professional training, revalidation, quality assurance.
- **Workforce public health development:** capacity development, practitioner development, staff support offer.

## REGION

NHSE has a duty to “obtain advice from individuals who collectively have a broad range of professional expertise, so as to enable it to effectively discharge its functions”. **We provide specialist public health leadership and advice:**

- **Leadership for population health** – including leadership of prevention and health inequalities programmes. Translating national public health policy into local circumstances and bringing local issues and perspectives onto the national radar
- RDPH enables collaboration between NHSE, OHID and UKHSA to support NHSE and systems
- Collaboration with DsPH and ADPH at LA, system and regional level
- **Improvement** – work across region with ICSs to support public health outcomes (Inc. inequalities & prevention)
- **Healthcare public health:** maximising the population benefits of healthcare and meeting the population need
- **Provide public health intelligence to:**
  - Drive improvement programmes
  - Advise EPRR
  - Steer health and justice, dental & specialised commissioning
- **Provide public health input to assurance and oversight of systems**
- **Ensure professional links with screening and immunisation**

## SYSTEM

The four core purposes of ICBs are public health functions. Local authority directors of public health (DsPH) have a statutory duty to provide public health leadership and advice to an ICBs via the ‘core offer’.

- Understand local **population dynamics and data**
- Adopt an ‘all hazards’ approach to resilience and **health protection** to ensure systems can respond quickly and efficiently to all health threats
- **Work closely with partners in the ICS** to support effective health systems, multi-sectoral planning, and financing of population health
- Advance public health research
- **Deliver preventive programmes** to address non-communicable diseases
- Consider NHS’s contribution to wider determinants of health and work with partners to address them
- **Support community engagement and social mobilisation** for health and wellbeing
- **Support and integrate public health workforce**
- **Ensure equitable access** to high quality health care




# Public Health Seven Priorities

1. Prevention and health improvement
2. Reducing health inequalities
3. Public health professional functions
4. Improving efficiency and efficacy and value through population healthcare
5. Health protection
6. Sustainability across the NHS
7. Public health research and creation of evidence

## Framework & Approach

Framework to inform our work at national level	Data	The team will promote the access to and use of data and intelligence to assess population health burdens and trends, considering social determinants and health inequalities.						
	Evidence	The team will develop a programme of work based on robust evidence of impact and deliverability, drawing on local innovation and ensuring alignment with system priorities and national strategies such as the Major Conditions Strategy and the Long-Term Plan, underpinning a health in all policies approach.						
	Life Course Approach	Where possible the team will consider promoting or restoring health and wellbeing through a life course approach rather than a single disease-oriented approach at a single life stage.						
	Engagement	The team will develop strategic partnerships with stakeholders, including healthcare professionals, Government Departments, local government, ICBs and the Faculty of Public Health to influence, gain insights, facilitate collaboration, and promote innovation.						
	Resources	The team will engage with key decision makers within NHS England and DHSC in relation to the distribution of and access to funding relating to public health interventions and programmes to ensure efficient use of funding for the best possible public health impact.						
	Evaluation	The team will establish robust monitoring and evaluation processes to track progress, which link closely with the new structures of NHS England. For example, the Quality and Performance Committee and the Public and Population Health Executive Group.						
		Prevention & Health Improvement	Reducing health inequalities	Health protection	Improving efficiency and efficacy and value through population healthcare	Sustainability across the NHS	Public health professional functions	Public health research and creation of evidence
<b>Potential subject areas for delivery</b>								



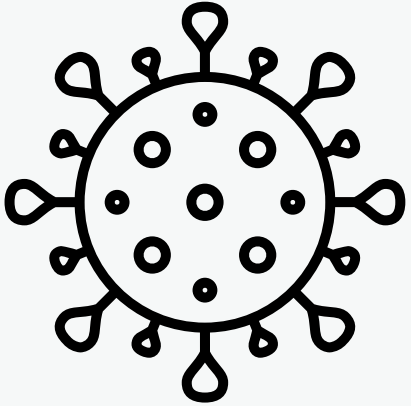
# Improving population health outcomes



# Public & Population Health Executive Group

- PPHEG will function as an advisory body to the Executive, offering expert advice and recommendations on matters relating to population health and the improvement of public health outcomes.
- The Group will be chaired by the National Medical Director. In the absence of the nominated Chair, the NHS England Director for Public Health will chair the meeting.
- **Key Duties of the PPHEG**
  - Consider the breadth of population health at national, regional and system level, identifying trends and patterns in focus and outcomes.
  - Provide a forum to consider issues and opportunities arising from population health management, including priorities for systematic research and evaluation
  - Support Integrated Care Boards (ICBs) in their role to improve population health
  - Support the systematic provision of the public health advice to ICBs
  - Support ICBs and place based organisations to develop the case for investment in prevention and early intervention.

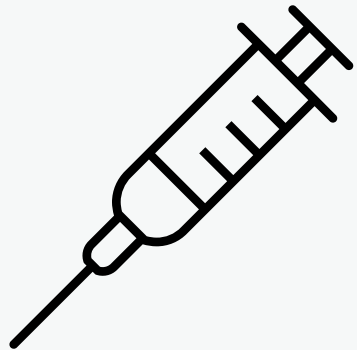
# Strengthening the NHS's role in Health Protection



## Pandemic preparedness

- Update to pandemic prep plan
- Rewrite of respiratory response plan
- Chapter on safe and scalable care
- Strengthening relationships with EPRR

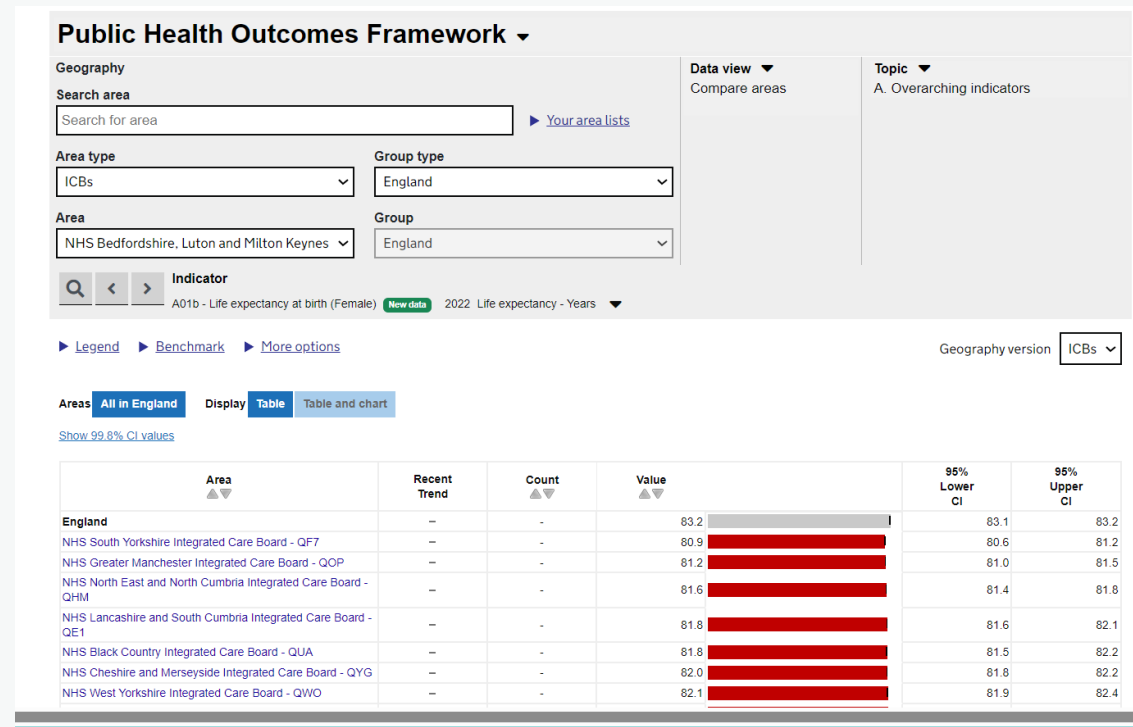
## Outbreak Management



- Working with UKHSA to update to [2014 guidance](#)
- Working across NHSE to gain consensus on approach
- Clarifying roles and responsibilities
- Exploring models of service delivery
- Developing commissioning guidance for ICBs

# Improving access to public health data

- Working with colleagues in in OHID to publish public health profiles for ICBs
- Supporting Fingertips transformation programme with NHS England's needs in mind



# Strengthening the role of public health in ICBs

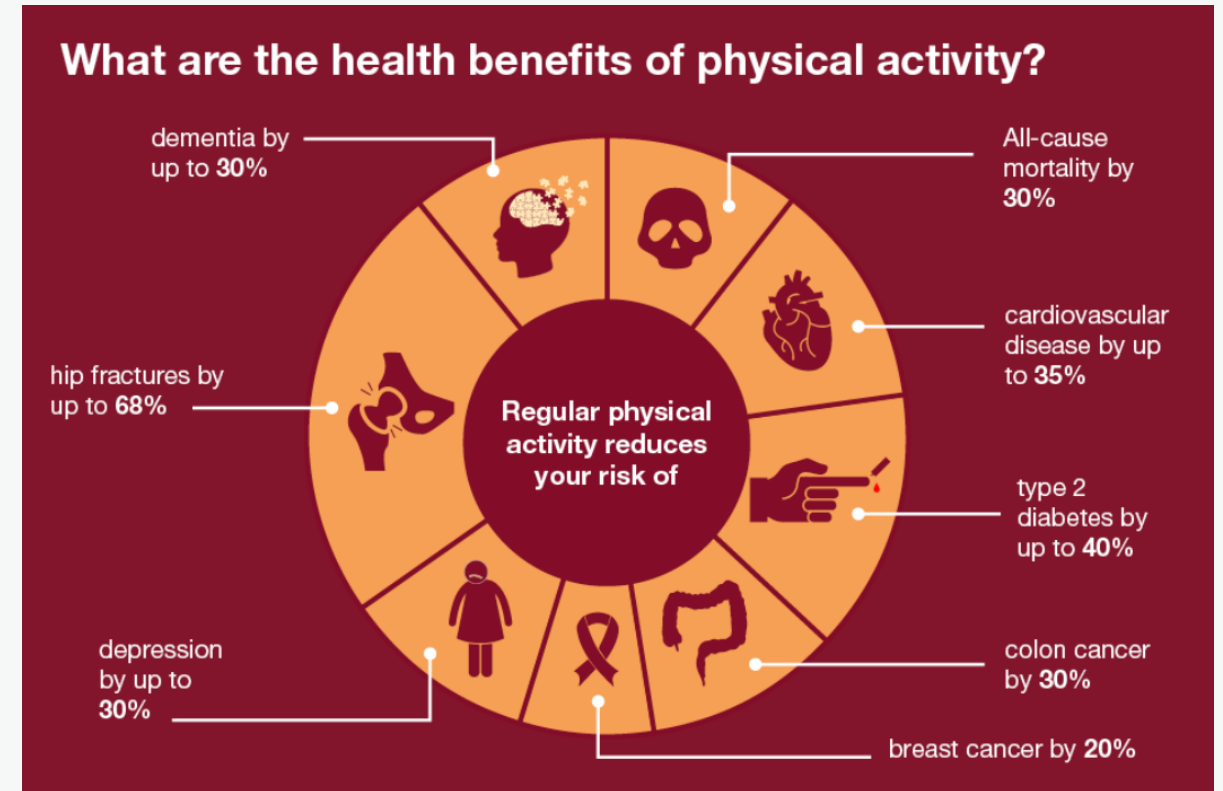
1. Know your population
2. Adopt an all-hazards approach to resilience, play your role in protecting your population
3. Be aware of public health law, governance and regulations
4. Understand the role of the ICS in supporting effective and efficient health systems and multi-sectoral planning and financing of population health
5. Advance public health research
6. Promote the prevention and early detection of non-communicable and communicable diseases
7. Engage the ICS contribution to the wider determinants of health
8. Support community engagement and social mobilisation for health and wellbeing
9. Support your public health workforce
10. Ensure equitable access to high quality health care



# NHS Position statement on Physical Activity

## Purpose:

- To provide a clear, consistent narrative and reference document for the NHS, health and care systems and their partner organisations on the importance of the contribution of physical activity to the NHS
- To galvanise support to make physical activity a core part of NHS care, which will benefit patients, NHS staff and society.
- To underline the importance of a life-course approach to physical activity for maintaining and improving the healthy-life expectancy of the whole population in England to enable people to live healthier, independent lives for longer
- To ensure that people with health conditions and those from under-served communities receive physical activity support in accordance with clinical guidance.



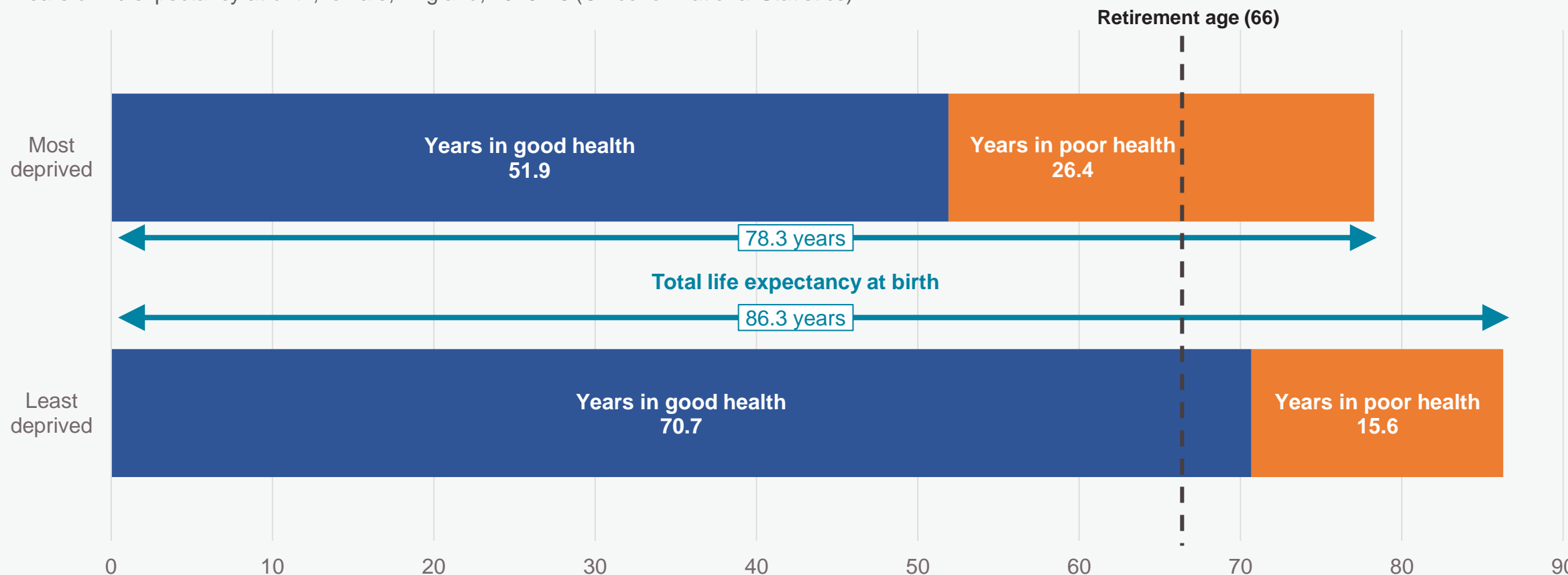


# Enduring Public Health Challenges

# Those living in the least deprived areas live around a decade longer, and have around two decades more time in good health

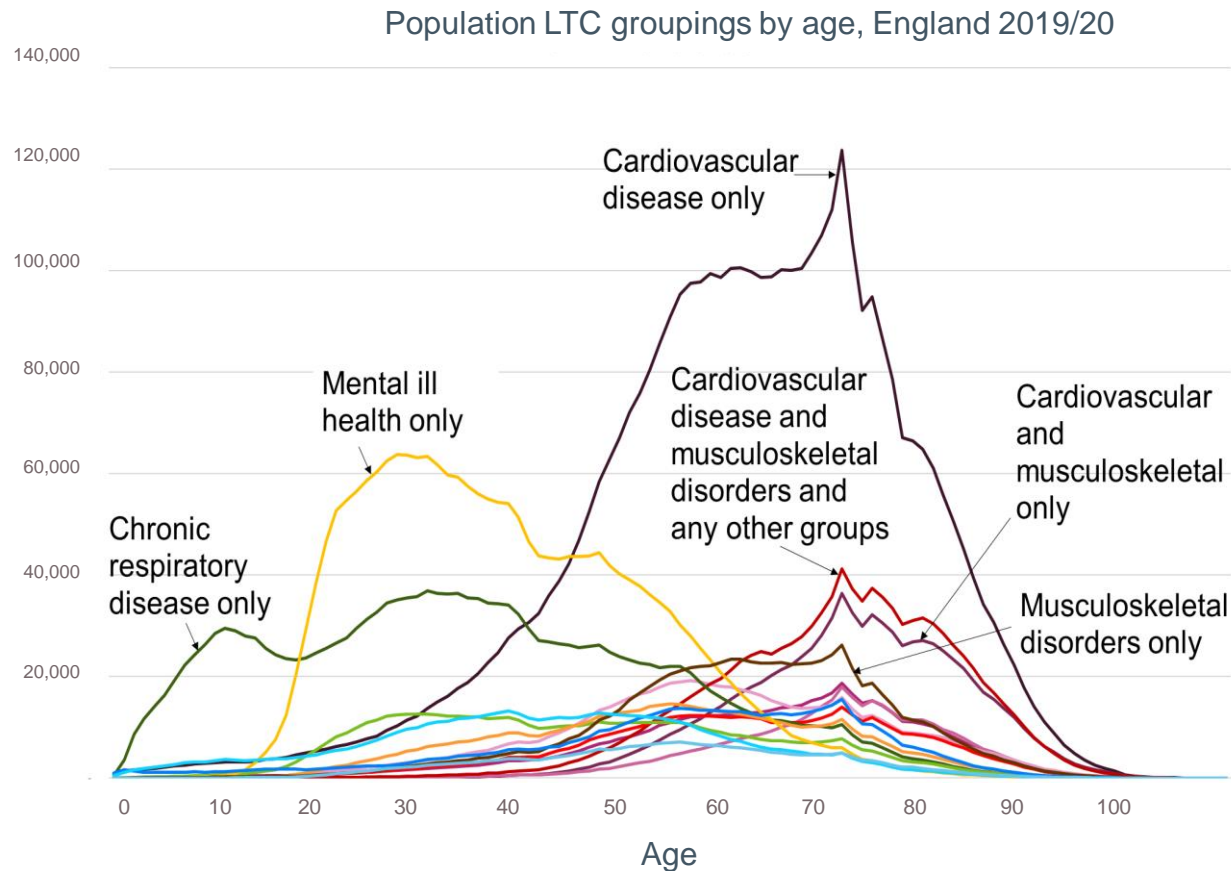
The orange bars are ultimately what drive NHS costs. For those living in the most deprived areas, the onset of illness begins during working years, around 14 years before retirement.

Years of life expectancy at birth, female, England, 2016-18 (Office for National Statistics)



Source: ONS, Health state life expectancies by national deprivation deciles, England: 2018-2020

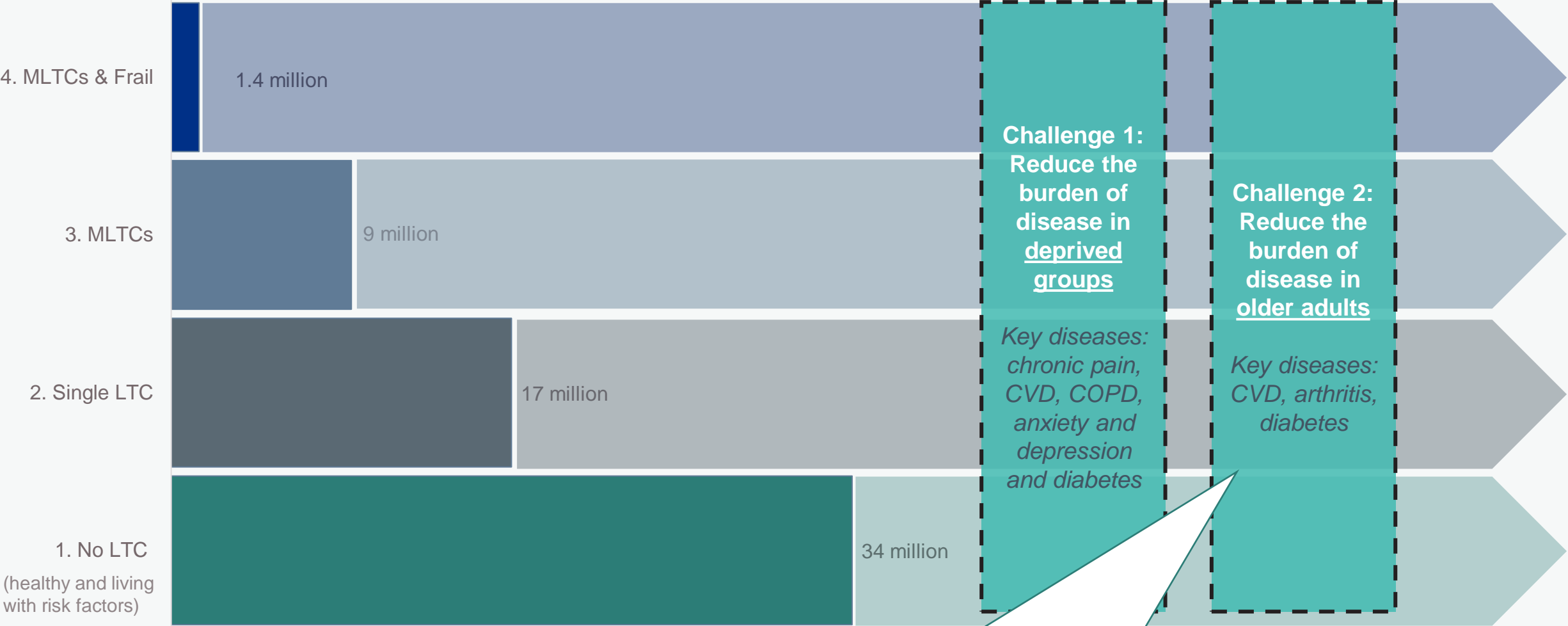
# Population groups with LTCs have different age distributions



The age distribution for most LTC groupings show numbers increasing with age until around 70 years – although *Mental ill health only* and *Chronic respiratory disease only*, have a younger age profile, with a large proportion of people of working age

*Cardiovascular disease only* and *Musculoskeletal disorders only*, and combinations of these two with other groups, also have large numbers of people of working age.

# Our challenge is (i) to reduce morbidity and mortality in working age - particularly in more deprived groups, and (ii) reduce the burden of disease in older adults



There are shared prevention objectives between deprived and older groups, while strategies needed to achieve these aims will differ

# Communicable disease still poses a threat



## UK Covid-19 Inquiry

### Module 1:

### The resilience and preparedness of the United Kingdom

A report by The Rt Hon the Baroness Hallett DBE  
Chair of the UK Covid-19 Inquiry

July 2024

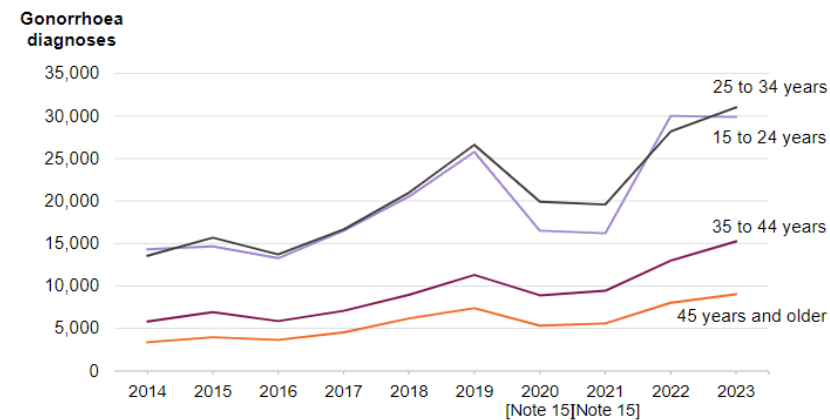
HC 18

## Mpox cases 'highly likely' to rise in Europe, health chiefs warn

Bavarian Nordic, which supplies Imvanex injections to the NHS, is seeking approval to offer the drug to children after global emergency declared



Figure 6. Number of gonorrhoea diagnoses by age group, 2014 to 2023



Source: Data from routine returns to the GUMCAD STI Surveillance System ([Table 2 of the accompanying data tables](#)).



# Opportunities

# The Darzi Review suggests a change in approach is needed

## Independent Investigation of the National Health Service in England

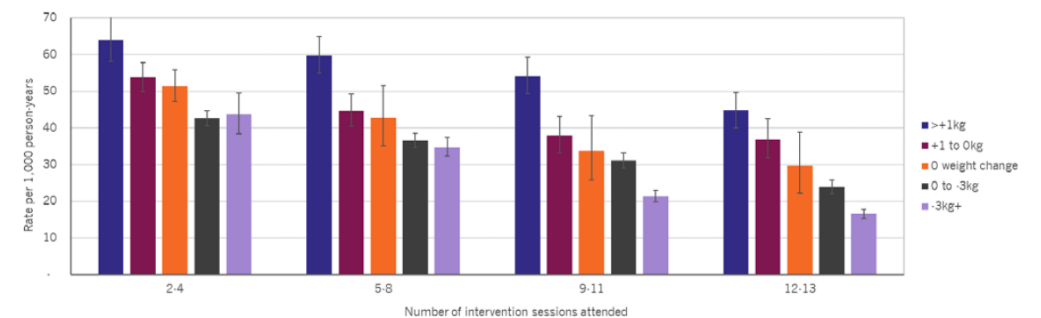
The Rt Hon. Professor the Lord Darzi of Denham OM KBE FRS FMedSci HonFREng

September 2024

“It is apparent that where bold action has been taken, health has improved”

“Everybody knows that prevention is better than cure”

Figure III.7.6: Incidence of type 2 diabetes between April 2018 and March 2023 for individuals referred to the NHS DPP





# Prevention in Context


- Acute pressures
- Government commitment to addressing this
  - 40k appointments


BUT

- Need approach for long-term health

# Themes of the 10 Year Plan

 Re-engage staff and re-empower patients

 Lock in the shift of care closer to home- flow into community services

 Simplify and innovate care delivery- embrace MDT models of care

 Drive productivity in hospitals- better operational management

 Tilt towards technology- unlock productivity outside hospitals

 Contribute to the nation's prosperity- supports more ppl of waiting lists and back into work

 Reform to make the structure deliver- clarify roles and accountabilities

Public health has a key part  
to play in all themes



# Supporting the Profession

# Public Health Professional Functions

- Oversight of the **statutory public health professional function** and a Public Health Professional Standards function in NHSE.
- Oversight of the **professional appraisals and revalidation** programme for public health professional specialists working across NHS England, (and ICBs where there is no function currently).
- **Speciality Training Placements** – Offering high quality training placements for registrars and other PH trainees and sustain training placements in NHSE by working with the Faculty of Public Health and Royal Colleges.
- Deliver the implementation of the Long-Term Workforce Plan (LTWP) for Public Health in the NHS working with NHSE WT&E Directorate. Workforce development with DHSC on the Future of Public Health.
- **Management of the Public Health in the NHS Professional Network** – A network to bring together professionals, trained specialists and those working within public health focused roles within the NHS to support the development of the public health function and support the development of key policy areas:
  - **Tobacco - pathway integration**
  - **Data and analytical capability in ICBs**
  - **Obesity pathway and food policy**

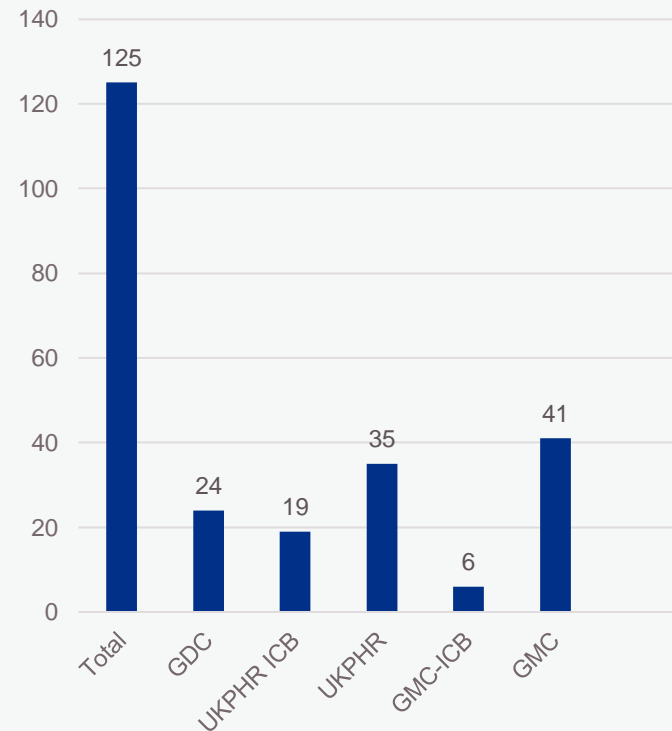
# Appraisal and revalidation breakdown

43 appraisers support the appraisal of c.125 appraisees

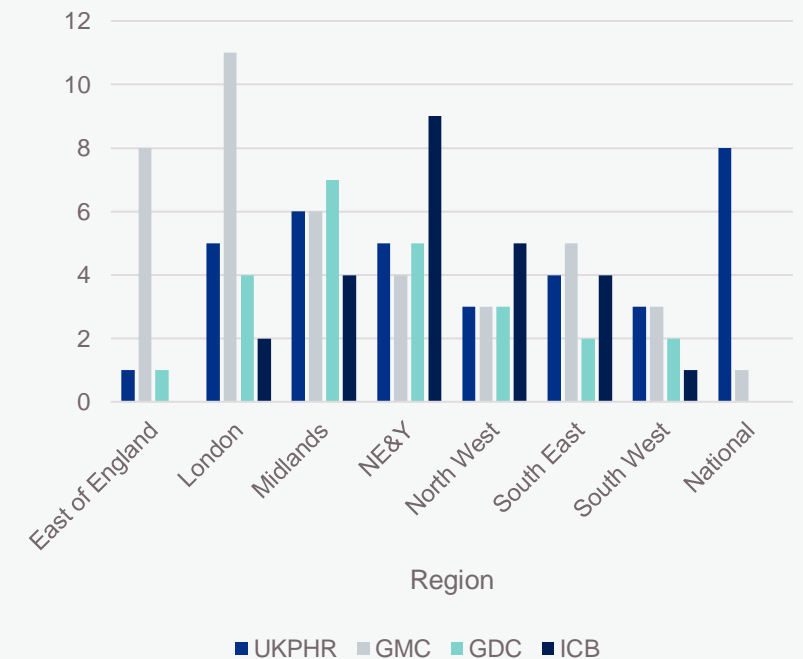
Graph 1 Illustrates the distribution of Public Health Specialists according to their respective registrations

Graph 2 Illustrates the distribution of Public Health Specialists employed by NHSE and ICBs based on their respective registrations and regions

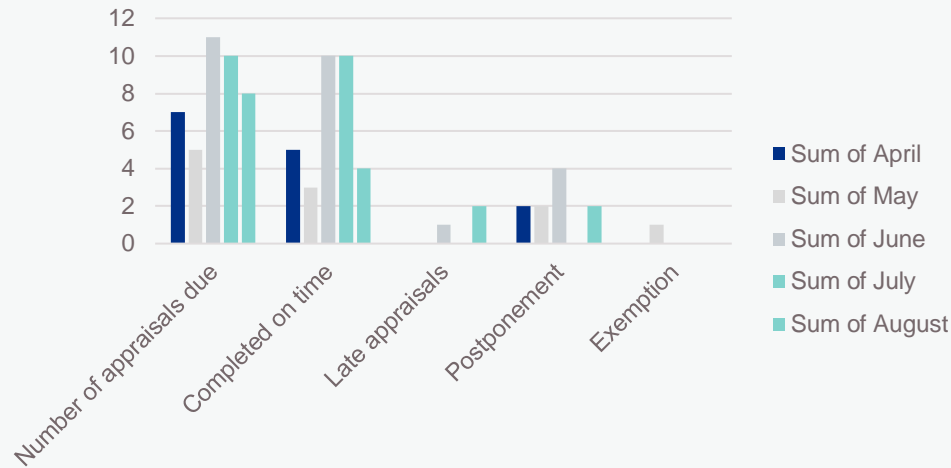
**Graph 1. PH specialists by registration**



**Graph 2. PH specialists by registration and region**



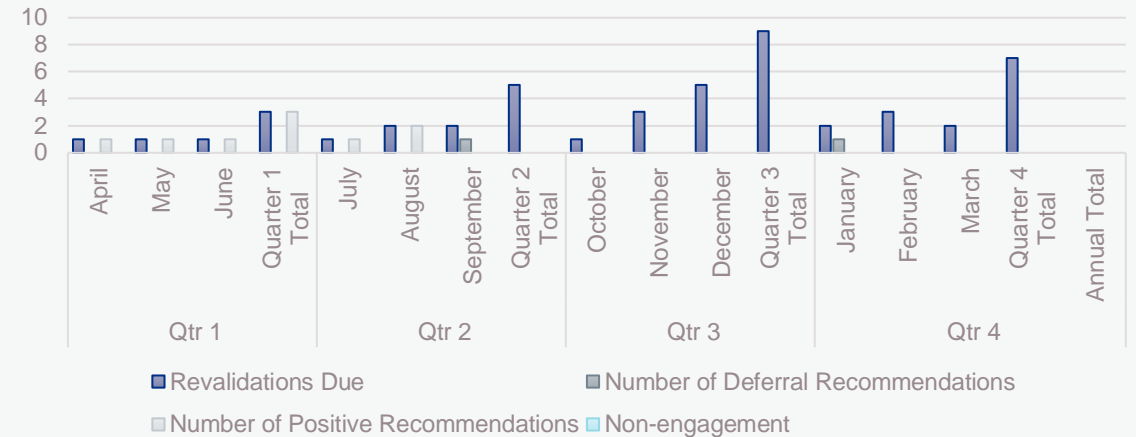
# Appraisal and revalidation breakdown



Graph 1 illustrates the breakdown of appraisals due and completed between April and August 2024

- **41** appraisals were due between April and August 2024
  - **78%** of appraisals have been completed on time
  - **7%** of appraisals have been completed outside of proposed appraisal
  - **2%** appraisals have been postponed
  - There was one appraisal exemption of appraisal within this period
- **24** more appraisals have been completed in appraisal year 2023/24

Revalidation overview



Graph 2 illustrates the number of revalidations completed between April and August 2024, as well as those due during the remainder of the 2024/25 appraisal year

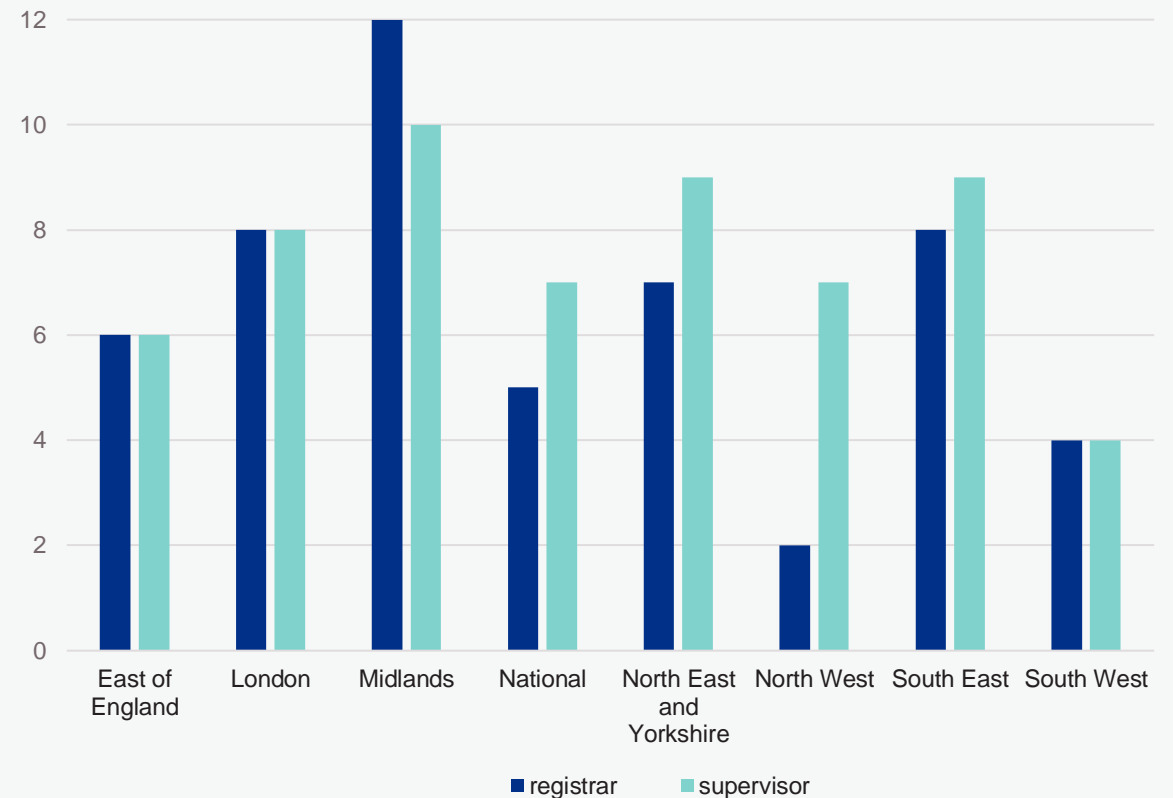
- **2 UKPHR** revalidations were submitted to RO for consideration and resulted in positive recommendation
- **4 GMC** revalidations were submitted to the appropriate regional RO for consideration, and all resulted in positive recommendations.

# Public Health Specialty Training Placements

Public health training is organised regionally by NHSE WT&E across thirteen Deaneries. This is usually a five year full time equivalent programme, or four years for those who already have a Masters in Public Health. Public Health Registrars are part of a regional training programme and rotate to different training locations based on need and personal preference.

NHS England provides training placements that meet the educational needs of registrars and supports them with the infrastructure to undertake their placements. NHS England also employs, supports and develops the Educational, Clinical and Project Supervisors who oversee the training and placement delivery.

Number of registrars (52) & supervisors (60) by region





# Building a Culture of Innovation in Public Health

# Building a Culture of Innovation

- Embracing innovation, emphasising the need for a mindset shift that sees innovation as essential to resilience, not optional.
- Continue to invest in research, technology, and workforce training to keep pace with future challenges and uncertainties.
- Public health is well placed to advocate for the step change outlined in the Darzi review.

Treatment to Prevention

Analogue to Digital

Hospital to Community

# Conclusion



- The public health function in NHS England is relatively new and still evolving
- There is a clear challenge to improve the health of the population
- We need to use the structures we have to best effect in order to address these challenges
- The NHS has an important role to play in delivering a step change in healthy life expectancy and reducing the health inequalities experienced by our citizens
- The Darzi Review makes a compelling case for change and will provide opportunities for public health
- Embracing innovation, emphasising the need for a mindset shift that sees innovation as essential to resilience, not optional.