



Association of *Directors of Public Health (UK)*

ADPH Annual Conference 2012

Shared problems – joint solutions: Directors of Public Health working across systems

Tuesday 15th May 2012

09.45 – 16.15

Victory Services Club, Seymour Street, London W2 2HF

Conference summary

The ADPH Annual Conference 2012 considered 'Shared problems – joint solutions: Directors of Public Health working across systems – with particular reference to learning between the UK countries and building relationships within the new public health system in England.

Specific objectives were to:

- share learning and experience between UK countries;
- explore with Solace and Local Authority Chief Executives the role of the Director of Public Health within Local Government; and
- to build relationships within the public health system in England.

The programme included presentations from a number of key speakers plus panel discussions sparked by questions from delegates. The day also provided a forum for networking and discussion opportunities for leaders in Public Health from across the United Kingdom.

Diana Grice ADPH Vice-President and Janet Atherton, ADPH President, chaired the conference.

Sixty nine delegates participated in the conference.

The conference programme included presentations from a number of key speakers followed by panel and delegate discussions on the following themes:

- **Learning across the UK** - with presentations from Tony Jewell, Chief Medical Officer Wales and Paul Darragh, Consultant in Public Health, Northern Ireland Public Health Agency.
- **Connecting with purpose** – Janet Atherton, ADPH President
- **Reflecting on Public Health in Local Government** – Panel: George Pollock, former Medical Officer of Health; John Middleton, Director of Public Health Sandwell and Vice President, FPH.
- **The new vision for Public Health in Local Government** – with presentations from Chris Bull, Chief Executive, Herefordshire Public Services and David White, Chief Executive, Norfolk County Council.

- **Building relationships in the new Public Health system: Public Health England** - delegates heard from and had early discussions with Duncan Selbie, Chief Executive Designate, Public Health England.

Presentations from the conference are available on the ADPH website at: <http://www.adph.org.uk>

Introduction

ADPH Vice President Diana Grice opened the conference by welcoming members and guests. Frank Atherton, whose term as ADPH President would end at the close of the 2012 AGM, was unable to attend as he had recently taken up a new public health post in Nova Scotia, and had sent his apologies and best wishes to members at the conference. President elect Janet Atherton would take up her new role at the close of the AGM and would chair the afternoon of the conference.

Session 1: Learning across the UK

Tony Jewell (Chief Medical Officer Wales) and Paul Darragh (Consultant in Public Health, Northern Ireland Public Health Agency) reflected on the public health systems in Wales and Northern Ireland, highlighting those elements that worked well and had produced successful outcomes, and areas where improvements were still needed.

Key points highlighted were:

- Public health is about the short, mid and long term – how do you get policy makers to stay the course
- Cultures in Public Health need to change - not everyone with resources/authority recognise the benefit of specialist advice – to achieve change PH needs to work better with others
- Advocacy – is as important as ever
- Success factors include:
 - To know where need exists by having good information and intelligence;
 - An effective strategic framework;
 - Practice in the three domains of Public Health;
 - A unified Public Health system;
 - Government commitment and leadership.

Session 2:

Connecting with purpose – Janet Atherton, ADPH President Elect

Janet opened by paying tribute to the work of Frank Atherton as ADPH President. He had achieved a great deal on behalf of ADPH and its members, particularly in representing DsPH during the significant consultations on system reform in England. On behalf of members, Janet thanked Frank for his significant contribution on behalf of the Association, and wished him well in his new role.

Janet went on to reflect on the aims and values of the Association – aims and values which she would seek to promote and develop during her Presidency on behalf of members across the UK:

- to collate and present the views of Directors of Public Health on public health policy to national governments, the media and other organisations;
- to influence legislation and policy at a local, regional, national and international level;
- to facilitate a support network for Directors of Public Health to share ideas and good practice and support problem-solving;
- to identify and fulfil the development needs of Directors of Public Health where practicable and appropriate; and
- in collaboration with others, to further the development of comprehensive, equitable public health policies through relevant statutory and other bodies.

Public Health priorities

Delegates were invited to suggest public health priorities that ADPH could promote in terms of PH policies that would show early successful outcomes – covering activity by local authorities, the NHS or wider action across the system. The outcomes from this session have been collated and summarised separately to inform ADPH policy development.

Session 3: Reflecting on Public Health in Local Government – Panel: George Pollock, former Medical Officer of Health; John Middleton, Director of Public Health Sandwell & Vice President, FPH.

Key points highlighted were:

- DsPH will be the public health expert alongside experts in education, finance, social services, architecture, engineering etc. and will be accountable to the whole Council, not just to the controlling political party.
- DsPH will need to manage potential tensions between being individually responsible for heading up a specific professional service and sharing in corporate decisions.
- Budget utilisation is critical – DsPH can advise on best use of all LA budgets to achieve outcome focused/needs based and vfm focus.
- DsPH will need strong advocacy and negotiating skills, and need to be skilled in dealing with the media.
- Transfers between the Health Service and Local Authorities are not completely new – so useful to learn from past experiences.

Session 4: The new vision for Public Health in Local Government

Presentations from Chris Bull, Chief Executive, Herefordshire Public Services and David White, Chief Executive, Norfolk County Council.

Key points highlighted were:

- Local Government welcomes the transfer of public health expertise and the added value this brings to LAs – important now to focus on the opportunities and added value for improving population health.
- DsPH will be leaders for the PH agenda/their population's health and the partnerships to support this, but important that leadership for public health is also a part of the LA senior staff and elected member's roles.
- PH specialist skills are vital and in the longer term LAs should also be seeking to facilitate PH approaches across the wider workforce and within their communities and through such means as social marketing.
- Important to avoid duplication of functions with PHE – locally LA teams and PHE units need to discuss and agree how it will work locally.
- DsPH have the opportunity to be very influential – and working as part of a Chief Officer team can act corporately to promote a collective agenda for the good of their population's health.
- Both DsPH/PH teams and their LA colleagues needed to adapt their ways of working to fully achieve the potential for transformational change.

Q & A:

- It was highlighted that a new facet for DsPH would be handling advice to elected members/candidates in elections from a range of political parties – the principle should be consistent, clear, transparent and even-handed advice.
- It was confirmed that one of the key roles for DsPH was to ensure that public health becomes embedded as an integral element of LA core agenda and functions.

- It was highlighted that in two-tier systems it would be important to actively engage with District Councils. Ward level information/PH briefings would be very valuable for engaging with elected members.

What does success look like?

Delegates were invited to identify the indicators of success for the new PH system in England over the coming 3 years – across the system nationally, locally, within local authorities, the NHS etc.. The outcomes from this session have been collated and summarised separately to inform ADPH policy development.

Session 5: Building relationships in the new Public Health system: Public Health England - delegates welcomed an opportunity to hear from and have early discussions with Duncan Selbie, Chief Executive Designate, Public Health England.

Key points highlighted were:

- The new system represented a shift – never before achieved - in the approach to public health, representing the opportunity to positively change the narrative on health improvement.
- Key aims in the short term were: constancy, continuity and stability through the period of change; avoiding uncertainty; and protecting assets through the transfer.
- PHE can give a national voice to local priorities, and input to (and when necessary challenge) the NHS Commissioning Board on public health priorities.

Q & A:

- DsPH will want support from PHE for their responsibilities to their local populations and H&WB Boards and to ensure all the local PH systems work well.
- The role of H&WB Boards will be crucial in terms of accountability – both locally and feeding up to national level accountabilities.
- Clarity is needed as soon as possible on the design of PHE and local units – and there is a need to ensure the right balance between centralised function and local effectiveness.
- Access to data – especially NHS data – was vital and DsPH and their teams must be assured continuing full access. It was confirmed that PHE and LAs should ‘own’ intelligence for the whole system and this must be assured through transition.
- Concerns were raised over the lack of PH expertise within the NHS Commissioning Board – and therefore how it will effectively fulfil its remit for PH elements such as immunisation/screening.
- It was highlighted that PHE should have a significant role across government – to encourage a whole system approach and support PH approaches to cross-government/organisational work on the wider determinants of health.

Close of conference

In closing the conference, Janet Atherton thanked all presenters and members for contributing to a very successful event.

May 2012