



Association of *Directors of Public Health* (UK)

## **ADPH Annual Conference 2012**

### **Tuesday 15<sup>th</sup> May 2012**

#### **Morning Discussions:**

*ADPH has been asked what 'quick wins' we would promote in terms of PH policies that would show early successful outcomes. This could be for LA or NHS action across the system. Which ones would you suggest?*

#### **What are your top 5 quick wins?**

##### **National (5)**

- Councils should pay for ADPH (Like ADASS).
- National Lobbying – Every govt policy has sustainability and child poverty included.
- Continue / protect good work already underway.
- National lobbying - Alcohol, tobacco and obesity. Air pollution, fuel poverty, housing conditions and open space.
- How do we impact nationally on housing, planning etc. Setting scene nationally for DsPH locally.

##### **Healthy workplace (5)**

- Support the establishment of local 'Healthy Organisations', starting with the LA?
- Healthy workplace – supporting development of workplace charter for LAs
- Workforce health (promotion).
- PH demonstration to reduce sickness absence.
- How do we impact on workplace health (in LA) and Employment health.

##### **Programmes (11)**

- Welfare reform / employment (worklessness) – policy / toolkit.
- Sexual health / drugs and alcohol – future commissioning risks.
- Planning guidance for local planners.
- Good evidence base for the day job – plain packaging for tobacco, MUP, food labelling.
- Reduce alcohol related harm – minimum price, hospital admissions; illicit including underage sales
- Alcohol – eg licensing
- Alcohol – keep pushing MUP to 50p. Influencing licensing.
- Guidance on roles as statutory consultee for alcohol licensing.
- Best start in life actions to continue – smoking in pregnancy, breast feeding. Alcohol – focus on pregnant women.
- Tobacco – eg CQUIN
- Tobacco Control – reinforce all existing messages and maintain pressure. Link to ASH and their new LA toolkit – CLEAR. Demonstrate benefits to NHS and smoke free hospitals. Push agendas like no smoking in cars / houses. Tackle smuggling and counterfeit and underage sales. Plain packaging, Covered up points of sale.



### **DPH role (3)**

- Influence strategy guidance on role of DPH and how implemented.
- PH booklet on defining PH and PH specialist role – (Faculty as standard setter should lead).
- Support to DsPH in working thro challenges eg core offer / LA tension on healthcare and capability building.

### **PH Funding (3)**

- Sorting out use of PH grant.
- Fair formula for health premium with reasonable trajectory to target.
- What is monitoring process regarding outcomes and ring fenced grant.

### **Whole system (3)**

- Advice / influence interface between new parts of the system PHE / NHSLB / LA.
- Key relationships – CCGs, PHE, NHSCB, LA – HIAs and wider determinants.
- New relationships – link with ADASS / Children's' service / CIEH.

### **Working in LA (7)**

- Put PH at heart of what LA does. – Work with LGA, ADASS, ADCS, SOLACE.
- Influence HWB strategy priorities through position on HWB Boards.
- Shared learning on HWB strategies – development and breadth.
- Signing off & starting to implement our HWB strategies, turning vision into action.
- Every policy to have health impact assessment
- Establish a unifying theme between all local partners eg inequalities.
- Work on early intervention, Children with ADASS and DCS networks.

### **Working with NHS / CCGs (5)**

- Helping CCGs with QIPP plans.
- Ensure local clinical commissioning IS population based.
- Core Offer – What might this look like using alcohol, dementia and sexual health as exemplars. Concentrate on where we impact on commissioning cycle.
- Preventing admissions from nursing homes
- Reducing excess winter deaths.

### **Health Protection (5)**

- Safe system for the future – particularly around health protection – advocacy and policy.
- Health Protection – new roles and responsibilities of LA and DPH. How do we link into and use PHE etc. What other staff groups contribute. What is DPH role in outbreak and EP. Imms, Vaccs and screening. All somebody else's responsibility, but the buck will still stop with DPH.
- V and I
- Preserving what's good re Vacc & Imms and screening. Looking at making new system as clear as possible.
- Hit some prominent performance targets – eg immunisation.