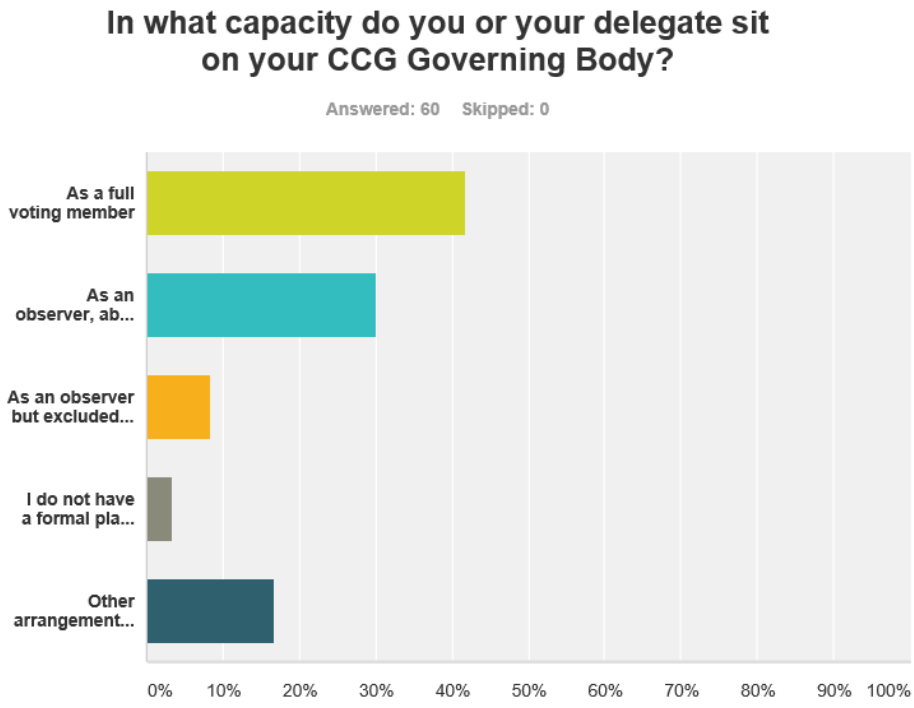
The Association of Directors of Public Health
Summary of survey of ADPH members on the role of Director of Public Health – February 2016

The Association of Directors of Public Health (ADPH) undertook a survey of its English members in February 2016 to ascertain their views on the role of the Director of Public Health with the National Health Service. Between 22nd January 2016 – 10th February 2016, 60 members (45%) provided their feedback. The below is a summary of their responses.

Support for Clinical Commissioning Groups (CCG)

When asked how many Clinical Commissioning Groups DsPH supported, the responses varied between 1 and 7. However, two thirds of respondents were supporting only one CCG, and only 12 respondents were supporting more than two CCGs.

As the chart below outlines, respondents had generally a positive response to their involvement in the CCG Governing Bodies, with over 40% having full voting membership, and 30% fully participating in the CCG Governing Body sessions. Only two responses indicated that they had no formal role.



Additional comments indicated a number of sharing arrangements in place:

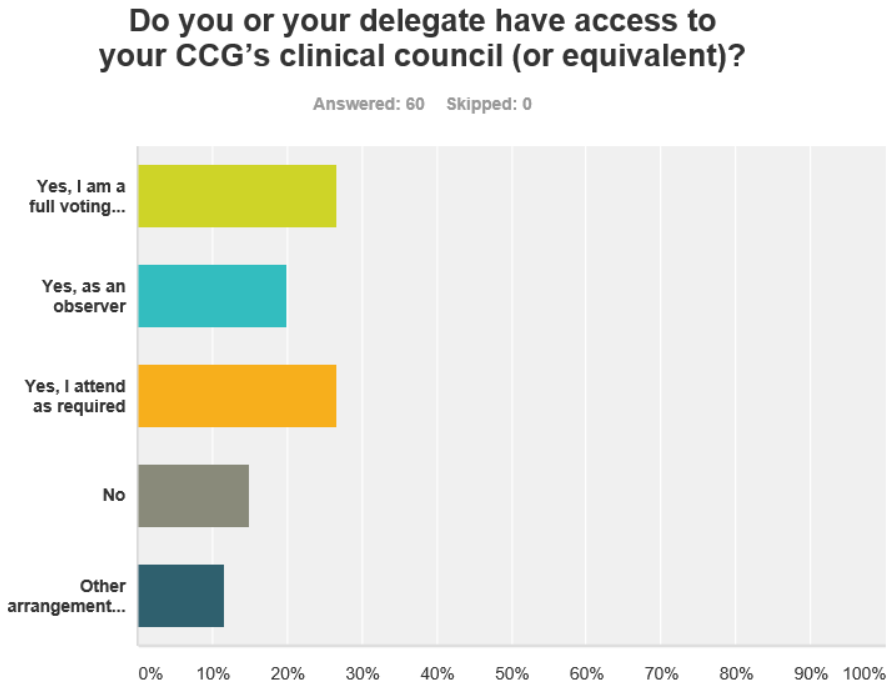
> "Our CCG covers 2 LAs so the neighbouring DPH is on the gov. body with our director of children/adults."
>
> "Joint with DASS one vote from LA"

65% of respondents were either a full member of their CCG Senior Management Team, or were attending Senior Management Team meetings in some capacity.

Additional comments demonstrate the range of DsPH involvement in Senior Management Team Meetings:

> "….I have regular private meetings with CCG lead GP and accountable officer."
>
> "I have access to them individually, but do not attend their meetings."
>
> "Attend on a monthly basis. The team itself meets weekly."

Nine of the sixty respondents (15%) indicated that they did not have access to their CCG's clinical council. However, 27% were full voting members of their CCGs' clinical councils, and a further 20% were attending as observers.



Additional responses highlighted some areas of concern:

> "One of the PH Consultants sits on the Clinical Strategy Committee. I am not sent papers and he only gets a paper copy the day before so we are always in reactive mode rather than being able to help shape the agenda."
>
> "It is different in each of our CCGs."

Working with NHS

80% of respondents said that they were significantly involved in the Better Care Fund, with 20% of them indicating that part of the Public Health grant has been pooled into the Better Care Fund.

Additional comments provided by DsPH highlighted the need for **closer working relationships with NHSE and NHS providers** in some areas:

> "Better engagement [needed] with the senior team in acute trusts, NHSE and more formal arrangement with the CCG."

> "I think providers would benefit enormously from PH input and there is increasing recognition of this locally e.g. requests to work together. This might be a more effective way of bringing PH skills to influence service provision than via the commissioners."

> "Engagement [needed] with acute/MH providers, public health training locations/placements in provider settings, greater input and engagement with NHS England for PH and other commissioned services"

> "Engagement with NHSE is at mostly at local area commissioning support level and would benefit from more senior and regular involvement."

While others commented on areas of successful working practices and close working relationships, which indicates this is a mixed picture across DsPH.

> "I have delegated a consultant in Public Health to work with each of our CCGs plus take on lead roles across the LA. This has allowed relationships to build up and this is crucial to the positive reaction I get from CCGs on our contribution to the agenda. I also have a joint post working with the acute trust and with the mental health trust to again foster good dedicated working relationships."

> "We are very fortunate that with a co-terminus single CCG, and a long established close working relationship we have members of the PH team embedded in the CCG at various levels and will shortly move to a co-location of all council and CCG staff."

> "We have a Deputy Director of Public Health…who has a role across the whole healthcare system as Deputy DPH, as Clinical Director of Public Health for the CCG and as Associate Medical Director (Public Health) at the hospital."

Further observations emphasised the need for **better access to data**:

> "If IG issues were solved we would be in a much stronger position to create predictive models that would deliver savings. At present it is still incredibly difficult to link anonymised patient records between Primary, Secondary, Community, Mental Health and Adult Social Care."

> "We are already very involved. We could do more to support the system around intelligence if we had full access to the data, this is now severely hindering our ability to provide meaningful support to the NHS."

One respondent suggested one way in which DsPH could better support the NHS locally:

> "By giving the DPH an honorary PHE/NHSE contract as this will improve access to key data needed to perform our role with primary, secondary and tertiary health care."

Final observations underlined the **resource strain** some PH departments have experienced which respondents indicated has affected how the DsPH can support the NHS locally:

> "Capacity issues are a severe constraint."
>
> "Need to look at capacity for health care public health generally and how this is deployed."
>
> "The main issue has been consultant capacity to engage meaningfully at a senior level with each NHS organisation."
>
> "…We potentially also have a role in articulating what integrated services/ effective pathways could/ should look like but in practice and given current resource constraints, this is going to be very difficult to achieve."

Key messages

- There is strong and appreciated engagement with CCGs in most areas.
- Relationships with NHSE and NHS providers are more problematic although there are areas of excellent practice.
- There are still issues with access to data which hinder support from PH to NHS.
- Overall there is a resource issue with some DsPH unable to support NHS as much as they would wish.