



Association of *Directors of Public Health* (UK)

ADPH Annual Conference 2012 **Tuesday 15th May 2012**

Afternoon Discussions:

It is early 2015 and there will soon be a general election. ADPH will (I imagine) be arguing for no more top down re-organisations of Public Health structures. What we will need is some evidence that DsPH have made the system work – nationally, locally; within LAs and NHS etc. So how will we judge? What indicators will we be looking at?

What does success look like?

Summary

★ PH embedded in Council:

- All Councillors know issues in their ward – and what needs to be done
- Health impact on all policies
- Corporate policies deliver on health
- Evidence based decisions
- Evaluative culture

★ Integration:

- Successful joint working across 'place'
- Synergy across HWB Board

★ JSNA

- Asset-based
- Community involvement
- Used for commissioning (and de-commissioning)
- Long-term strategies in place

★ System

- Working well together and across organisations
- Staff comfortable and achieving
- Resilient and accountable

★ Outcomes

- Increased well-being in community
- More community leadership
- Improved healthy life expectancy
- Measurable difference in health outcomes



Detailed comments

- Evidence of influence across council depts. Members, CCGS, and Plans and delivered.
- PH embedded in Councils' strategy and priorities.
- Each Councillor knows the health issues in their area and what needs to be done.
- Everybody in LA is doing 'it' – ie PH.
- Consideration of health impact of policies and decision making.
- More resources delivering HWB / PH (not money – but thro corporate policy and delivery).
- Health and Health Inequalities in every policy,
- Informed debates – decisions made based on evidence
- Integration in a stakeholder (not just a consultative) role with local agencies including district councils. Indicator will be evidence from a range of LA services being used to evaluate performance in public health priorities.
- Evidence of added value from joint working.
- Commissioning based on evidence of needs – embedding quality outcomes into commissioning and evaluative culture
- Focus on wider determinants and coherency health – different work programme.
- Synergy between council, CCG and others brought together through HWB.
- CCG – working as one – not lost touch.
- The system is working together locally – CCG, HWB, LG etc.
- JSNA can be seen to be used in decision making for commissioning, including comm. / de-comm, redesign, involvement, 3rd sector / private sector. Use of asset based approach.
- Better understanding and link assets we have in communities eg signposting in place / more community leadership.
- Fully implemented H &WB Strategy.
- Long term strategies in place.
- PHE operating well.
- Put the 'Public' into PH – making “every contact count” at a community level.
- System is held to account.
- We have made a measurable difference.
- Happiness!! Improved sense of wellbeing / healthy life expectancy in people and communities.
- People saying they are happy with it.
- Staff (Public Health and Council) feel settled and that PH is in the right place.
- Roles understood by all staff of their role in health improvement.
- Not just to survive – but to thrive. The transfer has fulfilled its promises – and we wonder why we didn't move to local government years ago!