Written evidence submitted by Dr Alison Forrester (PHP0071)

These are my personal views, based on nearly 30 years of working in public health (PH) in the north of England, supplemented by those of colleagues working across England in healthcare public health (HCPH). I currently work across two local authorities (LA), on a part-time basis, as a healthcare public health advisor. This is a personal submission and does not reflect the opinion of any organisation where I work.

Executive summary

Public health is fragmented and underfunded. The NHS benefits hugely from its work in preventing ill health. Ring-fencing a shrinking budget is something of an oxymoron! It needs better recognition and funding, including the role of healthcare PH in providing evidence-based advice about commissioning NHS services in a cost-effective way. These expert skills are under threat, and without this advice the NHS will have an even greater challenge in meeting the efficiency savings required of it.

- The impact of structural changes on the delivery of public health functions

1. Public health across my area used to work as a cohesive multidisciplinary team. It was then separated into 2 local authority teams (one, with an insufficient proportion of the overall budget, has not had a substantive Director of Public Health for over a year). Colleagues also moved to PHE, or back to clinical work or private consultancy, making coordinated teamwork and responses to urgent matters much harder. The public health workforce is fragmented and demoralised.

2. This has complicated the delivery of PH functions, with PH not well recognised for its role in preventing ill health and improving the health of the population. It has become harder to influence the health of the local population and develop consistent policies, not least because there is often a lack of co-terminous boundaries between CCGs and councils.

3. Healthcare PH, in particular, does not sit comfortably in a LA environment – but has a crucial role in providing evidence-based advice about the commissioning of NHS services in a cost-effective way. Without this advice the NHS will have an even greater challenge in meeting the efficiency savings required of it. These expert PH skills are a scarce resource which needs to be valued and nurtured.

4. Many of the healthcare PH consultants (often from a clinical background) giving advice in this area have very specialist knowledge, skills and experience which under agenda for change, scored highly. However, the LA’s job evaluation scheme attaches a much greater importance to budgetary and staffing responsibility. Consequently, HCPH Consultants are seen as too expensive by the Council. As a result, many are being downgraded and thus moving away from the LA. This is leaving PH teams
devoid of these skills and the outlook for the quality of HCPH advice given in future is bleak.

- **The effectiveness of local authorities in delivering improvements to public health and the impact of public health spending cuts**

5. The effectiveness of local authorities is very constrained by lack of recognition of the expert skills required and by the limited budget, which has just been cut by 20%. It is illogical to regard funding of PH work as “non-NHS” and ring-fencing a shrinking budget is something of an oxymoron! The funding of core PH activities to prevent ill health - such as stopping smoking, alcohol reduction, long-term contraception and obesity management - could all reduce future demands on the NHS.

6. There are also problems with a lack of independence. PH teams, operating in LAs, are now constrained by each Council’s need to maintain neutrality, and public health (especially Directors) are unable to speak out freely about all matters despite their suggestions being based on the best possible evidence. There are many occasions when even the most evidence-based and generally accepted suggestions may not be popular or sit well with politicians or their Council.

7. In addition, many “Directors” of PH are *Director* in title only. In the past (and under PCTs), the DPH was accountable to the Chief Executive. In the LA, DsPH are now accountable at a point much lower down in the structure. This significantly weakens their influence and that of the PH team.

- **Recommendations**

8. We would like to see the advocacy role of PH strengthened, with all DsPH working at director level, as a member of the Council Executive Management Team, accountable to the chief executive within local authorities. The DPH should also be a full member of CCG Governing Body so that PH advice is given at this senior level and not just considered advisory.

9. Funding issues need to be addressed urgently as it is perverse to reduce PH spending on activities to prevent ill health such as stopping smoking, alcohol reduction, long-term contraception and obesity management. These could all reduce future demands on the NHS.

15 December 2015