

Association of Directors of Public Health (UK)

Annual Conference - Tuesday 15th May 2007

New Connaught Rooms, 61-65 Great Queen Street, Covent Garden, London

Introduction

The theme of the Annual conference was to explore the political and advocacy role of Directors of Public Health. Sixty-eight delegates attended the conference.

ADPH President Tim Crayford chaired the conference, and opened by welcoming all those present, in this the 151st year of the ADPH. The past year had been eventful for the ADPH, and the Association had taken a step forward by establishing dedicated policy and administrative support for its work, and was developing work in alliance with the Faculty of Public Health and Royal Institute of Public Health and other Public Health organisations.

The President focused on a new initiative to support new and improved cycling routes and supporting legislation, which should promote cycling – particularly urban cycling – and contribute to a reduction in the rising levels of obesity in the UK.

Tim Crayford went on to introduce and welcome speakers from the Association of Directors of Adult Social Services, Association of Directors of Children's Services, and Department of Health, who would be focusing on the triumvirate for Public Health and well-being.

Session 1: *The triumvirate for health and well-being*

Anne Williams, President of the Association of Directors of Adult Social Services

Working together for adult health: Anne set out the aims of the newly formed ADASS, and highlighted the importance of Directors of Adult Social Services and Directors of Public Health working together – as key commissioners of public services. Anne went on to suggest initiatives through which joint working could be achieved, including:

- Joint posts and a shared agenda
- Lead Members for Health
- Joint Strategic Health and Social Care Needs Assessment
- Shared research and intelligence
- Joint commissioning and provision of a wide range of services
- Use of local organisations/employees as exemplars and ambassadors

Mechanisms that could support joint working included: LAAs neighbourhood management; devolved budgets and decision making; integrated neighbourhood teams; voluntary /community sectors; integrated health & social care plans; and a culture of recovery and re-ablement.

Peter Seller, Association of Directors of Children's Services

Working together for children's health: Peter reviewed current issues for children's health and highlighted key issues of poverty, inequalities, wellbeing, education and obesity. Challenges, competing priorities for resources and potential risks such as the end to specific funding regimes (eg Surestart) were explored. Peter went on to highlight strategic developments and in particular those focusing on integration and joint developments between partner organisations. The potential role for a Joint Director of Public Health in supporting services for children was discussed, and a model for a Children's Trust was illustrated. In conclusion, Peter highlighted the benefits of

working together for children's health, which included: joint accountability; integrated processes; a focus on joint outcomes; and improved outcomes.

George Leahy, Head of Public Health Development, Department of Health

The role of the Director of Public Health and Joint Strategic Needs Assessment: George presented information on the new Commissioning Framework and Joint Strategic Needs Assessment (JSNA). Potential challenges for Directors of Public Health were explored, as was the support available to DsPH. The Commissioning Framework had been launched in March 2007 and consultation would end on 29th May. This was a key development in the system reform agenda, with a focus on promoting health and wellbeing, including the prevention of ill-health. The framework strengthened the focus on commissioning for outcomes to reduce inequalities, emphasised the importance of strong partnerships, and recognised the potential role of the third sector. The Joint Strategic Needs Assessment was a key building block of the commissioning process, and the role of the JSNA within the commissioning cycle was illustrated.

Question & Answer Panel

Following the presentations, there followed a Panel question & answer session. In discussion, the following points were raised:

- A joint conference was suggested between the ADPH, ADASS and ADCS. This was welcomed as a good idea for the future and a positive step in building relationships.
- The positive approach to Public Health issues, as demonstrated by the speakers, was welcomed, but concern expressed on how DsPH could really influence decision-making. It was confirmed that Directors of Adult and Children's services were key allies in influencing the local government political agenda and working with the democratic governance structures. Joint development of wellbeing strategies was a good example. Also, the move to Children's Trusts would see Boards combining representatives from LAs and health.
- It was commented that the Commissioning for health and wellbeing framework needed to be supported by activity at the centre as well as locally – a consensus approach amongst all political parties was needed. It was acknowledged that there would be challenges – for example in achieving shared language and understanding across all organisations and sharing information. The DH was keen to know how it could support Directors of Public Health, Adult & Children Services – and comments would be very welcome. Examples were cited of an invest to save approach – with Public Health demonstrating and presenting evidence to influence local authority decision-making. This type of initiative could be supported with good evidence and advocacy tools provided centrally by the DH, Faculty, etc. Work in Wales on a joint needs assessment would have been helped by a national template that could have supported understanding of differences between health and local authorities.

The President thanked the Panel, and the conference continued with a session on alcohol.

Session 2: David Poley, Chief Executive, The Portman Group

Tackling alcohol related health problems: David set out the role of the Portman Group and confronted the differences between their approach and that of public health. DsPH would favour a population approach through reducing overall consumption and availability and increasing taxes. The Portman Group felt that misuse was the problem and the solution was a change in culture through education. Their Code of Practice on Responsible Marketing was described. Information the new Drinkaware Trust was presented, which included the launch of a new website drinkaware.co.uk. This had emerged from a Alcohol Harm Reduction Strategy in 2004, and its main aim was public education on responsible use of alcohol. DsPH were encouraged to use the Trust for accessing a range of free health promotion resources; plus there was the potential for grant funding to support local activity. In conclusion, it was emphasised that The Portman Group would welcome DsPH views on what more the industry should be doing to tackle alcohol related health problems.

A question was raised on how the industry could overcome confusion over current health advice relating to units of alcohol – which was not easily understood by the public. David highlighted that there was information on this via the website, but that discussions were also underway with the Department of Health and an announcement on this was imminent.

Discussion Groups

Delegates worked in discussion groups to develop their thinking on: actions on alcohol and the Commissioning Framework for Health and Wellbeing. The outcomes from these groups have been collated and will be available via the ADPH website.

Session 3: Gerard Hastings, Director, Institute for Social Marketing, University of Sterling

Social marketing for health: Gerard highlighted significant health inequalities that still exist within the UK and explored some of the reasons for this. National leadership of health promotion had not been strong, and new ideas were needed to influence key health behaviours such as alcohol consumption, poor diet and smoking. Lessons could be learnt from the way in which the associated industries marketed their products and branded them. In health promotion, it was vital to understand people, their lives and their behaviour – addressing people as individuals as well as understanding their social context. Social Marketing was defined as being concerned with the application of marketing knowledge, concepts, and techniques to enhance social as well as economic ends; and also concerned with the analysis of the social consequences of marketing policies, decisions and activities. Success in this approach had been demonstrated in such areas as nutrition and substance misuse – but much more needed to be done to reduce health inequalities.

In discussion, it was agreed that social marketing should be a key part of behaviour change and politicians needed to be encouraged to invest. The NHS should work with charities, social enterprise and the public to move this forward. An example was given of a change in approach using the Roy Castle Foundation to provide smoking cessation services that massively increased throughput.

A key message was that people were not 'wrong' and that we should not be so 'expert'!

Discussion Groups

Delegates worked in groups to discuss social marketing. The outcomes from these groups have been collated and will be available via the ADPH website.

2007 ADPH Annual Report Competition

Nicola Close presented the results of the 2007 Annual Report Competition. Thirty-two entries had been received, most of which had been of very high quality and generally emphasising joint working and tackling health inequalities. Congratulations went to the winning PCTs.

The two runners up were: Leeds PCT and Suffolk PCT. Third place had gone to Hull PCT; second place to Portsmouth City Teaching PCT; and the winner was Sheffield PCT. Awards would be presented in June at the Faculty Annual Conference.

Close of Annual Conference

The President Tim Crayford thanked speakers, participants and organisers for a very valuable and informative conference. The Annual General Meeting would follow at the close of the conference, and after this, DsPH would join MPs at Westminster for an ADPH parliamentary reception.