



Association of Directors of Public Health (UK) – response to the Public Health Review Engagement Exercise, Scotland

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through DPH development, sharing good practice, and advising on public health policy and legislation at a local, regional, national and international level. www.adph.org.uk

ADPH response

1. How can public health in Scotland best contribute to the challenges discussed? Specifically, what is your view and evidence of the Strengths, Weaknesses, Opportunities and Threats (SWOT) to the contribution of the public health function in improving Scotland's health and reducing inequalities?

Directors of Public Health across the UK are the frontline leaders of public health, working across health improvement, health protection and health care public health service planning, commissioning and delivery.

Directors of Public Health and others working across local and national Public Health systems require access to high quality local, national and international information, intelligence, data and scientific evidence base to support evidence-based decision making to inform service planning, commissioning and practice within and across all public health sectors and organisations.

A national strategy for public health should support a cohesive and integrated public health system and collaborative approaches to reducing health inequalities and improving and protecting the public's health. It should enable the delivery of:

- real improvements in health care services and outcomes;
- improving population health and the reduction of health inequalities;
- strengthened health protection and resilience;

and guard against:

- fragmentation of the public health workforce across a number of organisations;
- fragmentation of commissioning and financial responsibility for public health programmes;
- fragmentation and loss of clarity on accountability, particularly in relation to resilience and health protection.

A key aim should therefore be a joined-up system that is fit-for-purpose in delivering public health outcomes across health protection, health improvement & inequality reduction, and care quality and efficiency – supported by a workforce with the skills, expertise and capacity to deliver the public health function in the short, medium and long term.

The capacity to deliver a Public Health Strategy for Scotland will be supported by such factors as:

- strengthening the role and capacity of Public Health Specialists and core Public Health workforce;
- further developing a multidisciplinary, well-trained and quality assured practitioner workforce;
- enabling the wider workforce (inc. voluntary/community sectors) to maximise public health gains supported by training, development and assurance;

- promoting partnership and cross-sectoral working nationally and locally – for example through a ‘health in all’ approach to policy and service development, planning, licensing, regulation, education and training etc.

2. How can public health leadership in Scotland be developed to deliver maximum impact?

Directors of Public Health are the leaders of public health locally, and provide an expert, independent and objective voice of public health (including through their Annual Public Health Report).

Directors of Public Health are supported by the public health specialist workforce who lead on public health activity and partnerships across the wider workforce and within local communities.

The collective voice of Directors of Public Health should be harnessed to inform national Public Health Strategy, and to benefit national public health policy development and workforce planning.

Given the key leadership role of Directors of Public Health, a workforce strategy should also promote succession planning, and the development leadership skills and training for aspiring Directors of Public Health.

Systems for sector/service-led improvement and peer challenge offer opportunities for shared learning amongst leaders.

3. How do we strengthen and support partnerships to tackle the challenges and add greater value. How do we support the wider public health workforce within those partnerships to continue to develop and sustain their public health roles?

See response to Q1 and Q5.

4. What would help to maintain a core/specialist public health resource that works effectively, is well co-ordinated and resilient?

See response to Q1 and Q5.

5. How can we provide opportunities for professional development and workforce succession planning for the core public health workforce?

The public health workforce can be supported by:

- alignment with systems within the rest of the UK in relation to supporting the regulation of generalist and defined specialists in public health and developing the accreditation and quality assurance of public health practitioners, along with integrated professional development;
- development of wider approaches to public health leadership across disciplines, including provision of leadership skills development and training to support succession planning;
- a system that supports the seamless movement of public health professionals across different settings, as part of a normal career path

**Association of Directors of Public Health
March 2015**