The Association of Directors of Public Health

The local health protection system

ADPH Recommendations

Local health protection responsibilities need to be clarified, with an emphasis on subsidiarity 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 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.

Introduction

Public health in local government is at the heart of work to ensure positive population health outcomes. It provides the leadership, expertise, partnership-working, and access to local resources that are fundamental to strong place-based coordination of health protection.

While ADPH have welcomed the increased recognition of local public health teams as a result of the Covid-19 pandemic, there are still key fault lines which need to be addressed to ensure a strong and resilient local health protection system. These include issues around governance and accountability arrangements, local input into national conversations and programmes, data and intelligence flow, and a lack of local health protection capacity and resource. The sections below explore these issues further and set out the key recommendations of DsPH.

System Context

The establishment of the UK Health Security Agency (UKHSA) and the newly created legislation on the statutory basis of Integrated Care Systems (ICSs) means the public health system has undergone significant organisational change. Local authorities (LAs) and leaders are currently operating in an increasingly complex national policy and commissioning environment. Maintaining a focus on high quality in health protection is more important than ever to protect and improve the public's health. Structural reforms of the public health system should be a vital enabler in delivering better and more equal outcomes for public health. This includes UKHSA's leading role in identifying, preventing and managing threats to health.

The statutory assurance role at a local level for health protection sits with local government through the DPH. In March 2022, statutory ICSs replaced Clinical Commissioning Groups (CCGs) in England. DsPH can support in translating the policy objectives and service intentions of both NHS and local government partners and interpreting views to produce actionable insights.

The Public Health Protection and Health Security Framework is intended to implement the operating model and governance arrangements to strengthen strategic and operational cooperation between the UK Government, the Devolved Administrations and public health agencies of the UK.

ADPH Position

Local health protection responsibilities

There is an increasing expectation of health protection work from local public health, which should be both more specifically detailed and appropriately funded. This includes clear indications around funding in emergencies or major incidents.

There should also be a clear policy of subsidiarity (ie the appropriate footprint for action with authority to deliver for maximum effectiveness and efficiency).

It is crucial that local public health teams have strong links to UKHSA. Strong local connections should be built into UKHSA's governance arrangements including public health professionals with LA and DPH experience at the highest levels within its staffing. There should be LA presence (ie through ADPH, Local Government Association (LGA), Solace and Chartered Institute of Environmental Health (CIEH)) on UKHSA's Non-Executive and advisory boards, as well as systemic links to existing local structures (ie Health and Wellbeing Boards (HWBs), LHRPs, and LRFs).

NHS Emergency planning must be more linked to the health protection system than it is at the present time. Clarity is also needed on the links between the regional UKHSA teams and the Regional Directors of Public Health (RDsPH) and their teams.

The foundation of an effective health protection system means a locally led public health system where place is central to decision making as well as delivery; where DsPH can use their system leadership role to bring partnerships together to improve and protect health.

Flexibility of local decision making is what drives an efficient public health system. Assurance should be based on trust not centralising control. This does not mean everything is devolved; some things are better done regionally, some done nationally and some shared. It should mean whole system working – including local government, public health authorities, other public sector, third sector and businesses, who all have a part to play.

Covid-19 has further emphasised the need for national policies and programmes to be codesigned with local public health teams, with close collaboration on their delivery and implementation. Local public health teams embody this approach with their local communities, increasing their ability to prepare and respond to health protection issues.

Major health threat response

While there are national and international biosecurity arrangements, there remain gaps in both foresight, planning and coordination.

The Civil Contingencies Act and arrangements in pursuance of that Act (eg LRFs), while effective on major incident coordination are not ideally suited to health protection issues which are enduring or ongoing. While emergency preparedness and response tend to operate on a plan-exercise-respond-recover-review cycle, long term health protection challenges may operate in a response and recover mode simultaneously

or interchangeably for some time.

In the face of health protection challenges, the Civil Contingencies Act models can break down. Furthermore, while civil contingencies arrangements feed into LAs, they do not always feed into and out of public health structures systematically.

To address these issues, ADPH is proposing that a dedicated preparedness board or forum is established which meets periodically to ensure the system is ready for major emergent health protection threats. Alongside ADPH, core members could include UKHSA, LGA, CIEH, Faculty of Public Health (FPH) and Association of Chief Environmental Health Officers (ACEHO). A 'Preparedness Oversight' function could:

- Look mostly or entirely at major emergent and future health protection threats.
- Have the specific remit of bringing UKHSA forecasting into a forum where implications for how the Health Protection System works across local regional and national levels are considered.
- Be the single forum where the public health system jointly assesses its readiness to implement the cycle of health protection action for major emergent health protection threats.
- Maintain an overview and register of health protection threats which might need multi-agency action over a large geographical footprint or nationally and may involve all players.
- Develop, oversee, exercise and keep under review preparedness plans emergent threats.
- Provide a forum for sharing intelligence, skills, experience and knowledge.
- Keep the 'system memory' from Covid-19 successes and weaknesses alive and apply them to future emergent infection threats.
- Identify skills, capabilities, resources and data needed in a timely way.
- Ensure liaison and input to Civil Contingencies Act mechanisms so as to ensure that these measures are understood and incorporated into the wider emergency planning realm.

ADPH would welcome the opportunity to discuss this further with UKHSA.

LRFs and LHRPs

DsPH should be assured that planning and arrangements to protect the health of the communities they serve are robust and are implemented appropriately to local health needs, capturing major communicable disease risks, and major incidents involving a health sector response. There should also be adequate capacity from relevant partner agencies to plan for and respond to health-related emergencies.

DsPH should be able to escalate any concerns as necessary with the appropriate partner organisations, including the NHS and UKHSA. The DPH should provide assurance that all organisations involved in health protection cooperate and work together, including agreeing on funding, roles and responsibilities and operational elements of response to incidents and outbreaks.

NHS Long Term Workforce Plan

It is important that the NHS Long Term Workforce Plan develops core competencies in health protection knowledge and skills for the whole system. Consideration should also be given to mainstreaming health protection's core practical competencies, including confidentiality, decision-making, and interface with health and care professionals, in the public health workforce training.

Immunisations

Regulation 8 of the LAs (public health functions) 2013 and Section 2A under the NHS Act 2006 outline the DPH statutory function to protect the local population. The legislation includes the DPH's role in assuring

their local vaccination programmes meet the needs of the local population. There is limited articulation of what this assurance process looks like, what is needed (eg timely data such as potential coverage rates to trigger action) and if DsPH are not assured, what the escalation process is.

It is envisaged that in April 2024 the commissioning responsibility for immunisations (section 7a) will be delegated to ICBs. ADPH seeks clarity on how the current capacity to support immunisations through the Screening and Immunisation Lead (SIL) and Screening and Immunisations Teams (SITs) will be distributed at ICB level. Delegation would enable more flexible commissioning to meet needs. However, it is essential DsPH have access to timely coverage data to carry out their assurance role and also to support local strategies to address inequalities.

Conclusion

Public health system reform provides an opportunity for enhanced accountability for LAs to improve and protect citizens' health at a local level. To enable this, there needs to be a seamless national-to-local and local-to-national partnership which recognises subsidiarity, understands the need for mutual aid and surge capacity, and acknowledges the benefits of tailored health protection services that are appropriate for local demographics and needs. Comments and questions on this paper are welcome and the opportunity to work with colleagues at a national level to co-design the local health protection system would be of great value.

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 LAs, the NHS and other appropriate sectors and agencies with responsibilities for health and wellbeing for a defined population. The DPH purpose and core role is the same whatever the structures within which they sit. In many respects, it mirrors the role of the Chief Medical Officer (CMO) who works at a national level. A key part of their role is facilitating collaboration across organisations and sectors and focusing the system around a core set of objectives and outcomes, beyond those related to services.

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, ADPH Health Protection PAG and further reflects the results of our most recent ADPH Member Survey. The purpose of this document is to reflect on the lessons learned and articulate the view of Directors of Public Health (DsPH) about how to strengthen the health protection system. It also builds on the joint ADPH and Public Health England (PHE) guidance 'What Good Looks like for High Quality Local Health Protection Systems'. This document has been developed primarily for use by ADPH and our members. Sharing with key external stakeholders is permitted.

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