The Association of Directors of Public Health (ADPH) is a Company Limited by guarantee and is the charitable representative body for Directors of Public Health (DPH) in the UK. The Association is hosted by the UK Health Forum.

It seeks to improve and protect the health of the population through collating and presenting the views of Directors of Public Health (DsPH); advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back more than 150 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

The delivery of public health functions

Directors of Public Health across the UK are the frontline leaders of public health, working across health improvement, health protection and health care public health service planning, commissioning and delivery. The Public Health function in local authorities sits within the context of councils’ wider responsibilities to promote the economic, social and environmental well-being of their areas and the wider public health system, which includes services provided and/or commissioned by Public Health England and the NHS.

ADPH recognises that the transfer of responsibilities also offers the potential for significant wider beneficial impacts – for example local economic infrastructure & development, education training & employment, environmental sustainability & resilience, community development and crime prevention. This offers benefits for wider national services and Government Departments including Departments for Work & Pensions, Transport, Education, Home Office and the criminal justice system.

The new public health system must ensure Directors of Public Health are enabled - through primary legislation - to provide oversight and influence across all determinants of health within local authorities, the NHS and primary care, and other appropriate sectors and agencies in order to secure the improving health of their population.

A national strategy for public health should support a cohesive and integrated public health system and collaborative approaches to reducing health inequalities and improving and protecting the public’s health. It should enable the delivery of:

- real improvements in health care services and outcomes;
- improving population health and the reduction of health inequalities;
- strengthened health protection and resilience;

And guard against:

- fragmentation of the public health workforce across a number of organisations;
- fragmentation of commissioning and financial responsibility for public health
programmes;
- fragmentation and loss of clarity on accountability, particularly in relation to resilience and health protection.

A key aim should therefore be a joined-up system that is fit-for-purpose delivering public health outcomes across health protection, health improvement & inequality reduction, and health and social care quality and efficiency – supported by a workforce with the skills, expertise and capacity to deliver the public health function in the short, medium and long term.

**Access to Data**

Directors of Public Health and their teams require access to high quality local, national and international information, intelligence, data and scientific evidence base to support evidence-based decision making to inform service planning, commissioning and practice within and across all public health sectors and organisations. Public health data and information; surveillance and monitoring; and real-time data flows for detection of health protection threats & response, must be maintained and be easily and rapidly accessible to public health staff working in local authorities and across the local systems. However this remains problematic despite continuing efforts to overcome data-sharing barriers.

**Health Protection**

There is a fragmentation in screening and immunisation functions. Whilst the benefits to quality assurance of commissioning the screening programme as part of a national system through NHSE/PHE are recognised there is a clear disconnect within the system between the commissioners (NHSE/PHE), the local intelligence about providers (GP’s and Trusts) and the population. As more commissioning is devolved to CCGs from NHSE it is important that the screening and immunisation systems are safeguarded and strengthened. Within some areas access to information is restricted, particularly for public health analysts within local authorities, who need NHS data to provide population health intelligence to allow the DPH to fulfil their statutory duties and to allow identification of any inequalities in access to screening and immunisation services.

In addition there are areas of health protection where the system does not work in an optimal way. We are concerned that in some areas of the country it has not yet been possible to get agreement across the system on how NHS resources would be mobilised in response to a health protection incident for example requiring urgent immunisation of a group of people at risk of infection. Although some LHRPs have produced local agreements this is not uniform as a recent Hepatitis A outbreak within the South East has illustrated.

Effective working relationships locally between Directors of Public Health, their teams in local government, PHE Centres, NHSE and CCGs are critical to making the system work effectively. Some components of the system are still not yet fully staffed following further recent reorganisation and we are aware that to date the establishment of good and effective working relationships does vary across England.

The key concept envisioned by PHE nationally - of all elements working together and within one public health system - is very much supported by ADPH. However as indicated above, there is still more work to be done to ensure this concept is adopted and applied across the system.

**Devolution**
With more areas in England considering devolution there is an increased risk of, and opportunity to resolve, fragmentation within the system and the model of transition which has the potential to impact on the delivery of public health functions. Directors of Public Health have first-hand knowledge of population needs and are best placed to take the lead in the development and prioritisation process on the needs and outcomes of devolution. By ensuring DsPH are involved in the development of this approach they can ensure a policy is developed which can be used in early intervention and the acquisition of core skills which in turn can be used to bridge skills gaps in other areas of the system. Other areas, such as health as a licensing objective within a wider scope, return on investment, economic growth and the effect this has on workplace health can also be addressed within this remit.

Within London the Mayor is no longer required to have a DPH, does not have any ring-fenced Public Health (PH) funding and does not have any responsibilities under the Public Health Outcomes Framework. As a result the Mayor is not obliged to take any public health action, despite the importance of the levers under the Mayor’s control. The requirement for health to be written within the mayoral role is vital, particularly as elected Mayors are developed and given powers in other devolution plans. With issues such as obesity, TB, air quality and illegal tobacco that are dependent on pan-city action the role of health beyond borough level has never been more important.

Action for public health must be taken into account at all levels, including national government. Local public health cannot be successful in improving and protecting the health of the population without being supported by an appropriate legislative and regulatory framework with the employment of appropriate fiscal measures including;

- local licensing and planning powers;
- Minimum Unit Price;
- tax escalator;
- tobacco levy;
- sugar tax;
- One in Two Out regulations

**Prevention**

Whilst we welcome the fact that the NHS appreciates the value of the prevention, expertise in this field does not lie primarily there, nor should it be viewed as the exclusive responsibility of the NHS. Prevention needs to occur across behaviour and health services as well as the wider determinants, and as leaders and principal local experts on the prevention of ill health DsPH need to have a major influence wherever the local responsibility lies.

We continue to emphasise that there is more to do in order to achieve a real and strategic shift in the pattern of spend toward prevention. It is encouraging to see the system evolving but there is a danger of duplication within NHS and local authorities; and consequently confusion over accountability and where responsibility lies.

**The effectiveness of local authorities in delivering the envisaged improvements to public health**

ADPH welcomed and supported the transfer of public health responsibilities to local authorities in England in 2013 as an opportunity to transform local leadership for health & wellbeing, and to extend and strengthen cross-sectoral approaches to prevention and early interventions. These are of
key benefit to current and future generations’ health and consequently to securing the future viability of the NHS and social care.

The transfer of Directors of Public Health (DsPH) to Local authorities has been one of positive change, and their integration into local authorities has opened the chance of real improvements in health and well-being. This move has also enabled DsPH to access and have influence over wider determinants, such as planning and housing. However, since the transition progress has been hampered by financial constraints within local authorities, in particular the cuts to social care and the 2015/16 in-year cut to the Public Health Grant.

Health inequalities are a key issue to be addressed in order to bring about improvements to public health, however financial constraints have made this work more difficult. We would like to take the opportunity to highlight the work that has been conducted by ADPH, LGA and PHE on Health in All Policies, which will help to address this. The public health transition to local authorities represents a clear opportunity to improve wellbeing and reduce health inequalities by harnessing the potential of diverse local authority policies and services to address the wider determinants of health and we would like the government to help promote this important area.

Healthcare public health (HCPH) is another area where there is variable capacity within local authority public health teams and limited capacity in PHE locally to do this. However within local authorities where there is efficient capacity to carry out this function, HCPH is proving to be an invaluable contribution to the local health and social care system. It is vital that public health does not lose its links to the NHS whilst taking up the opportunities presented by being within local government.

The push towards ‘full integration by 2020’ in the recent Spending Review is a great opportunity for place-based solutions but we would want to emphasise the importance of Public Health in the shaping of this agenda and as a core part of the integrated system. A publication showcasing the role of public health and integration is currently being developed by the LGA and ADPH.

We recommend that a review of existing public health legislation is undertaken in order to help local authorities accomplish their public health remit.

**The public health workforce**

There is a considerable amount of work being undertaken regarding the public health workforce including projects on careers, qualifications, and the remit and support needed for the wider workforce. We would like to take the opportunity to emphasise the need to consider innovative approaches to achieve the skill mix that will be required by professionals working within, and delivering, integrated and devolved health and social care services.

Whilst we welcome the work that is being done and in particular the increasingly joined up way it is being carried out there are still concerns around the supply of future Directors of Public Health. The role of the Director Public Health is key to the delivery of local health improvement and protection and those aspiring to the role will need to have knowledge and experience across the whole health system in order to be effective. The system as it stands is in danger of dividing the workforce, removing the ability to have a career spanning the necessary variety of organisations. The barriers are largely bureaucratic and regulatory and we would welcome action to solve these problems to allow our comparatively small specialist workforce the ability to produce the best outcomes.
One key area which would help to promote this essential mobility is that of new employers accepting continuity of service from similar roles with other organisations. This will be even more important in a more devolved and integrated health system. One mechanism to support this could be to include the NHS in the modification order for local government.

**Capacity to deliver regionally/locally**

There continues to be reduced capacity due to unfilled posts (within not just PHE, but also NHSE and DsPH/local government), which is of continuing concern and raises issues for building and assuring a safe and resilient system. Through the transition of the Public Health system in England, there has been, and indeed continues to be, significant movement within the public health workforce across England – with each element of the local public health system effectively competing for staff within a limited pool. The workforce development role of PHE is therefore critical in ensuring a strong and resilient public health system now and in the future.

ADPH has continuously highlighted concerns that the loss of local public health capacity and capability will seriously risk the success of the new system. Given the key leadership role of Directors of Public Health a workforce strategy should promote succession planning for DsPH and other senior PH professionals; including the development of leadership skills and training for aspiring Directors of Public Health, ensuring seamless career pathways for Public Health professionals to move between organisations (e.g. local government/PHE/NHS). The public health workforce can also be supported by aligning with systems within the rest of the UK, particularly in relation to supporting the regulation of generalist and defined specialists in public health and developing the accreditation and quality assurance of public health practitioners, along with integrated professional development.

**Public health spending**

A 2015 survey of Directors of Public Health highlighted a concern over a lack of capacity in many Local Authorities which is proving a barrier to better outcomes. This is partly down to historic low levels of PH funding and partly the cuts imposed on LAs affecting Social Care and other services. With the added imposition of the £200m in-year cut to the LA PH ring-fence grant (announced after this survey was closed) as well as the cuts recently announced in the Comprehensive Spending Review, services will suffer and outcomes are likely to fall. The PH system needs to be robust in its support of better front-line PH funding to reduce costs to the NHS and wider government spending. Despite being relatively small in comparison to overall public sector spending, the Public Health Grant has vital influence on the health of the population. As well as resourcing core public health advice and specific services it can be used as a catalyst, attracting other funds and ensuring financial stability that go beyond its apparent value.

Public health responsibilities and funding passed to local authorities in April 2013. Budgets were based on spending in the previous year. There was also a target level of funding with targets distributed according to a formula assuming the given level of national spending. All budgets received an increase for 2013/14 and 2014/15 with a higher increase for those most below target allocation. There continues to be very considerable variation among areas regarding the level of funding. For 2014-15, and excluding the smallest areas, funding ranges from £22 per head of population to £133 per head. Much of this variation relates to differences in population need, but it also reflects historical spending patterns and there is considerable distance from funding targets in councils across the country.
We are deeply concerned that transformational opportunities will be undermined by short or longer term reductions in local public health and preventative funding, which will be profoundly damaging to the public’s health and the financial stability of the NHS and social care. Such cuts to local Public Health Grants - on top of the already substantial cuts in local authority budgets - will have a detrimental impact on local authorities' ability to improve the health and wellbeing of people within their communities, and to maintaining current local public health services, including those provided by local authorities, the NHS and voluntary sectors.

ADPH is extremely concerned about the effects of these cuts. It is important to point out the concern from ADPH members that the planned reduction in the overall quantum of spending would be likely to cause severe disruption in services and would run counter to the desire for an enhancement of preventative work which is crucial to NHS and social care planning. One particular concern is that cuts to the Public Health Grant are regarded by Government as falling outside the definition of protected NHS spending. However most of the Grant spending is on areas such as sexual health, children’s community nursing and drugs and alcohol services, which have until recently been commissioned by the NHS are which are still largely provided by NHS Trusts. Indeed children’s services for ages 0-5 including Health Visiting, only transferred from NHS commissioning in October 2015.

Following the announcement of the 2014-15 in-year savings, ADPH immediately initiated a ‘snap-survey’ of all Directors of Public Health in England to assess the likely local impact. A summary of key themes from survey responses is illustrated below, and whilst final decisions will be taken by each local authority, these impacts are drawn from the views of Directors of Public Health who are responsible for managing the Public Health Grant locally:

Local impacts:

- Impact on front-line services – both this year and in the future
- Impact on services commissioned from NHS providers – so directly impacting on NHS funding and services
- Impact on 3rd sector providers of NHS services and small local voluntary/community sector organisations
- Longer-term impact on Public Health outcomes and increased demand for NHS services
- Most of the Public Health budget is tied into contracted services – so there is limited ‘room for manoeuvre’
- Staffing may be affected - largely through a loss of vacant posts

Most common impacts identified in 2015/16 were on:

- School nursing and other children’s services
- NHS Health Checks
- Obesity prevention & support
- HIV prevention
- Staffing

Longer term impacts and risks identified included: further impacts on statutory areas (e.g. NHS Health Checks; Sexual Health; Health Visiting/0-5s); further reduction in services including: obesity prevention & support, drug & alcohol treatment, mental health, smoking cessation; ‘capping’ of
contracts; a reduction in public health staffing with serious consequences for meeting the local government ‘core offer’ to the NHS and health promotion services.

We are of course cognisant of the financial pressures at national and local levels, but would argue that the pressures on the health and social care systems – and indeed wider systems such as benefits, the criminal justice system and early help - support the imperative to invest in public health, prevention and early interventions at local and national level.

Work that was done around the time of transition of public Health to local government, The Case for Additional Investment in Public Health, demonstrates the potential for health improvement through enhanced public health services and this document is also submitted. In the current national financial position it may be uncommon to suggest additional investment, yet public health offers both the opportunity to improve health and save lives with efficient use of resources and also prevent ill health and consequent pressures on the health and social care system.

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