

From transition to transformation in public health

Resource sheet 2 Understanding public health

Key messages

- Ensure that councillors and senior officers are aware of the full range of forthcoming responsibilities across all three domains of public health, have opportunities to understand how these operate and how local government's public health role could transform the way in which local authorities approach all of their functions.
- Members and senior officers will need to familiarise themselves with the role of Public Health England and its local units. They should also understand the statutory role of the Director of Public Health (DPH) as an 'accountable officer'.
- Councillors and senior officers will need to understand any new arrangements for direct health protection services during and following the transfer of public health, as the Government has indicated that councils will have a statutory duty to ensure that health protection plans are in place for the whole population.

The UK Faculty of Public Health (2010) defines public health as:

“The science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society.”

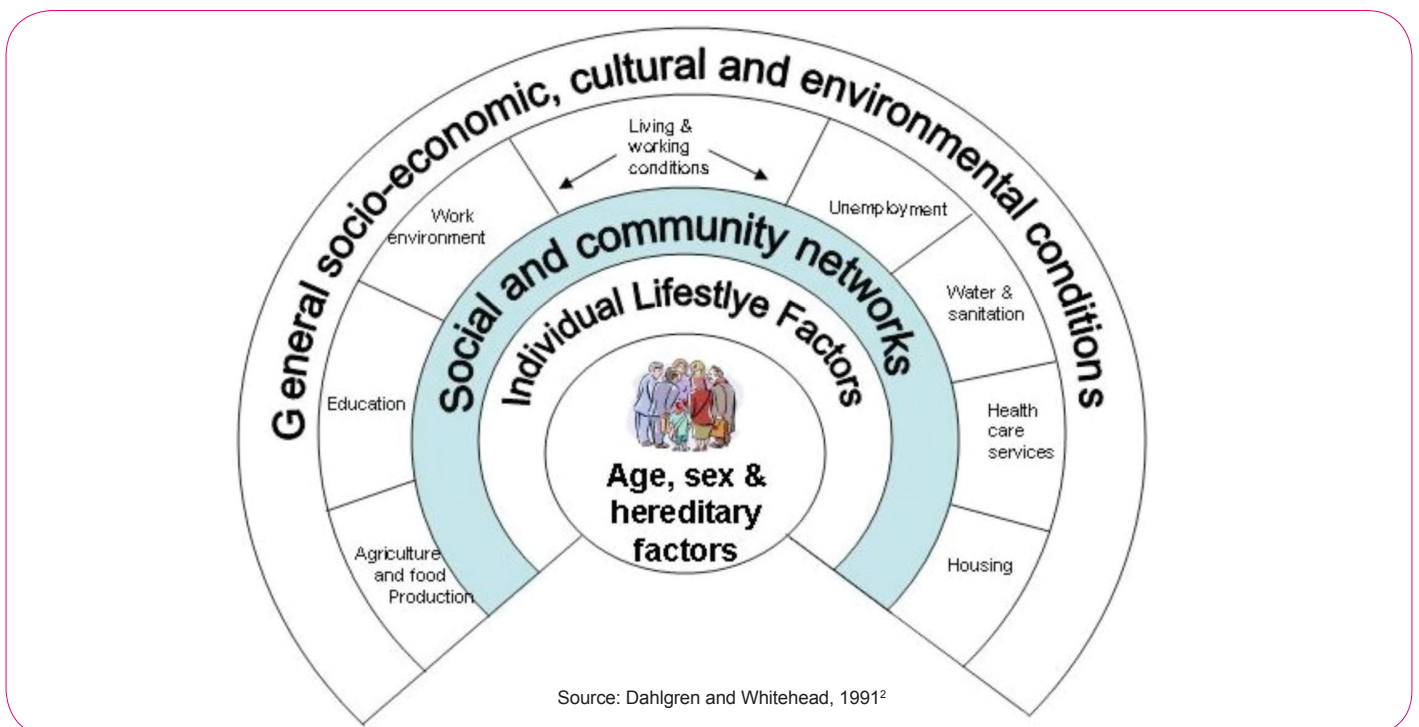
It will be important for local authority elected Members and senior officers across the board to have some understanding, not only of the arrangements arising from the legislation, but also of up-to-date thinking about public health as a discipline, as a profession and how it relates to health services, health improvement and health inequalities. The new public health role for local government could potentially change how the council approaches all its functions, as almost everything local authorities do has a health impact. This means that understanding of public health issues will need to be embedded right across local authorities (see also Resource Sheets 3 and 4).

Public health is concerned with the health of the entire population, rather than the health of individuals, requiring a collective effort; addressing prevention, treatment and care from a population perspective. It is about making sure that services are safe, effective, appropriate and accessible to the whole population.

Because of the emphasis on populations and on economic, social and environmental factors, recent successive governments have seen one of the concerns of public health as being to reduce inequalities in health between different groups in the population. The extent of such inequalities is one of the defining features of any local authority area, both in terms of the inequalities within the area, which can lead to a variation in life expectancy in different wards of up to 17 years, and in terms of the inequalities between different areas. In his review of health inequalities in England, ‘Fair Society, Healthy Lives’¹, Professor Sir Michael Marmot estimates that the many people who are currently dying prematurely each year as a result of health inequalities would otherwise have lived in total for between 1.3 and 2.5 million extra years.

A famous diagram (below) by Dahlgren and Whitehead illustrates the many factors that operate at a number of different levels to affect health and bring about health inequalities.

It is important to note the broad definition of public health as encompassing general wellbeing, not just absence of illness. The title of the proposed Health and Wellbeing Boards reflects this broad definition – many Health and Wellbeing Boards are developing their own definitions and understanding of wellbeing and emotional and mental wellness.



¹ <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

² Dahlgren G & Whitehead M (1991) Policies and strategies to promote social equity in health. Institute for Future Studies, Stockholm (Mimeo)

In 2010 Liverpool was the first city to devote a year to health and wellbeing, and it has since dedicated the decade to this cause. Launched by the NHS and Liverpool City Council, it aimed to address the underlying factors that have increased health inequalities and to create a cohesive programme to address lifestyle factors affecting public health.

It had a strong arts and culture focus which was supported by the 'five ways to wellbeing'. Workstreams to improve mental and physical well-being included singing, dance, better use of green space, healthy homes and workplace wellbeing. (Source: NHS Confederation, 'Public mental health and wellbeing: the local perspective': www.nhsconfed.org/Publications/Documents/Report_Public_mental_health_well_being.pdf)

A useful concept in thinking about public health as contrasted with healthcare services is the now well-known distinction between 'upstream' and 'downstream' intervention. Downstream interventions aim to change behaviour that has an adverse impact on people's health. Upstream interventions target the circumstances that produce that behaviour. This is the focus of Professor Marmot's review of health inequalities, referred to above, which advocates an upstream approach across the whole of people's lifecourse.

The NHS primarily treats sickness but also has a vital role in prevention – for example, by trying, with the advice of public health specialists among others, to reduce high blood pressure which can lead to strokes, heart attacks and other kinds of ill health. The NHS will inevitably continue to give much attention to the downstream end of healthcare, focusing on prevention, treatment and care, with less time for addressing the wider determinants of health.

The majority of stakeholders consider that local government is the most effective 'home' of public health.

Broadly, there are three generally accepted 'domains' of public health:

- **health improvement** - including contributing to increased life expectancy and healthier lifestyles as well as reducing inequalities in health and addressing the wider social determinants of health
- **health protection** - including protection from infectious diseases, environmental hazards and emergency preparedness
- **health services** - including assisting those who plan health care to understand the health profile and health needs of the local population, and plan services to meet those needs, as well as evaluating how successful services are in meeting needs.

All the domains of public health will become part of local government's public health function under the proposed transfer arrangements.

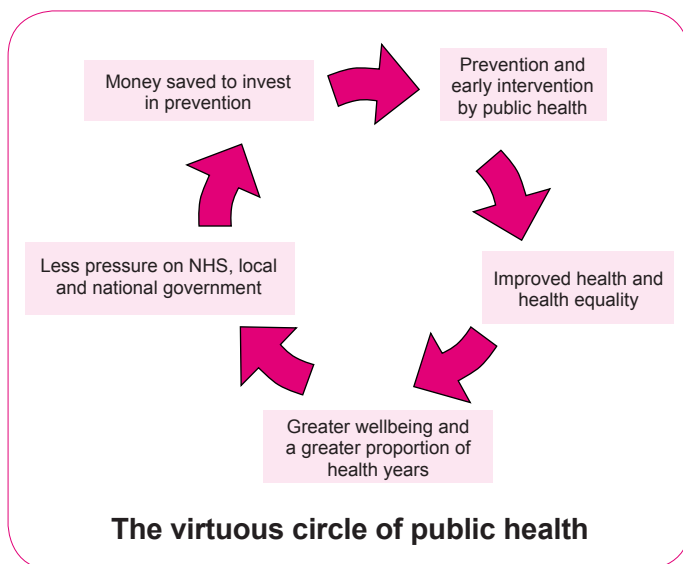
In recent decades, local government has tended to focus on the first two domains and the NHS on the second two, although this generalisation covers a huge range of joint activity. An example is joint action on excess winter deaths of older people. The Government has calculated that 35,000 of these in 2008-9 could have been prevented through warmer housing (a local government function) and through full take-up of seasonal flu vaccines. National immunisation programmes will be commissioned by the NHS Commissioning Board on behalf of the Secretary of State, with, following the transfer of public health to local government 'advice and challenge' from Directors of Public Health (DsPH).

Interviewees for this snapshot have expressed some concern that the very wide proposed remit of public health both for health protection (for example in relation to ensuring that local plans are in place for screening and immunisation) and for providing expertise to other parts of the NHS (for example health needs

assessments for particular conditions or disease groups) is not yet well understood within local government. A series of factsheets³ published by the Department of Health in late 2011 gives a comprehensive overview of the statutory public health functions of local government across the three domains of public health.

In transferring to local government, NHS public health teams will be bringing with them a set of specialist skills that include analysis and interpretation of population data and the local factors that impact on health⁴. Combined with the rich data collected by local authorities about their residents, this has the potential to generate a deep understanding of the local population, their health needs and which interventions are likely to work most effectively to improve health. This information will be useful not only to local authorities, but also to health service commissioners within the NHS.

A holistic approach to public health in its widest sense can be part of a virtuous circle:



The new arrangements

As well as having a general duty in relation to improving the health of their residents, local authorities will take on specific responsibilities for commissioning a long list of services, some of which (such as initiatives to tackle smoking, alcohol and drug misuse, obesity, increase physical activity and improve nutrition) will already be familiar; others of which (such as the NHS Health Check programme for people between 40 and 74) will be less so.

The Government has indicated that certain responsibilities will be mandatory, including:

- appropriate access to sexual health services
- ensuring there are plans in place to protect the health of the population, including immunisation and screening plans
- ensuring NHS commissioners receive the public health advice they need
- the National Child Measurement Programme (NCMP)
- NHS Health Check assessment.

Other services will be at the discretion of local authorities, depending on national and local priorities.

³ <http://healthandcare.dh.gov.uk/public-health-system/>

⁴ The Public Health Contribution to Local Authorities by West Midland PCT Directors of Public Health summarises the skills and training of DsPH and what they can bring to local government: <http://www.wmcouncils.gov.uk/media/upload/Events/PH%20contribution%20to%20LAs.pdf>

Hull PCT has been conducting proactive follow-up since the National Child Measurement Programme was first launched in 2005. Follow-up involves contacting parents whose children have been assessed as overweight to offer them advice and services to help control their weight. During an initial phone call from a school nurse interested families can immediately be referred to the Eat Well Do Well team funded by the PCT's public health budget. Evaluation suggests the work has had a significant impact on reducing disadvantage in relation to perceptions of health and health behaviours. (Source: 'NCMP: proactive follow-up, Hull PCT, Ipsos Mori; Evaluation of Eat Well Do Well, University of Hull'.)

Chlamydia is now the most commonly sexually transmitted infection (STI) with one in 10 young people under 25 affected. The local authority licensing team for East Riding worked with the PCT's public health team to reach out to young people at licensed venues. The licensing team introduced nurses to licensees and stayed with them on site while they handed out packages of information about STIs and condoms and offered on-the-spot chlamydia screening tests. Positive feedback suggested that young people's awareness had been raised and that they would have been too embarrassed to go to their GPs for tests. (Source: 'LACORS, Taking forward the health role of council regulators, 2010'.)⁵

Some responsibilities, such as quality assurance of the national screening programmes to be commissioned by the NHS Commissioning Board will transfer to Public Health England (PHE), the new government executive agency which will oversee national public health programmes, research (such as that currently carried on by the regional public health observatories) and, with the Faculty of Public Health, professional standards and development for public health specialists. PHE will have local units reporting to four regional 'hubs'. These local units will support public health teams in councils and will develop from the 25 current health protection units of the Health Protection Agency.

The public health profession and its standards are regulated by the Faculty of Public Health. The Government has made it clear that this should continue and has also reaffirmed its belief in public health as a multi-disciplinary profession including but not limited to medically qualified practitioners.

Members and senior officers will need to familiarise themselves with the full extent of their new public health remit and the role of PHE and its local units. They should also understand the statutory role of the DPH as an 'accountable officer'.

Derbyshire County PCT Public health and Derbyshire Dales District Council have worked collaboratively together over eight years to provide a family farm safety course aimed at local upland hill farmers. Farming ranks alongside the construction industry with the highest industry rates of accidents and fatalities. The course included prevention of zoonotic infections [ie infections transmissible from animals to humans]. The work was pump primed through a ROSPA safety award (DTT Modernisation Fund). More general joint work to combat deprivation and isolation also takes place. (Source: Linda Syson-Nibbs, Derbyshire County PCT .)

⁵ LACORS is now part of the Local Government Association

Models of how councils are structuring their public health function are discussed in resource sheet 4. It is worth noting here, however, that some local authorities already have joint health units and some even have existing teams known as “public health teams”. This is because throughout the complex history of the public health function, local government has continued to retain responsibility for environmental health and other areas that are particularly closely related to the general health of the population, such as dealing with waste, noise, licensing of food and drink premises, contaminated land and emergency planning.

Environmental health and regulatory services within councils have worked increasingly closely with public health specialists in the NHS. Councillors and senior officers will need to get to grips with any new arrangements for such direct health protection services during and following the transfer of public health, as the Government has indicated that councils will have a statutory duty to ensure the production of health protection plans for the whole population.

Another aspect of the new arrangements is that Directors of Public Health and their teams will continue to be required to provide an intelligence and advice service to NHS commissioners. Some intelligence will be provided through the Joint Strategic Needs Assessment developed under the aegis of Health and Wellbeing Boards. But DsPH will also be expected to provide a direct ‘offer’ to NHS commissioners on matters such as health needs assessments for particular conditions or disease groups, evaluating evidence to support the process of clinical prioritisation for populations and individuals and new drugs and technologies in development. The Department of Health has issued draft guidance (in February 2012) on the ‘core offer’ of advice and support from public health teams to Clinical Commissioning Groups.

The public health role for local government will include providing challenge and advice to the NHS Commissioning Board on issues such as uptake of immunisations and screening, and how outcomes might be improved by addressing local factors.

In 2009 the Central Mersey Retinopathy Screening Programme had a seriously critical Quality Assurance report. A senior public health specialist with experience in screening led the response. Two years later the programme met Quality Assurance standards, had increased uptake by 20 per cent, and reduced the cost per screen from £45 to £35. The programme now screens over 27,000 people each year, and over 200 are referred for sight saving laser eye treatment. It is estimated that the saving of sight for one individual costs about £10,000. (Source: Dan Seddon, Public Health Consultant, Merseyside).

Questions for councils and public health to consider

- Have councillors, senior local government staff and your Health and Wellbeing Board had the opportunity to learn about the three domains of public health and to explore the broad remit of public health, including the idea of individual and community wellbeing?
- Are councillors, senior local government staff and Health and Wellbeing Boards briefed on the proposed mandatory and discretionary public health responsibilities of local government?
- How will the mandatory requirements be organised in your local authority?
- Are opportunities for understanding the more specialist medical, epidemiological and health protection aspects of public health being provided to councillors and senior staff of your authority?
- What arrangements are being made for existing environmental health and health protection roles of your council following the transfer of public health?
- How is your council's public health 'offer' to the NHS being developed?

Local Government Association

Local Government House, Smith Square,
London SW1P 3HZ

Telephone 020 7664 3000 Facsimile 020 7664 3030

Email info@local.gov.uk www.local.gov.uk

© Local Government Association

March 2012 L12-216

For a copy in Braille, larger print or audio, please contact us on 020 7664 3000. We consider requests on an individual basis.