



# The Association of Directors of Public Health

## Key recommendations for the public health system

The purpose of this document is to set out the key recommendations ADPH is calling for within the new public health system. Alongside this, ADPH has also produced separate briefings on the Public Health Workforce, Integrated Care Systems, Data and Intelligence, the NHS and the Local Health Protection System.

### ADPH Position

#### Integrating public health in the NHS in England

**Prevention** must become a well-defined, well-funded and mandatory part of the NHS and all Integrated Care Systems (ICSs).

**Anchor institution:** The NHS should act as an anchor institution by influencing the health and wellbeing of communities locally and positively.

**ICSs** should prioritise prevention and ensure the role of local authority colleagues is clearly understood.

The NHS should employ suitably qualified people to deliver population health.

**Data access:** DsPH require access to data on the health of their local population and the resources in order to manage and analyse this data.

**Section 7a:** The DPH role in Section 7a should be more clearly defined and there should be closer links between the NHS and local DsPH who provide oversight of the services.

**Secondary prevention:** The NHS should integrate secondary prevention into existing pathways, ensuring that these pathways take account of inequalities and population needs.

**Population health:** The NHS needs to ensure population health is a key priority of the primary care agenda and collaborate with DsPH to achieve the best prevention outcomes for local populations.

#### Data and intelligence in the public health system

**Data access:** DsPH should have direct access to all data relating to the health of their local population by default – including Patient Identifiable Data (PID).

**Fulfilment of statutory responsibilities:** DsPH should be given a right to certain data in order for them to fulfil statutory responsibilities. This means parity between local authorities (LAs) and the NHS in terms of data access, sharing and integration.

**Sufficient resource:** DsPH should have sufficient resources to manage data, such as data warehouses to store and link data locally, and local public health analysts to analyse this data.

**Data and intelligence flow:** There should be robust and complete data and intelligence flow across

organisational boundaries in a timely manner, including the NHS, UK Health Security Agency (UKHSA), and Office for Health Improvement and Disparities (OHID).

**Local Knowledge and Intelligence Teams (LKITs)** should continue to support local authorities.

**The Public Health England (PHE) Fingertips tool** – which includes the highly valued Public Health Outcomes Framework (PHOF) should be maintained and strengthened.

## **Embedding public health across Integrated Care Systems**

**Equal partners:** Local authorities and the NHS must be considered equal partners within Integrated Care Systems (ICSs) and be resourced as such.

**Whole system understanding** is crucial in order for ICSs to function effectively and truly collaborate across the system.

**Governance accountability:** The governance structures and accountability for ICS partners should be clearly outlined to ensure clarity for all relevant partners.

**ICS purpose:** There must be clarity across all partners as to what the purpose of the ICSs is beyond the NHS's constitutional pledges.

**Long-term focus:** ICSs require a long-term focus, prioritising prevention and tackling the causes of health inequalities.

**Co-terminosity:** There should be co-terminosity between ICSs and local authorities.

**Prevention targets:** ICSs should have a clear target to increase their spend on prevention.

## **Public health workforce**

**Public health specialists:** Increase the number of public health specialists in training.

**Sufficient health protection professionals** are needed to ensure expertise in every local authority as well as regionally and nationally.

**Workforce intelligence** should be improved to support workforce planning and mobility.

**Barriers to workforce mobility** should be removed, enabling continuity of service to be recognised across sectors and alignment of terms and conditions.

**Workforce wellbeing** should be considered, as should the effect of the Covid-19 pandemic on the workforce.

**Secondments** should be part of public health workforce development.

**Hardwired links** between NHS public health workforce and DsPH should be established.

## The local health protection system

**Local health protection responsibilities** need to be clarified, with an emphasis on subsidiary and sufficient resourcing

**Major health threat response:** A standing mechanism and playbook should be established for forecasting and responding to major public health threats

**Local resilience forums** (LRFs) and local health resilience partnerships (LHRPs) should ensure effective plans are in place for the wider health sector to protect the local population

**The NHS Long Term Workforce Plan** should develop core competencies and capacities in health protection knowledge and skills for the whole system

**Immunisations:** Clarity is required on how Integrated Care Boards (ICBs) will commission immunisations, including the assurance responsibilities of DsPH

## The DPH role

The core purpose of the DPH is as an independent advocate for the health of the population and system leadership for its improvement and protection. As such it is a high-level statutory role bridging local authorities, the NHS and other appropriate sectors and agencies with responsibilities for health and wellbeing for a defined population. They have a critical role in leading work on prevention, shifting the focus of systems to prevention where real health and wellbeing gains can be made, and in turn, reducing demand on the NHS.

DsPH and their teams have a deep knowledge of their local population and their health and wellbeing needs. They can provide a whole life and whole population perspective to ensure the needs of the population are considered alongside those of individuals. DsPH also provide vital technical skills such as health intelligence, developing an evidence base, epidemiology, and health economics.

This document has been developed with input from the ADPH Board and Council, and Policy Advisory Groups. The purpose of this document is to summarise recommendations on the public health system, from the perspective of Directors of Public Health (DsPH) and to highlight opportunities for closer collaboration. This document has been developed primarily for use by ADPH and our members. Sharing with key external stakeholders is permitted.

**Original statement: September 2023**

**Next review: September 2026**