



The Importance of System Working - Opportunities in the New Public Health System in England

Introduction

The Faculty of Public Health defines public health as ‘the science and art of preventing disease, prolonging life, and promoting health and wellbeing through the organised efforts of society’.¹ As such, public health covers a large breadth of topics and functions. These are delivered across several organisations and requires working across local civic processes, all parts of the health and social care system, government departments, academia, and more. This creates a highly complex system in which public health must operate to achieve its aims.

System working faces additional complexity when public health undergoes a system re-structure, as occurred in England in 2021. As with any re-structure, this presents challenges but also significant opportunities.

This paper has been created by the Faculty of Public Health to summarise the perspectives of public health leaders in England on their priorities and ambitions for system working in this new structure. It has been created through a series of conversations and workshops with leaders from across the public health system.

Summary of the structure of the Public Health system in England in 2022

Public Health England was abolished in 2021 and its functions were re-distributed. Two new national organisations were created: the United Kingdom Health Security Agency (UKHSA) which predominantly has a remit for health protection functions, and the Office for Health Improvement and Disparities (OHID) which has the functions of health improvement, wider determinants of health, and inequalities. NHSE/I has taken responsibility for immunisations, screening, and health services (some of these have a joint responsibility with OHID). A full summary of the distribution of functions across these organisations can be found in the link in the footnotes.² The nine regional directors of public health are now jointly aligned to OHID and NHSE/I. At the same time, broader changes are occurring in the NHS at a local level, with the creation of Integrated Care Systems. These will bring closer alignment between NHS functions and work to address wider determinants and health inequalities. Local delivery of public health remains within Local Authorities under a Director of Public Health. A full summary of this complex system is available via the link in the footnotes.³

¹ https://www.fph.org.uk/media/3031/fph_systems_and_function-final-v2.pdf

² <https://www.gov.uk/government/publications/location-of-public-health-england-phe-functions-from-1-october-2021/public-health-system-reforms-location-of-public-health-england-functions-from-1-october>

³ <https://www.kingsfund.org.uk/publications/public-health-and-integrated-care-reform>

The value of system working to achieve public health aims

Working effectively as a system has allowed public health to deliver some crucial improvements in outcomes for the population, for example in the reduction in smoking prevalence over the past decades. However, over recent years there has been a worsening in some key public health outcomes – for example in health inequalities,⁴ obesity,⁵ alcohol-related liver disease,⁶ and drug related deaths.⁷ Tackling these complex challenges will require strong collaboration across organisations, and a stated commitment to working as a system.

Public health is classically divided into three domains: health protection, health improvement, and health services. The delivery of the wide range of public health roles and functions is spread across multiple organisations, each with a different remit, geographical focus, and system of accountability. Movement of professionals between these domains and organisations is felt to be becoming increasingly difficult. This can lead to a lack of in-depth understanding of the work of other parts of the system. The overlapping aims and remits can also lead to real or perceived competition between different parts of the system. Public health professionals need to increase their understanding of the work and priorities of all parts of the system, and how this can be used to collaborate and not compete to achieve the desired outcomes. Whilst there are some distinct elements that are best delivered by individual parts of the system, there is a clear continuum between the domains of public health. Tackling complex issues such as addressing health inequalities requires seamless working across domains and organisations and overcoming the barriers that may obstruct this.

Public health needs extensive reach into multiple organisations, departments, and systems to achieve its aims. Public health needs to be able to recognise the unique approach and skill set it can bring to tackling complex problems,⁸ and be able to communicate this effectively to wider partners. This is particularly important where there is overlap in functions. For example, with the increasing recognition of prevention and health inequalities within the NHS and the creation of the Integrated Care Systems, it is important to be able to clearly communicate and promote the value of the public health approaches to these developing organisations.

The public health system needs to collaborate to identify and communicate examples of where successful system working has contributed to achieving public health outcomes. Working towards this would also allow an opportunity to identify gaps where improving collaboration could lead to better outcomes, and to build a core set of public health priorities for the system.

⁴ <https://www.kingsfund.org.uk/projects/positions/health-inequalities>

⁵ <https://www.gov.uk/government/statistics/national-child-measurement-programme-ncmp-changes-in-child-bmi-between-2019-to-2020-and-2020-to-2021/ncmp-changes-in-the-prevalence-of-child-obesity-between-2019-to-2020-and-2020-to-2021>

⁶ <https://www.gov.uk/government/statistics/liver-disease-profiles-january-2022-update/liver-disease-profiles-january-2022-update>

⁷ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/death-related-to-drug-poisoning-in-england-and-wales/2020>

⁸ https://www.fph.org.uk/media/3031/fph_systems_and_function-final-v2.pdf

Priorities for System Working

Systems Leadership

Effective system working requires a foundation of trust and shared values within the public health system, which allows for strong partnership and agile collaborations.⁹ The COVID-19 pandemic has provided many examples of what can be achieved when the system pulls together, but also brought to light various challenges of working across a complex system.

Strong systems leadership is critical to building these effective partnerships. Systems leadership is not a static quality and needs to be formed and maintained.¹⁰ The public health profession needs to create the environment in which systems leadership can develop and flourish. This will allow for a system culture in which leaders feel empowered to provide strong, visible, and accountable leadership. This needs to be a joint endeavour across all parts of the public health system, as well as with leaders across the wider system. It requires protecting time and headspace for leaders to understand the challenges and priorities at different parts of the system, and through this to build trusted working relationships. It will build a strong foundation that provides resilience to future changes in the system. This will also help create a more unified public health 'system voice' which could facilitate bold and brave decision making in complex and high-pressure situations.

Workforce development

Public health leaders in England have identified a looming workforce crisis for public health. The COVID-19 pandemic has exacerbated workforce challenges as it has resulted in significant flux in workforce numbers and capacity, along with some low morale in the system. The public health system needs to urgently advocate for adequate staffing numbers at the local and national level, as per the FPH recommendations.¹¹

The need to focus on training and nurturing of talent in the middle stage of careers has been identified as a priority, and to build a strong career progression ladder for mid-level careers. The public health system needs to create a fertile environment in which specialists can grow and thrive within the profession, and nurture a lifelong development in leadership. This applies for all facets of the public health workforce, including colleagues from other disciplines and professions who work in the public health space. Promoting and facilitating movement of public health professionals around the system would deepen understanding of the system as a whole, and help embed a common system culture.

Emergency preparedness and response

The COVID-19 pandemic has re-emphasised the need for the public health system to be prepared, robust, and resilient to respond effectively to major threats and incidents. This applies to all part of the public health system, not just health protection functions. The pandemic produced significant learning in terms of system interaction, collaborative working across local, regional, and national teams, and lines of control during incidents. These need to be built into planning for future incidents. Training exercises are a key method of increasing readiness for major incidents; they help build strong working relationships, increase knowledge, and can be used to 'stress test' interactions

⁹ Bigland, C., Evans, D., Bolden, R., & Rae, M. (2020). Systems leadership in practice: Thematic insights from three public health case studies. *BMC Public Health*, 20, <https://doi.org/10.1186/s12889-020-09641-1>

¹⁰ Developing Senior Public Health Leadership: a Systems Perspective. Unpublished discussion paper. Professor Jim McManus, December 2021.

¹¹ https://www.fph.org.uk/media/3031/fph_systems_and_function-final-v2.pdf

between the different parts of the public health system under pressure. Training exercises would serve another important function of keeping non-health protection workforce updated with skills in health protection and emergency response, as was required during the pandemic.

Another significant learning point from the COVID-19 pandemic has been the recognition of the extreme pressure that high-profile incidents place on the entire public health workforce, and in particular public health leaders. Efforts should be made in training exercises to reflect this and help preparedness of staff in senior positions for this pressure they may encounter.

Evaluating and communicating impact

The complexity of public health issues means that impact and value can be hard to demonstrate. This can lead to a lack of recognition and understanding of the role of public health among the health and care system, government departments, political systems, and more.

Expanding and strengthening systems for evaluating impact would help promote the value of public health, both to key partners and within the public health workforce. Communicating this value effectively would help build trust with our partners. This trust is crucial to achieving long-term aims, as well as to facilitate confidence in decisive cross-organisational decision making in future emergency situations.

Standards

Standards for public health practice that include an understanding of what good should look like in different parts of the system are an important way for us to be maximally effective as a specialty. Encouraging adherence to these standards throughout the system should build on the significant work already undertaken by the Faculty of Public Health¹² and the Association of Directors of Public Health ‘what good looks like’ publications.¹³

Opportunities and Ambitions for System Working

No ‘perfect’ structure for a public health system exists, and all structures provide challenges and opportunities. One of the big opportunities in the new system structure is that public health leadership is now strongly represented across a range of organisations and is well placed to have extensive reach and influence: in the Chief Medical Officer office, the Department of Health and Social Care, the Office for Health Improvement and Disparities (OHID), the United Kingdom Health Security Agency (UKHSA), the NHS, and the stronger links between the regional directors and the Chief Medical Officer. The COVID-19 pandemic has also increased the visibility and profile of the role of public health, both within partner organisations and with the public. Directors of public health in particular have increased visibility and opportunity for impact in their local communities.

In his speech on health system reform to the Royal College of Physicians in March 2022, the Secretary of State for Health and Social care outlined his commitment to prevention and reducing inequalities.¹⁴ The creation of integrated care systems provides a significant opportunity to embed public health approaches widely across the health system and society. Working with the NHS and

¹² <https://www.fph.org.uk/professional-development/good-public-health-practice/>

¹³ <https://www.adph.org.uk/2019/06/what-good-looks-like/>

¹⁴ <https://www.gov.uk/government/speeches/health-and-social-care-secretary-speech-on-health-reform>

enabling them to take more ownership in delivering these crucial aims will be a significant lever to achieve real public health value.

In order to create a step-change on key issues, the public health system needs to work collectively to identify joint priorities that will be championed across the system. By identifying two or three key system priority issues, these would become flagships for collaboration and collective focus to achieve outcomes. This could be used as a valuable demonstration of the value of system working in public health.

Finally, bringing together all of the system priorities above will help build a robust and resilient public health system. It will help to foster a system culture that has nuanced understanding of other parts of the system and isn't unnecessarily critical, and that can work together to achieve the outcomes which are core to the values of public health.

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