This response is a personal response based on my own experience over the past 9 years in public health, and particularly the contribution public health professionals make to the NHS – often termed Health Care Public Health. The response is also informed by the discussions of the UK Public Health Commissioning group, a loosely grouped network of public health professionals working in or with NHS organisations; I am the chair of this group.

The key roles undertaken in the domain of “health care public health” are around the provision of technical and strategic advice on epidemiology & health need, clinical effectiveness of interventions and services / pathways, cost effectiveness and value for money, quality improvement and safety, and advice on the evidence base underpinning new models of care & system transformation.

Obviously, historically this was within the NHS. Since the transfer of the public health workforce from (largely) PCTs to PHE or Local Government, the delivery of health care public health functions has undoubtedly become more fragmented across multiple organisations, many of whom don’t have a corporate memory of the kind of functions undertaken in supporting NHS commissioning and planning. There are also new priorities for public health professionals, and new opportunities afforded by Public Health being in local government. This is to be welcomed.

I have certainly picked up a widespread feeling amongst CCGs (and the NHS more broadly) that they have “lost” public health advice into NHS planning. This may be the case in some areas, but may not universally be the case. My personal observation is that where public health input to health care planning was perceived to have worked well historically, it largely still does – and this is, in my view, mostly to do with personal relationships rather than structure and functions. That said, new structures and functions may, over time, weaken this input.

Public Health professionals have a great deal to offer to the NHS that also has a direct, if rather intangible, impact on local government – particularly adult social care. For example effective prevention (stroke / falls) can reduce future demand for adult social care. Furthermore some of the health care services and harm reduction services that PH departments commission have a very direct and tangible impact on future NHS demand and expenditure – for example drug treatment services, harm reduction for blood borne viruses – reducing future hepatitis treatment costs, and alcohol screening and treatment services having an impact on alcohol related morbidity. In many places, public health consultants are members of CCG Boards / Governing Bodies and provide technical and strategic input to all levels of the organisation.

Our unique position in terms of having detailed insight into the structures and cultures of both the Local Government AND the NHS can be an enabler for integration and system transformation. This is obviously to the benefit of all stakeholders.

However some of these roles are rather intangible and difficult to count and value.
It is fair to say that, given Local Government finances, there is unprecedented scrutiny on public health budgets and the extent to which some of the above functions will be maintained is not clear.

Fragmentation, morale and possible future funding cuts are a pervasive issue. These might be argued as further weakening the case for public health professionals to be supporting NHS functions as there may be a need to be “seen” in Local Government agendas. This is understandable.

Many have suggested that there are disadvantages of health care public health being in local government, I don’t wholly agree with these. There are some advantages to health care public health being independent of the NHS, arguably this makes us more objective. Obviously this must be weighed against the disadvantage of not “being there”. I am aware that some CCGs (as yet I am unable to quantify this in any way) have taken the step of employing their own PH consultants.

In my own view, ultimately the effectiveness of the delivery of the function absolutely depends on the skills of the people delivering it, and the strength of relationships between stakeholders. Both of these are a concern going forward, we must be careful that as a profession we continue to develop these skills; and our various employers enable this and allow it to happen.

I am very aware of a widespread view that the “offer” of PH dept to the NHS is perceived to be not working optimally in many places. This is obviously a concern to the NHS. (of note, I can categorically say it is working well where I am based).

As yet uncertain territory is the extent to which Local Government values the high level of technical skill inherent in the effective delivery of health care public health, and other aspects of public health. This is a broader issue that may need to be considered with Local Government job evaluation scheme – which attaches greater importance to staffing and budgetary responsibility, as a consequence PH Consultants are seen as “expensive”, with obvious potential downstream consequences. Again, given local government finance, this is understandable.

In summary – health care public health is a distinct component of public health more broadly. The delivery of this aspect of PH has become more fragmented and disjointed since the transfer from the NHS. The delivery works very well in some places and poorly in others, for a range of complex reasons. The effective discharge of this function is highly valued by the NHS, parts of which feel they have “lost” public health. There are many advantages to PH as a whole being in local government, there are some costs especially to the NHS facing aspects of PH. The NHS values public health advice and expertise very highly, with consultants often having board / governing body roles in addition to delivery of advice at all levels of the organisation. There are direct benefits of health care public health to both the NHS and to local government, some of these are very tangible, some less so. The maintenance of a skilled workforce that has the ability to continue to discharge this component of public health is a strategic concern for the future.

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