Public Health England

Protecting and improving the nation's health

Public health advice and support arrangements into Integrated Care Systems in England

July 2019

About Public Health England

Public Health England (PHE) exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Published on behalf of the Standing group on local public health teams in England.
The Standing Group on Local Public Health Teams (Standing Group) is a senior discussion group for the local public health system in England. It was established in February 2014 in response to employment issues raised by Local Authorities (LAs) around terms and conditions around the transition of PH teams to Local Authorities.

The group is chaired by Chris Bull (advisor to Public Health England) and includes representation from Local Government Association, PHE, Faculty of Public Health, Association of Directors of Public Health, Health Education England, UK Public Health Register, Trades Unions and NW Employers, on behalf of the Local Government Regional Employers' Organisations.

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Introduction and purpose

Local NHS organisations in England are increasingly focused on their contribution to population health outcomes as part of local integrated care partnerships including through new Integrated Care Systems (ICSs). The development of integrated care is moving at pace with many sustainability and transformation partnerships (STPs), evolving rapidly into ICSs, alongside the ambition within the NHS Long Term Plan for all STPs to become an ICS by April 2021. An ICS provides a mechanism for local partners to lead the planning and commissioning of care for their populations, providing system leadership and accountability at scale across local authority and Clinical Commissioning Groups boundaries.

Directors of Public Health and their teams are key to the development, leadership and influencing of local population health plans. While PHE has a complementary role in supporting local improvements in population health and reducing inequalities, this note focuses specifically on the role of Directors of Public Health and their teams in England. In particular, this note refers to the implications for statutory public health advice and support arrangements arising from the increased integration of health and care services. This advice note will be updated as required to reflect local system needs, and any change in official guidance.

Nature of the change

Integrated care and system reform offers new opportunities for the specialist public health workforce to work as part of a whole system approach, focused on improving population health and wellbeing outcomes. As part of this Directors of Public Health (DsPH) and their teams will contribute, lead and help influence the shape of future population health and prevention programmes and activity.

ICSs enable the planning of integrated healthcare treatment, social care and prevention activity to address identified local population needs, to improve population health outcomes and to help shift the focus from treatment to prevention and early intervention. Central to the work of ICSs and the delivery of population health management (PHM) approaches is the identification of local population needs, building on the existing work of the local public health team regarding the statutory requirement for assessing the health needs of a local population via the local Joint Strategic Needs Assessment.

The King's Fund (2018) identifies 4 pillars in its framework for improving population health and reducing health inequalities. In brief these are:

- wider determinants of health
- behaviours and lifestyles
- places and communities
- integrated health and care systems

These pillars are reflected in the agreed definitions below for population health and population health management developed by PHE, NHS England, Association of Directors of Public Health (ADPH), the Faculty of Public Health and system partners in 2018.

Population heath

Population health is an approach aimed at improving the health of an entire population. It is about imprioving the physical and mental health outcomes and wellbeing of people, while reducing health inequalities within and across a defined population. It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health and requires working with communities and partner agencies.

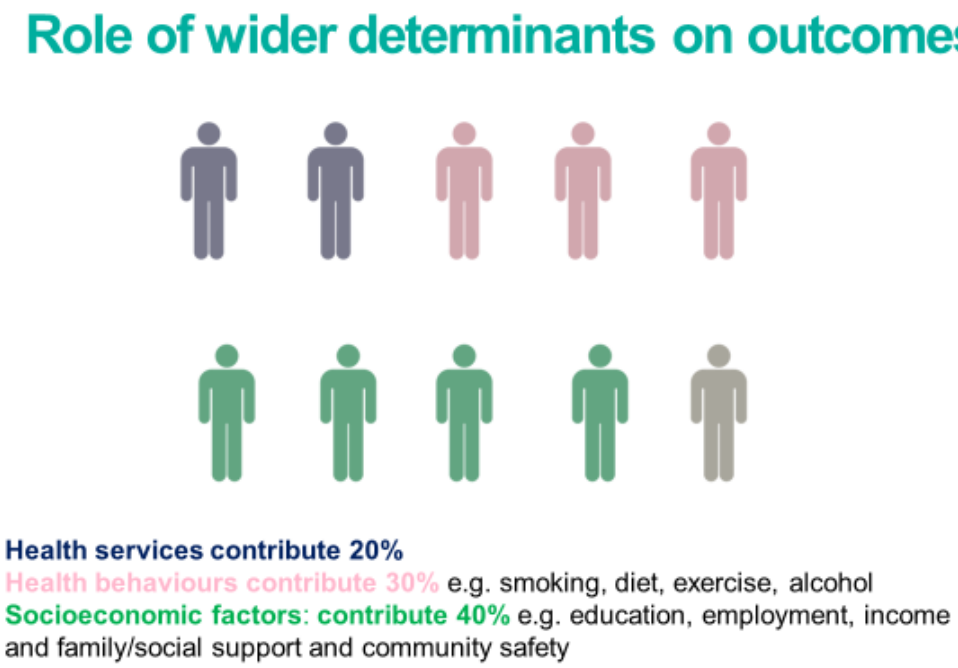
Population health management

Population health management improves population health by data-driven planning and delivery of care to achieve maximum impact. It includes segmentation, stratification and impactibility modelling to identify local 'at-risk' cohorts – and, in turn, designing and

targeting interventions to prevent ill-health and improve care and support for people with ongoing health conditions and reducing unwarranted variations in outcomes.

The integration of NHS and social care services are viewed as critical to the delivery of improvements in population health, however it is recognised that this requires input from a wide range of partners and agencies. As part of this, public health leadership brings a distinct contribution through its broad focus on all aspects of health and wellbeing, including the social and economic determinants of health.

The sustainability of the health and care sector is hugely dependent upon the impact of the wider determinants of health on the population. Within integrated care systems Directors of Public Health and their teams will play a bridging and brokering role between health and care and wider partners both stimulating and facilitating the health sector to support and enable action to address the causes of the causes, such as worklessness and social connectedness.



Mature systems will have a strong appreciation that the sustainability of the health and care sector is dependent upon the causes of the causes – such as those wider determinant issues – and there are many examples of how the 2 strands can become heavily entwined. An example of this is the importance of the health sector for supporting and enabling action to address worklessness.

System reform requires DsPH, public health specialists and practitioners to have a strong understanding of system leadership, to be agile and able to navigate the political nature of the system and its governance. This can only be done through adaptive leadership, good emotional intelligence and the capacity to both influence and engage alongside core technical skills and qualities.

Public health and support arrangements

A range of models for the delivery of integrated care are developing across the country. Some of these models will involve new and novel roles, for example Consultant in Population Health, positioned within the wider system to deliver integrated care and public service reform and separate to the statutory DPH role. In other models the statutory DPH will take on a wider system leadership role within an Integrated Care System or Organisation. This will take place either within 1 local system or across a wider geography where they are able to support system connectedness through an in-depth understanding of local government and the NHS. This wider system leadership role for DsPH working across a larger geography and scale can sit alongside their statutory function for an individual or number of local authorities.

The core purpose within the statutory Local Authority DPH role remains the same. Where a new role includes the statutory DPH function it must meet the requirements set out in law; the appointment is a Local Authority appointment which is made jointly with the Secretary of State (SoS) through PHE. Guidance on the appointment process is available here (a revision is in progress during 2019).

Within the statutory role are a range of requirements that include independent advocacy for the health of the population, responsibility for all local authority's duties to improve public health and SoS's delegated public health protection or health improvement functions. The statutory role also includes advising and assuring on a number of prescribed functions and assurance that the public health grant expenditure has been used for the purposes intended in the grant conditions and DH Guidance (see Appendix 1 for more detail).

Whether fulfilling the statutory DPH function or an enhanced system role as part of integrated care arrangements, the Director of Public Health and public health teams are the authoritative source of local public health advice based on their understanding of local population health needs. Directors of Public health are ideally placed to work with and across the system to translate evidence into action to enable impact on population health outcomes in its widest sense. Recognising the crucial contribution of local public health expertise, PHE, NHS England and partners developed a PHM Intelligence capabilities and function mapping tool which can be used across footprints to help identify analytical capability, and support intelligence-led population health planning and decision making.

Conclusions

The focus of integrated care to date has been about the bringing together local providers of health services and coordinating this with social care. The challenge and opportunity is for public health to join and lead new alliances and partnerships that integrate public health concepts and functions with healthcare delivery and clinical care of the individual. This will require vision, leadership and an extended sphere of influence within and across current boundaries.

There are a number of ways that DsPHs and public health leads can proactively engage and influence this area, such as through leadership of local integrated care/STP partnership groups or through input to the NHS England ICS/Population Health Management fora and community of practice groups.

Integrated care needs organisations to work together at a place level. Public health advice and support for local arrangements will be nuanced and focused to both inform and respond to local priorities. The approach needs to be relentlessly local – one size does not fit all; the focus is on local needs and priorities and building and strengthening local partnerships and collaboration.

Appendix 1

DPH Statutory Function

The most fundamental duties of a DPH are set out in law how these functions and duties translate in the local place is will be shaped by local needs and priorities. The Health and Social Care Act 2012, Section 73A(1) gives the Director of Public Health responsibility for all of their local authority's duties to take steps to improve public health any of the SoS's public health protection or health improvement functions that he/she delegates to local authorities, either by arrangement or under regulations. These include services mandated by regulations made under section 6C of the 2006 Act, inserted by section 18 of the 2012 Act, exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to public health and their local authority's role in cooperating with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders – and other public health functions – as the SoS specifies in regulations.

The 2012 Act requires DsPH to publish annual reports on the health of their local population and also that local authorities publish those reports. The reports are intended to help DsPH to account for their activity and to chart progress over time. Whatever the structures, it is statutory for a council to have a duly appointed DPH.

In turn, the DPH has a statutory role in advising and assuring on a number of mandated services and functions. The DPH, along with the authority's chief executive (or the authority's S151 Officer), provides assurance that the public health grant expenditure has been used for the purposes intended in the grant conditions and guidance set out by the Department of Health and Social Care.

The ADPH describes the purpose of the DPH role as: 'An independent advocate for the health of the population and system leadership for its improvement and protection. As such it should be a high-level statutory role bridging local authorities, the NHS and other appropriate sectors and agencies with responsibilities for health and well-being for a defined population. The DPH's purpose and core role is the same whatever the structures within which they sit.'

The 2013 regulations around DPH appointments are intended to be enabling. These appointments are undertaken jointly with the SoS through PHE. PHE Centre Directors undertake this role on behalf of the SoS through the recruitment process where they ensure competence of the candidates and a robust and transparent appointment process.

References

Kings Fund (2018): A vision for population health.