The Public Health Contribution to Local Authorities

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Introduction

1. With the passing of the Health & Social Care Bill, local authorities will be given a new statutory duty from April 2013 to improve the health of their populations. Through subsequent regulations they will also be given responsibilities to ensure there are plans in place to protect the health of the population, and to provide public health support to the new Clinical Commissioning Groups (CCGs). In summary, Local Authorities will have key responsibilities across the three domains of public health – health improvement, health protection, and the population aspects of health care. In discharging these responsibilities they will be supported by their own expert PH workforce, and by Public Health England.

2. At the same time, Directors of Public Health, and a range of other public health professionals, will be transferred from Primary Care Trusts (PCTs) to local authorities. This will bring a new set of scientific, technical and specialist skills into local authorities, along with a vast experience of the NHS and links and networks with NHS clinicians and managers. The aim of this paper is to help local authorities understand what this public health workforce can offer and how to get the best out of them, both in respect of their new responsibilities and their wider corporate agenda.

How Can Public Health Help Local Authorities?

3. Public health professionals are accustomed to working at senior level in a range of national and local organisations, providing expert, objective and impartial advice to guide policy making, and then executive leadership of implementation – an approach which should translate seamlessly to working at the heart of local government. They will bring local authorities a range of skills and experience to complement existing strengths, and contribute to delivery both of their new public health responsibilities and other corporate priorities.

4. Public health professionals are used to working in partnership and leading across a range of different agencies from the public, private and voluntary sectors. Similarly they are used to liaising with other professionals and experts from a variety of disciplines and backgrounds, particularly within healthcare, to understand, interpret and apply technical material. This versatility is essential to effective delivery of public health, and could equally well be applied to other local authority functions.

5. By virtue of their professional accountability and expertise, public health professionals are able to communicate effectively and enjoy ‘trusted status’ among the public. Again this is crucial to effective delivery of public health, and could be harnessed in support of other local authority functions. More details of the public health professional workforce and professional competencies are outlined in Appendices 1 and 2.
6. The new statutory duty to improve health presents local authorities with a range of opportunities: to develop new approaches to promoting health & well-being drawing on the local as well as the national evidence base; to exploit synergies across other areas of business; to better integrate all local public services; and to strengthen action at a community and neighbourhood level. Public health professionals can help in a number of ways to realise all of these.

7. Firstly by helping local authorities to understand their population. Public health professionals will be able to work with existing intelligence resources to build a rich picture of the health & well-being needs and assets of local communities, and enable informed decisions about local priorities. They will be able to construct complex, evidence-based models of the potential impacts and costs of different options for improving health & well-being and enable informed decisions about the use of resources and disinvestment.

8. Secondly by shaping action. Public health professionals will be able to contribute an expert perspective to support development of evidence-based and integrated strategies and services to improve health & well-being, working with local public service partners, businesses, the voluntary sector and communities themselves. This will enable local authorities to get the best value for money from the public health ring-fenced grant, to understand the impact of all of their decisions on health and to optimise the impact of their full portfolio of services, as well as partner agencies and communities themselves on health & well-being.

9. Thirdly by mobilising communities. Public health professionals will be able to support elected councillors and other local leaders to provide community leadership in relation to health for the populations they serve, to act as well informed and effective advocates on their behalf of their health, and to influence national and local policy development. Their advice will strengthen democratic accountability for health and enable councillors and officers to be well informed about health and health care when they engage with local communities.

10. Fourthly by ensuring accountability. Public health professionals will be able to ensure that nationally mandated public health services and activities are appropriately tailored to local need whilst meeting the expectations of Public Health England. They will also be able to ensure that the impact of local strategies and services to improve health & well-being can be appropriately measured, including against those indicators which will form part of the Public Health Outcomes Framework.

11. Finally by reaping the rewards of success. Health & well-being programmes done properly resonate positively with the public and are a good way to connect with local people. Public health professionals will be able to ensure that they are effective and well-received, and that local authorities are able to use this success to enhance their corporate reputation.
12. The new responsibility to protect health is more of a risk: things can go very wrong very quickly and in the full glare of the public eye. Public Health England will also have substantial responsibilities to protect health working alongside LAs and DsPH. Public health professionals will give local authorities confidence that risks are being effectively managed by a dedicated and expert workforce which: understands the nature of the threats; has the skills and experience to develop coherent and comprehensive plans to address them; can effectively lead any response; and is professionally as well as corporately accountable. PH professionals can also influence and support other key health protection partners including NHS partners.

Working with the NHS

13. With recent experience of working within the NHS, public health professionals will bring local authorities an intimate understanding of how the NHS works and how it can be influenced. They will be able to help local authorities to build reciprocal understanding and trust with the CCGs, and develop and maintain constructive relationships with local healthcare providers.

14. Developing integrated health & well-being strategies and making the best use of collective resources across the NHS, public health and social care will be increasingly important. Public health professionals will provide vital input to Health & Well-being Boards, through the Joint Strategic Needs Assessment, to ensure that local authorities and NHS commissioners understanding the key drivers of health & wellbeing, the priorities for service improvement and the assets that local communities can bring to bear on health issues.

15. The new responsibility to provide public health support to CCGs will require specialist skills unique to public health professionals. Again public health professionals will enable local authorities to be confident that the advice they are providing to CCGs is of a high scientific and technical quality, has credibility with clinicians, and has professional integrity. Public health professionals can also support the clinical education, research and audit responsibilities of CCGs.

16. In the context of an ever increasing focus on the quality and productivity of NHS services, public health professionals will be able to offer local authorities an expert and unbiased perspective on local NHS funded services to help Members and Scrutiny hold them to account - both as to whether quality and productivity is acceptable in the here and now, and whether there is a coherent and credible plan to sustain quality and financial balance in the longer term.
At a time when public resources are becoming increasingly scarce, public health professionals can help local authorities analyse and improve the effectiveness and value for money of all of their services. Public health scientific and technical skills are eminently transferable to support a range of corporate priorities, and the workforce will actively be looking for opportunities to make a contribution. With many local authorities becoming more commissioning focused, public health professionals can bring rigour to the commissioning process.

The contribution that public health professionals will be able to make to local authorities’ wider corporate agenda includes the following skills and expertise.

- Structured ways of doing needs assessment.
- Finding, assessing and applying evidence of what works.
- Understanding the interaction and collective impact of complex variables and modelling the potential impact of different options for service redesign.
- Strengthening prevention to avoid downstream spend across service areas especially in social care.
- Assistance with prioritisation to help manage the conflict between individual wants and needs and the best use of resources for the whole population.
- Advice about the most appropriate targeting of services and interventions to those groups at greatest need.
- Support for public consultation.
- Evaluation of the success of service redesign.

In many areas, public health has already been contributing substantially to delivery of local authority corporate priorities as listed below. Specific examples are available from individual Directors of Public Health.

- Integrating public services
- Localism and devolved decision making
- Improving value for money
- Supporting local businesses
- Modernisation of adult social care
- Early intervention
- Planning and regeneration
- Community safety
- Reducing litter
- Promoting corporate reputation
1. At local level public health professionals typically include the Director of Public Health, Consultants in Public Health, and Public Health Practitioners, together with other specialist staff, including health protection nurses and epidemiologists.

2. Directors and Consultants in Public Health have a key role in health improvement, health protection and service improvement, including provision of expert public health advice and support to clinicians and NHS commissioners. They bring a population perspective to service planning and care pathway development, often acting as the ‘honest brokers’ between primary and secondary care clinicians and as ‘critical friends’ to commissioners.

3. Directors and Consultants in Public Health have a sound understanding and experience of the sciences of epidemiology, statistics, health economics, social sciences, management studies, ethics and law. They are also competent in a range of academic, research, management, leadership, advocacy and strategic skills. They are able to communicate effectively with the public – for example by promoting understanding of health risks. And they work effectively with other agencies and individuals, including the media, to improve population health & well-being.

4. Some Directors and Consultants in Public Health are medically qualified, and others are not. In order to be appointed as a Director or Consultant in Public Health an individual must be on the specialist Public Health Register, and they are appointed to their post through a formally constituted Advisory Appointments Committee, which includes an external assessor, provided by the Faculty of Public Health (FPH). Medically qualified Public Health Consultants can only be appointed through such a Committee.

5. There are two routes to specialist registration. The first is through a five year training programme, which includes completing a Masters’ Degree, and undertaking rotating placements in public health settings. In order to enter the training scheme, applicants must either have competed medical training or have a good first degree in a subject relevant to public health together with at least three years post-degree work experience in a relevant area, such as social science or a health professional qualification, such as nursing.

6. The training curriculum is devised and overseen through the Faculty of Public Health, which is the standard setting body for public health. In order to demonstrate their ability to practice effectively, trainees must achieve over 100 competencies throughout their training and pass both written and practical skill examinations. On completion of training, successful candidates must be registered with a regulatory body. Those with a medical background must have full GMC registration and be on the GMC specialist register. Those with a non-medical background must be registered with the UK Voluntary Register for Public Health Specialists.
7. The second route to specialist registration is through retrospective portfolio, whereby those who have extensive experience and knowledge of public health (including a Masters’ Degree) demonstrate achievement of all competencies through submitting evidence against each of over 100 standards.

8. Directors and Consultants in Public Health who are medically qualified are employed on the NHS consultant contract and are part of the NHS consultant body, with equivalent status and pay. Those with other professional backgrounds are employed on other NHS pay scales: Directors on the Very Senior Manager scale, equivalent to other NHS Directors, and Consultants at the top of the Agenda for Change scale at a level with terms and conditions similar to the NHS consultants.

9. All Directors and Consultants have a professional requirement for Annual Appraisal and continuing professional development which is organised through the Faculty and includes the requirement for an annual return to the Faculty demonstrating that they remain competent and up to date in order to continue their practice. Many have responsibilities for teaching public health at undergraduate and postgraduate levels and for training of medical and public health trainees.
Appendix 2: Public Health Professional Competencies

1. All public health staff with professional registration will have demonstrated competence against a set of professional standards.

2. Consultants in Public Health will have achieved a high level of competence in the following nine key areas of public health:

   i. Surveillance and assessment of the population’s health and well-being. This includes the qualitative and quantitative assessment of the population’s health, including managing, analysing, interpreting and communicating information that relates to the determinants and status of health and well-being. Integral to this is the assessment of the population needs and its relationship to effective actions.

   ii. Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services. This includes the critical assessment of evidence relating to the effectiveness and cost effectiveness of public health interventions, programmes and services including screening. It concerns the application of these skills to practice through planning, audit and evaluation.

   iii. Policy and strategy development and implementation. This includes developing strategies and policies, and assessing their impact on health.

   iv. Strategic leadership and collaborative working for health. This includes leading teams and individuals, building alliances, developing capacity and capability, working in partnership with other practitioners and agencies, and using them effectively to improve health and well-being.

   v. Health improvement. This focuses on promoting the health of populations by influencing lifestyle and socio-economic, physical and cultural environment and health education for populations, communities and individuals.

   vi. Health protection. This includes prevention of the transmission of communicable disease, including through immunisation and vaccination; management of outbreaks and incidents; infection control; risk assessment; and environmental hazard identification.

   vii. Health and social service quality. This includes commissioning, clinical governance, quality improvement, patient safety, equity of service provision, and prioritisation of health and social care services.

   viii. Public health intelligence. This focuses on the systems needed for organisations to base policy and practice on sound intelligence, including surveillance; performance management; and cost effectiveness analysis.

   ix. Academic public health. This includes the teaching of and research into public health.

3. Public Health Practitioners will have a range of professional competencies and qualifications, from a variety of disciplines, such as nursing, health promotion, sports science, nutrition, information science, midwifery and health visiting. A new practitioner qualification route in public health is currently being developed nationally, and those who achieve registration will do so by demonstrating competence relating to twelve standards, all of which map closely to the nine specialist areas listed above.