The Association of Directors of Public Health (ADPH)

A New Public Health System – regional tier

Feedback from the presentation of the paper "A New Public Health System" (ADPH, November 2020) has emphasised the 'messiness' of the public health (PH) system as a whole and in particular the need to clarify the regional tier. This Annex aims to answer the question: 'How would it work?' by giving a fuller explanation of the supra-local and regional levels. We are working on a table of examples to support this.

Local collaboration

Local authorities currently work together on a variety of functions; sometimes for economies of scale and sometimes where it makes sense for the local population. These collaborations are formal (such as Combined Authorities (CA)) and informal (such as joint commissioning for services). Often one local authority will employ staff or hold pooled budgets for several in order to make this happen. The footprints for the informal partnerships vary, based on 'what works' and often achieved through Memoranda of Understanding (MoU) or similar mechanisms.

In PH, the DsPH in a region come together to form an ADPH Network in order to: improve practice (through sector-led improvement); share expertise; support one another through shared policy and guidelines; and commission services best done on a larger footprint. ADPH coordinate these Networks nationally and share knowledge and expertise across the UK. This reduces duplication and improves practice more widely.

With sufficient resource (including PH staff) these ADPH networks could take on the work of the PHE regional teams including health improvement and healthcare PH functions as well as enabling functions such as workforce development and Knowledge and Intelligence. This could be achieved through the collaboration models above. This would enable a more locally led system, understanding of and responsive to the public's health whilst avoiding the inherent duplication of a centrally driven regional structure.

National work

The ADPH model also envisages more PHE national work being undertaken on a regional footprint. The model of one Network leading for the others worked well in the Public Health Observatories (2000-2012) and ADPH believes it would work in the new system allowing stronger local input to nationally applicable work. Examples of this work could be such issues as guidance, evidence, what good looks like etc. this could be done through regional partnerships with academic PH. As stated above it would be necessary that the Networks would be given funding and staff and for ADPH to undertake the knowledge exchange to achieve the 'do once and share' approach.

Links to NHS

Links between NHS and LAPH need to be improved. We suggest: LA is an equal partner in all ICSs; DsPH are actively involved in all aspects of ICS work; ICSs are actively involved in Health and Wellbeing Boards; PH professionals working in the NHS should be 'attached' to a DPH team. These measures would: strengthen the response to health inequalities and prevention; enhance relationships for emergencies; avoid duplication; and clarify responsibilities. In addition, renaming ICSs to IHSs to reflect the emphasis on health rather than services/care and coterminosity with LAs (or groups of LAs) would ease collaboration.

Local – national connection

It will be important to ensure close links between local and national and these Networks could provide those links through ADPH and the role of Regional DsPH. We propose that Regional DsPH have a triangular view with local PH, regional NHS and NIHP responsibilities.