The Association of Directors of Public Health

The role of public health in the NHS in England

ADPH Recommendations

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.

Introduction

It is important that public health works closely with the NHS. The NHS, as an anchor institution, has great potential to promote health and prevent illness, and with the number of interactions with patients and families being so high, it provides millions of opportunities to engage with the population and promote positive behaviour change.

In addition to providing effective and equitable health care services, the NHS has an important contribution to make to address the wider determinants of health and reduce health inequalities. Health and wellbeing are influenced most strongly by the social, economic, environmental, and other conditions in which people live. The NHS cannot tackle health inequalities in isolation, neither can local public health authority partners or indeed our voluntary sector partners. Coordinated action is needed.

The NHS must be a strong partner to other organisations and sectors (both nationally and in local communities), as well as contributing to tackling wider issues such as poverty, through its role as an anchor institution and by understanding the social value it can help create. The sustainability of the health and care sector is hugely dependent upon the impact of the wider determinants of health on the population.

ADPH Position

The role of prevention within the NHS and ICSs

DsPH want to see a shift across the system towards prevention and tackling health inequalities. Prevention should be seen in its widest sense and go well beyond the health system to the wider determinants of health. To advocate for the most effective interventions, a clear understanding about the level of prevention (primary, secondary, tertiary) is needed. Clarity is also required around the roles and responsibilities of DsPH and the NHS to avoid duplication and competition. DsPH should have a leadership role alongside colleagues to decide on a health inequalities approach, in line with Integrated Care Partnership and Health and Wellbeing Board strategies.

Health and public health system reform provides a key opportunity to remodel systems to be more preventative and to enable closer working between the NHS and local authorities (eg on Core20PLUS5). Furthermore, a preventative model is preferential and ensuring there is a sufficient level of capacity in primary care will be critical. Working in our local places and neighbourhoods is where the most gains can be made.

It is crucial that Health Integration Strategies consider both health inequalities and prevention and how these issues will be resourced and implemented. There should be better monitoring of spend on prevention and a clear commitment from ICSs to increase spend on prevention (eg by 1% a year up to an aspirational target of 10-20%).

Furthermore, there should be consideration of the inequity of funding and resource reallocation across the country. For example, with the Core20Plus5, some areas, particularly those in the north, will have a higher percentage of their local population falling within the Core20 category.

The NHS as an anchor institution

NHS organisations are physically embedded in every local area and community. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care by tackling the wider determinants of health. As an anchor institution, the NHS has huge potential to influence the health and wellbeing of the local population and tackle inequalities by investing in and working with others locally and responsibly in many areas including primary prevention. The NHS should lead by example and can make a difference by:

- Using buildings and spaces to support communities
- Working more closely with local partners and other anchor institutions
- Embedding social value into procurement and commissioning decisions
- Widening access to quality work through offering training, employment and professional development opportunities
- Reducing its environmental impact (eg by switching fleets to lower polluting vehicles) and supporting active travel initiatives
- Providing healthy food choices

The role of local authority colleagues within ICSs

Public health is an integral component of the ICSs and place-based partnerships. Local public health teams

are ideally placed to work with and across the system to translate evidence into action to address the wider determinants of health and health inequalities. It is crucial that ICSs work with DsPH and their teams and do not develop in parallel.

For more information on ICSs – please refer to ADPH's *Embedding public health across the ICSs* paper.

The public health workforce within the NHS

DsPH as local leaders for public health must have strong links with public health colleagues employed locally and regionally by the NHS. This will help to strengthen the response to health inequalities and health improvement, enhance relationships for emergencies and avoid duplication. When Integrated Care Boards (ICBs) are supporting and training public health professionals, they should follow these NHS guidelines.

There must also be greater consideration for how the NHS better embeds prevention and invests in the education and training of its workforce. There should be a real emphasis on Making Every Contact Count (MECC) approaches and opportunistic interventions to engage with people about their health and wellbeing including on employment support, mental health, weight management, alcohol and tobacco and smoking in pregnancy.

Access to NHS population health data

It is important that local authorities and DsPH have access to high quality public health knowledge and intelligence to carry out their statutory responsibilities effectively. This includes having access to robust evidence and information to support local health surveillance, needs assessments, benchmarking quality, comparing outcomes, developing plans and evaluating impact.

Sharing local data effectively will also help ensure the organisations involved in an ICS can take a targeted, data-led approach to designing and delivering services, identifying and reducing inequalities and improving population health. DsPH and their teams have the epidemiological skills to enable the right story to be told.

The urgency of the pandemic sped up access to data and facilitated improved access. It is vital that the improvements made over this period are maintained and strengthened, and that the focus of data sharing is on outcome, not process.

The role of DsPH in Section 7a

There is an argument that the commissioning and delivery of some of the Section 7a functions including Child Health Information Service; sexual assault services; health in secure and detained settings; and Screening and Immunisations and Vaccinations (I and V) should be separated from being under a single umbrella of Section 7a to provide accountability, particularly around maintaining the high levels of take-up necessary. Whichever way they are structured:

- There should be closer links between the NHS and local DsPH who should provide oversight, support and challenge for their local population, particularly around take-up.
- There should be real oversight (including data access) of screening and I and V for DPH teams and accountabilities should be clearly defined.
- There should be greater clarity around the assurance role of DsPH.

Secondary prevention within the NHS

Focusing on secondary prevention can improve population health, reduce health inequalities and lower

demand and cost pressures on the over-stretched health and care system. The NHS should integrate secondary prevention into existing pathways, ensuring that these take account of inequalities and population needs. This integrated approach must include sufficient training, education and sharing of good practices which are crucial in improving the quality of secondary prevention. Consistency in the approach across the NHS is of paramount importance while considering both population shift as well as targeting those people already identified to be at high risk. In addition, the roles of DsPH should be clarified in order to provide the strong system leadership which is essential in facilitating joint working on secondary prevention. It is important to ensure that the NHS are aware of already established public health resources and how to access them in an integrated way to build population health capacity.

Population health as a key priority of the primary care agenda

The NHS needs to embed public health into primary care and ensure population health is a key priority of the primary care agenda. DsPH are aware that the primary care sector has workforce challenges and that this has a direct impact on the delivery of many public health services. There is a need for DsPH to increase their support for primary care colleagues in order to prevent an increase in workforce inequalities, with an uneven workload between the NHS and local authorities. It is crucial that public health initiatives delivered through primary care are increased. DsPH want to accelerate the increase by considering ways of working with primary care and what quality improvement can be introduced. DsPH and NHS colleagues should collaborate with primary care when delivering locally on prevention to ensure the best outcomes for local populations.

Conclusion

Public health has a key role within the NHS and the NHS has a key role in public health. DsPH want to see a shift across the system towards prevention and tackling health inequalities, with an understanding of the NHS's role as an anchor institution to tackle the wider determinants of health. In order to do this, the NHS need to employ a workforce who are able to cater to population health needs. As well as increasing its work in both secondary prevention and public health within primary care. Finally, in existing services, such as those covered by section 7a, there should be a stronger collaboration between DsPH and NHS colleagues. These measures are the key means by which the resources and expertise of the NHS can contribute to improving public health.

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, ADPH ICS, NHS and Social Care PAG and further reflects the results of our most recent ADPH Member Survey. The purpose of this document is to explore the role of the NHS in prevention, from the perspective of Directors of Public Health (DsPH) and set out our key recommendations and 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