Written evidence submitted by UK Faculty of Public Health (case study) (PHP0067)

About the UK Faculty of Public Health
The UK Faculty of Public Health (FPH) is committed to improving and protecting people’s mental and physical health and wellbeing. FPH is a joint faculty of the three Royal Colleges of Public Health Physicians of the United Kingdom (London, Edinburgh and Glasgow). Our vision is for better health for all, where people are able to achieve their fullest potential for a healthy, fulfilling life through a fair and equitable society. We work to promote understanding and to drive improvements in public health policy and practice.

As the leading professional body for public health specialists in the UK, our members are trained to the highest possible standards of public health competence and practice – as set by FPH. With 3,300 members based in the UK and internationally, we work to develop knowledge and understanding, and to promote excellence in the field of public health. For more than 40 years we have been at the forefront of developing and expanding the public health workforce and profession.

Case study on Healthcare Public Health – Headline messages:
1. There is a serious risk that scientific population health expertise, important for improving quality and safety, adding value – and saving money, will be lost from planning of health services;
2. Population health expertise saves lives and makes the NHS's precious resources go further. Effective health services cannot be effectively commissioned without public health expertise;
3. Population health experts are needed in every level of commissioning – from national (including on the Board of NHS England) to local (eg. local authorities and Clinical Commissioning Groups);
4. Population expertise needs the right funding and resources. The CSR and £200m disinvestment in public health will have serious implications for both local health and wellbeing and the NHS;
5. Separation of commissioning decisions about populations and the support functions has fragmented the commissioning function and a reduced the impact of coherent policy;
6. This has risked essential health services not being effectively developed to meet people’s needs, in particular for hard to reach groups who may become further marginalised;
7. This has increased the postcode lottery in commissioning with potentially wide variations between communities on what services are available;
8. Closer collaboration between local organisations with integrated thinking on commissioning services across health and social care which will reduce transaction costs.
Introduction: The impact of the Health and Social Care Act 2012 on the statutory Healthcare Public Health function

The UK Faculty of Public Health welcomes this opportunity to respond to the Health Select Committee’s inquiry on public health post-2013 – structures, organisation, funding and delivery. We are pleased to submit case studies focusing in greater depth on the importance of the healthcare public health function and provision of public health advice to Clinical Commissioning Groups (CCGs) and to the wider NHS.

At the outset, FPH expresses deep and ongoing concerns about the future of public health specialist input into healthcare planning and commissioning as a result of the Health and Social Care Act 2012 (the Act). Effective healthcare commissioning and meeting the challenges of NHS England’s Five Year Forward View requires CCGs to deliver highly competent local commissioning of effective and efficient healthcare services based on need. The value that public health specialists have traditionally brought to that CCG role was recognised in the Act, which made this service to CCGs a statutory part of the new public health role of local authorities in England.

Healthcare public health is one of the three core domains of specialist public health practice, alongside health improvement and health protection. Healthcare public health (HCPH) is concerned with maximising the population benefits of healthcare while meeting the needs of individuals and groups, by prioritizing available resources, by preventing diseases and by improving health-related outcomes through design, access, utilisation and evaluation of effective and efficient healthcare interventions and pathways of care. FPH draw the Health Committee’s attention to our recent definition of Healthcare public health\(^1\) (http://bit.ly/1IvNRqu), which is also attached with this submission.

Since the Act, and subsequent severe resource reductions of approximately 20% for English councils, there has naturally been pressure on the public health functions that transferred to local authorities in that reorganisation. One consequence of this in many places has been a gradual reduction in the specialist workforce that is dedicated to working on HCPH with CCG NHS commissioners.

Whilst this is not universal, there are many examples we have come across where that function is substantially limited or even absent. This is a matter of ensuring that the right people, with the right skills – experts in population health – are in the right place and able to provide the population with assurance that their local (and national) services will be commissioned to the highest quality and represent the best value for money, and improving the efficiency of the NHS.

Naturally many English council public health departments focus on their direct health improvement roles, wider strategic public health upstream work and the commissioning of those limited health services for which the councils are now responsible. We have many examples where private consultancy has been used by CCGs or DPHs because of a lack of those necessary skills or limited capacity within their existing teams working on mainstream health services commissioning, suggesting there is unmet need developing. Spending valuable funding on costly management consultancies, which may not be of the highest quality, to fill gaps left by public health does not represent the value for money the public would expect in addressing their population health.

There has also been a loss of more experienced specialist staff familiar with health services commissioning in many public health departments and although public health training is carefully overseen and comprehensive, many trainees and newly qualified Consultants now have limited experience of direct NHS work and familiarity with NHS datasets required in such work.

FPH feel very strongly that the future of high quality needs-based commissioning in the NHS will be compromised by a lack of specialist public health staff experienced and available to support GPs and other clinical leaders in that function in CCGs. In addition, as Integration and closer Health and Social Care commissioning models develop in a climate of increasing resource pressures, local health communities will require more rather than less support of this sort to maintain improving health outcomes.

FPH also emphasises the substantial and core role consultants in HCPH play in maintaining Joint Strategic Needs Assessment (JSNA) chapters – particularly those that relate to individual diseases and/or associated healthcare services – which are supposed to be a central support for health and wellbeing work. Many JSNAs are getting increasingly out of date – possibly due to lack of public health, and HCPH capacity within local authorities. Please note the workforce section of FPH’s wider submission to the Health Select Committee’s inquiry.

Whilst we recognise there are still public health teams that provide a superb and high quality service in the way envisaged in the Act, many are experiencing capacity or capability challenges as resource pressures and skill-mix change affects English public health departments. FPH recommends that an urgent review is undertaken on the current capacity for HCPH and whether Public Health England or NHS England need to take action to maintain a sufficient core of skilled practitioners to cover all healthcare commissioning organisations.

FPH further recommends, as it has done since the passage of the Health and Social Care Bill, that a public health presence should be embedded on a statutory basis on the Board of NHS England. FPH is committed to supporting this function and we are looking at ways of ensuring the best possible
training experiences for future specialists but feel strongly that Public Health England and NHS England’s oversight, influence and support is vital in safeguarding this role for the future.

**Case studies**

All of the examples outlined below are now at very serious risk of being undermined as a consequence of the Act and cuts to both local authority and PHE spending.

The future of high quality, value for money, needs-based commissioning in the NHS is being compromised by lack of specialist public health staff experienced and available to support GPs and other clinical leaders in that function in CCGs. It now clear that very serious unmet need is developing. FPH has evidence of:

1. Reductions in the specialist workforce within public health teams dedicated to working on HCPH with CCG NHS commissioners, as a result of the Act and funding cuts;

2. Private consultancy being used by CCGs or DPHs because of lack of those necessary skills or limited capacity within existing teams working on mainstream health services commissioning;

3. NHS commissioners spending valuable funding on costly management consultancies that do not represent value for money and are not of the highest quality to fill gaps left by public health;

4. Many trainees and newly qualified Consultants now have limited experience of direct NHS work and familiarity with NHS datasets required in such work;

5. Many Joint Strategic Needs Assessments are getting increasingly out of date – possibly due to lack of public health, and HCPH capacity within local authorities;

6. Separation of commissioning decisions about populations and the support functions fragmenting the commissioning function and a reduced the impact of coherent policy;

7. Increased postcode lottery in commissioning with potentially wide variations between communities on what services are available;

The following case studies demonstrate the critical importance of the healthcare public health function to effective and cost-effective commissioning. Local health communities will require more rather than less support of this sort to maintain improving health outcomes.

**Audit of premature mortality (East Midlands)**

The following is an example of public health specialists, expert in population health, leading on an audit of five practices’ mortality rates, to ensure services were providing the highest quality care to the local population:

A routine audit of five practices with relatively high levels of premature mortality found that while
processes could have been improved in a few cases, the overall care provided was reflective of the high standards offered across Nottingham City. Reviews were undertaken to determine the causes of the excess mortality and explore ways we might reduce levels in the future.

It was noted that several practices provided services targeted specifically at high risk groups eg. homeless people, and one had responsibility for a neuro-disability unit. This was the main reason for the statistical excess mortality. Only in a very small number of cases could there have been potential to improve the process of care. Clear evidence of high-quality care was presented, eg. early cancer diagnosis and care of complex patients. In many instances, the underlying health and social problems impaired the patient’s ability to self-care, which would challenge any practice.

**Supporting the Clinical Programme Approach (South West)**

The following is an example of public health specialists, expert in population health, leading on developing evidence based clinical care pathways for a service with a high spend and activity, and improving the population’s eye health:

A local CCG was committed to the clinical programme approach and had established an ophthalmology clinical programme group which had become focused on addressing the demands of NICE guidance for Age-Related Macular Degeneration. The local public health team was commissioned to complete a eye health needs assessment for the population.

This information enabled the CCG to reconsider how best to deploy its resources to prevent avoidable loss of vision. The group has been significantly renamed the Eye Health CPG and have led the commissioning of a community eye health service to provide evidence based pathways of care, integrated with the specialist eye services, through a network of local optometrists. A move to outcome based commissioning is now under consideration.

**Screening programmes (South West)**

The following is an example of public health specialists, expert in population medicine, leading on writing service specifications and clinical governance for CCG commissioned services, and improving integrated relationships between NHS England, the local NHS Trust and the local authority – to deliver an improved patient experience:

Healthcare public health specialists have provided leadership for the governance of the screening programmes delivered in the local NHS trust, providing an important senior point of contact for the commissioners in NHS England.

**Health and wellbeing (South West)**

The following is an example of public health specialists, expert in population health, leading on drawing up, implementing and monitoring the health and wellbeing agenda, for NHS staff and patients with long term conditions:

Healthcare public health specialists have provided leadership for development of the health and wellbeing agenda in many NHS provider organisations, building on the key messages within the Five Year Forward View with a focus on health and well being for staff and incorporating health promotion interventions into existing pathways particularly for patients with long term conditions.

**Breast cancer staging (Greater Manchester)**

The following is an example of public health specialists, expert in population health, providing important monitoring and evaluation of breast cancer screening – and providing patients and the local population with reassurance about clinical quality and outcomes:
Public health consultant input was a key part of monitoring and evaluation of breast cancer staging. A lower number of stage 1/2 (early disease) was noted in a particular population from a large report across several populations. The public health consultant met with local clinicians, discussed with the screening programme and PHE’s cancer registry to understand the numbers in more detail. A coding issue was determined, providing reassurance about clinical quality and outcomes.

Public health standards (Greater Manchester)

The following is an example of public health specialists, expert in population health, leading on the development of a set of service standards, now being advocated for use across all hospital providers in Greater Manchester:

An example of strategic inter-professional preventative service development was demonstrated by a public health team that developed a set of public health standards as part of the Greater Manchester Healthier Together programme.

These standards were refined within one provider organisation, with feasibility and the ability to embed prevention within hospital setting tested. These standards are now being advocated for use across all hospital providers in Greater Manchester.

Smoking cessation pre-operatively (Greater Manchester)

This following is an example of public health specialists, expert in population health, ensuring the right services are in place, starting with disease prevention and health promotion, and breaking barriers down to enable seamless care in the individual and population’s best interests:

Faced with the question about whether surgery should be offered to smokers, the public health team reviewed the evidence that showed poorer surgical outcomes in smokers.

The team worked with clinicians in primary and secondary care to discuss options such as restricting access to smokers or promoting cessation pathways. The team developed a set of video podcasts delivered by consultants in each surgical specialty and in anaesthetics. The videos were used to promote smoking cessation across the pathway (referral, outpatients, and pre-op). This is an example of preventative service design in partnership.

Effective Use of Resources (EUR) policy setting (Greater Manchester)

The following is an example of public health specialists, expert in population health, leading on the development of evidence based local commissioning policies and evidence reviews to ensure the prioritisation of the local strategy in accordance with the local population’s needs:

EUR policy setting by the public health team was comprised of evidence reviews, reviews of current practice, and comparisons of approaches, population impact and equality reviews.

Promoting health promotion in a health care setting (Greater Manchester)

The following is an example of public health specialists, expert in population health, successfully promoting and embedding an integrated health promotion and preventative approach across the CCG, local authority, Foundation Trust and mental health provider, to deliver an improved patient experience and to deliver the NHS value for money:

Prevention and empowerment is one of four programmes across a strategic programme owned by the CCG, Local Authority, FT and mental health provider. The public health team has woven prevention into the other three programmes (proactive care, urgent care and planned care) and has designed a health promotion form to sit within the integrated record so that any professional seeing a patient can update information about healthy behaviours (smoking, alcohol, physical activity etc.) and check screening status. It is planned to sit alongside increased health trainer resource in clinical settings and healthy living pharmacies in the hospital site and other areas of the borough.
Models of supporting CCGs (North East)

The following is an example of public health specialists, expert in population health, identifying improvements that could be made for the use of research in decision making, to improve the interface between CCGs and NHS commissioners, realise the aspirations for NHS transformation – and improve models of local (and national) care:

Public health consultants are currently undertaking a study funded by the National Institute of Health Research, looking at different models of supporting CCGs (in the North East) in their use of research in decision making.

One of the observations made so far is that the people with the relevant skills insights and mandate for promoting the use of research in PCTs (i.e. public health teams) have been removed from the interface with NHS decision makers. Hence, the aspirations for NHS transformation through research and innovation as outlined in Innovation, Health and Wealth ² seem rather remote.

Redesign of brain injury rehabilitation services (Lanarkshire)

The following is an example of public health specialists, expert in population health, redesigning a brain rehabilitation service and improving the local population’s experience and delivering cost savings to the NHS:

A public health-led fundamental redesign of a brain injury rehab service has resulted in a demonstrable improvement in population needs being met as well as considerable cost savings on a recurrent basis for the NHS Board (Lanarkshire).

Historically NHS Lanarkshire lacked any clinical expertise or management involvement in this service area, which was contracted to an external provider. This scenario meant that public health initiated and led the service redesign that resulted in the establishment of a local rehab service that addresses previously unmet need and considerable financial savings for NHS Lanarkshire compared with the old service model.

Service Evaluation of new Hospital at Home service (Fife)

The following is an example of public health specialists, expert in population health, evaluating a new hospital and home service. The evaluation was used to guide further implementation of the service by NHS Fife and the results have been shared widely in Scotland.

NHS Fife public health department led a two year programme of service evaluation of a new Hospital at Home service in Fife (Population 360,000) during 2012 and 2013. The new service aimed to be financially and practically sustainable and to provide an alternative to emergency hospital admissions for some older people; reduce numbers of people requiring long term institutional care and length of hospital stay; and enable older people to maintain their independence at home. The evaluation approach was formative in nature and ran in parallel with phased implementation.

Methods included Literature Review, Interviews with key informants, Staff Surveys, Case Studies, Audit of Patients receiving the new service and analysis of routinely available data, and financial analysis. Interim results were reported back as they became available to assist with ongoing implementation.

The final report analysed the extent to which the service was meeting its initial aims and made a series of recommendations. The report was used to guide further implementation of the service by NHS Fife and the results have also been shared widely in Scotland.

Smoking cessation policy in secure mental health units

The development of a PHE document on smoking cessation policy in secure mental health units commissioned by NHS England was led by a public health consultant focused on specialised commissioning. This was a particularly difficult area to introduce this policy. [http://bit.ly/1OKDKD4](http://bit.ly/1OKDKD4)

Examples of work for Specialised Commissioning in NHS England

National


Much of this is the skilled input or contribution of consultants in public health into a commissioning team working in a particular area. These include a consultant in public health lead working on the NHS England priority setting process.

All specialised commissioning consultants in public health input to decisions on Individual Funding Requests (IFRs) and strengthening of the IFR process. They have overseen use of the generic policies listed on this webpage, which cover certain difficult commissioning issues.

Specialised commissioning consultants in public health have supported development of a large number of clinical commissioning policies to help manage requests for new clinical developments often where evidence of benefit is uncertain. A large number are still in the developmental phase but some already agreed clinical policies can be found here on Clinically Reference Groups pages, which can be accessed through this page [http://bit.ly/1m1eQWm](http://bit.ly/1m1eQWm).

Local

Much of the local work for the 10 specialised commissioning teams is not published on public websites. At local level some of the key developmental work is starting through the 10 collaborative commissioning groups where each specialised commissioning team works with local CCGs on shared priority issues, such as Child and Adolescent Mental Health, and surgical obesity services (which are returning to CCG commissioning). This agenda will expand and it will be important that we link up with the CPHs supporting CCGs although this is where there is concern as anecdotally this input is reported as being variable and often under threat by local authorities not seeing the NHS as part of their priorities.

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