



Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

White Paper Response – Key Points

Main principle:

Public health is the science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society.

There are **three** domains of public health: **health improvement** (including people's lifestyles as well as inequalities in health and the wider social influences of health), **health protection** (including infectious diseases, environmental hazards and emergency preparedness) and **health services** (including service planning, efficiency, audit and evaluation). **All three** domains need to be addressed actively if the public's health and wellbeing are to be protected and improved.

To ensure that expert support is available for all those concerned with protecting and improving the public's health, public health should be maintained and developed as a respected, resilient, multidisciplinary profession working across the three domains of health protection, health improvement and healthcare services.

Comment: the public health white paper, Healthy Lives, Healthy People, focuses on prevention and protection, making limited mention of the health service domain of public health practice and apparently fails to recognise the importance to health of effective, equitable, accessible and appropriate health services.

Key points:

1. Responsibility for protecting and promoting the health of the local population

- Local authorities should be accountable for protecting and improving the health of their populations at all times, including outbreak and emergency situations.

- Public Health England should support local authorities in doing this.
- Local authorities should be required to use the skills and expertise of public health specialists to deliver health and wellbeing for their local population.

Comment: neither the Health and Social Care Bill nor the public health white paper articulates these responsibilities clearly. This puts the public at serious risk, particularly in emergency or epidemic situations.

2. Public Health England

The new public health service should:

- Be able to offer independent advice to national and local government, the NHS and the public on all matters relating to the maintenance, improvement and protection of health.
- Provide effective, expert and adequately resourced local teams, supporting and working closely with local services, including the director of public health (DPH), on all three domains of public health.
- Be able to provide advice and guidance to the devolved nations where they are unable to access this locally.
- Be established as a special health authority or, if it must be part of the Department of Health, as an executive agency.

Comment: It is unlikely that these aims can be achieved if Public Health England (PHE) becomes a fully-integrated part of the Department of Health. Establishing PHE as a special health authority or as a distinct executive agency of the Department of Health would offer a more practical and acceptable way forward. By employing consultants and specialists in all three domains of public health and, where appropriate, seconding them to support local organisations – including as part of the DPH's local team – PHE will be able to ensure that scarce specialist resources are used and developed to best effect. This could also enable consultants and specialists to remain on NHS terms and conditions of service.

3. The director of public health of a local authority in England

A DPH must:

- Be trained and registered to specialist level in public health.
- Be required to produce an independent, public annual report on the health and health needs of their population.
- Be a statutory member of the Health and Wellbeing Board.
- Be directly accountable to the local authority CEO.
- Have responsibility for managing the ring-fenced public health budget and public health staff.
- Provide strategic leadership for all three domains of public health at local level.
- Have direct access to the local authority's cabinet and councillors.
- Not be sacked for any reason without the approval of both the local authority **and** the Secretary of State.
- Have a contractual relationship – which could be honorary – with PHE.
- Be appointed jointly by the local authority and PHE, through a statutory appointments process which mirrors the existing process for DPHs and consultants/specialists in public health – and which is accredited by FPH (as is currently the case).

Comment: in order to provide effective strategic leadership for public health, the DPH must be able to influence all aspects of the work of the local authority and the local health economy. The public must also be confident that the DPH is able to provide informed, independent professional advice. As currently drafted, both the public health white paper and the Health and Social Care Bill would allow someone without the relevant training or qualification to be appointed as a DPH. There is no requirement in either for the DPH to have direct access to the cabinet, councillors or to the CEO. The relationship of the DPH with PHE is unclear, and the DPH could have their employment terminated without the approval of either PHE or the Secretary of State for Health.

4. Regulation

- FPH is the standard setter for all public health practice in the UK.
- The title 'Specialist in Public Health' should be a protected title, required by statute to be registered.

Comment: consultants and specialists in public health, including DPHs, give advice and take decisions which have a major impact on the lives of many thousands of people. Although doctors and dentists working at this level must have statutory registration, this is not required for those from backgrounds other than medicine, although their responsibilities are often identical.

5. Public Health Training

- Should be organised and provided alongside training on other medical specialties with similar routes of access, standard setting and quality assurance.

Comment: public health training is currently organised and funded in this way. It works well and attracts high calibre recruits from a wide range of backgrounds. Dislocation from the 'mainstream' would present significant risks for recruitment, retention and quality control. The range of training placements will, however, need to be increased to ensure trainees gain experience in all relevant settings.

6. GP commissioning

- GP consortia should be required to work with DPHs and, through them, their teams to ensure that commissioning decisions made by GPs are underpinned by expert public health advice.

Comment: the population perspective brought by public health experts and the patient-focused perspective of GPs are complementary. Both are needed for successful commissioning. The engagement of the local DPH and their team will facilitate a strategic approach, rooted in the needs of the local communities.

7. Information

- The new system must ensure that all those working in public health have access to timely, comprehensive and appropriate data and analysis to inform their decisions and advice.

Comment: reliable data and information are essential to the understanding of health needs, modelling of future scenarios and assessment of impact and efficacy. This is relevant both for service planning and design and for the recognition of and response to hazards and outbreaks. Public health professionals need a comprehensive and intimate understanding of their local population if they are to identify the need for – and to effect – change in any one of the three public health domains. The implementation of Healthy People, Healthy Lives, could result in disruption of existing flows of data and the loss of analytical expertise. Arrangements for maintenance of the public health observatory function and for ensuring access to health service data need urgent clarification.

8. Teaching and research

- High quality public health teaching and research, addressing all three public health domains, are crucial to the success of the new system. They must be closely engaged with all levels of public health service and with undergraduate, postgraduate and continuing professional development in all relevant disciplines.

Comment: Healthy Lives, Healthy People acknowledges the importance of research and the establishment of the NIHR School of Public Health is encouraging. However, local authorities do not have the strong research tradition of the NHS, and public health research and evaluation may be difficult to initiate and maintain in that environment, particularly in the current economic climate. Academic enquiry and rigour are essential components of good public health practice. Links between service and academic staff have often been weak in the past. The new system offers an opportunity to build and strengthen relationships. This will require active support from universities and clarity on the relevant contractual frameworks.

9. Funding

- The scope of the ring-fenced budget must be defined clearly.

- The funds available in the ring-fenced budget must be sufficient to meet the needs for which that budget is intended.

Comment: there is a risk that the existence of a ring-fenced budget for 'public health' will be expected to cover 'all' public health interventions when many of these are, and will continue to be, the responsibility of other organisations. The uses to which the ring-fenced budget is to be put must be identified clearly and the size of the budget calculated from a realistic baseline.