



COMMENT: PUBLIC HEALTH

CATHERINE BROGAN, chief executive, Public Health Action Support Team CIC
 ROB McCARGOW, managing partner, Cadence Partners



CURRENT CHALLENGES AND FUTURE DIRECTION

More than a year has gone by since responsibilities for public health were transferred from the NHS to local government.

Some authorities have risen to the challenge and embraced their new public health role; others appear to be struggling to take on this new function in any meaningful way.

Clearly these differences reflect the fact that no two local authority environments are the same, with differing systems, processes, cultures and personalities. During this period of transition, many public health professionals have changed employers and jobs and some have left the profession altogether.

While there is little doubt that the transition has created huge opportunities to more effectively influence the wider determinants of health, such as housing, employment and transport, it has also led to a number of significant challenges, all of which are having – and will continue to have – an impact on the public health workforce, the recruitment and retention of its staff and its future direction.

These include pay and conditions of directors of public health, their respective power and influence within local government and their autonomy and independence from political interference.

Despite guidance on the appointment of directors of public health and public health consultants from the Department of Health and bodies such as the Faculty of Public Health and the LGA, this is often not adhered to.

The pay and conditions of directors of public health are left to the discretion of each authority as well as their position, reporting lines and levels of power and influence.

Concerns have also been raised about their independence in producing a public health annual report on the health status of the local population and their ability to provide informed and objective advice when political agendas hold sway. This has led to confusion and frustration among directors of public health and has resulted in a number of them retiring early, going back to clinical practice or finding other employment.

A recent gathering at the Royal Institution in London, was attended by senior public health practitioners, including the president of the Faculty of Public Health, John Ashton; Public Health England's London regional director of public health, Yvonne Doyle; the chief executive of PHAST CIC, Catherine Brogan; and a number of directors of public health and consultants. They discussed these challenges with Cormac Russell, managing director of Nurture Development, and experts in public health recruitment Rob McCargow and Shani Newbold of Cadence Partners.

Participants said that in

“Public health is about mobilising the assets of a community, connecting people and building on what's working well

order for public health to be effectively embedded across all local authority departments, public health professionals needed to develop additional skills to those acquired during their years as part of the NHS.

Technical and managerial skills at senior level are still essential but there is now a need for expertise in whole systems impact and transformation.

Public health is not just about assessing needs of the community, identifying gaps, commissioning services based on evidence-based practice and then evaluating them to inform future programming. It's also about influencing town and country planning, housing, transport and environment, communication and the media in order to improve health and wellbeing and reduce inequalities.

It's about mobilising the assets of a community, connecting people, networks and institutions and building on what's working well rather than focusing on what's going wrong. It's about listening to communities, telling their story and engaging and energising the relevant people. It's about partnering with a whole range of different actors, including the police, the fire service, the voluntary sector, national parks and the Forestry Commission, civil society and the private sector to name a few.

In order to do this effectively, potential talent needs to be identified both from within local authorities and externally and then trained in the relevant disciplines. This would

enhance their skills and, for those who are entering the workforce from outside, would help them integrate into the local authority environment.

In terms of planning for the future, there are four requirements. First, there is an urgent need for true joint leadership from Public Health England, the Faculty of Public Health, the Royal Society of Public Health and Health Education England to provide inspirational examples of good practice and innovative ideas for local authorities so that they understand how best to utilise their new public health experts to achieve maximum impact.

Second, guidance is needed on public health recruitment so that local authorities understand the importance of getting the right people to realise the benefits that public health can bring to improving health and wellbeing in the community and reducing inequalities.

Third, the public health training curriculum for professionals needs to be updated and a greater emphasis on public health practitioner training for local authority staff and NHS staff.

Finally, to help directors of public health and aspiring consultants make the transition to local government, joint training and action learning sets with local authority colleagues are required so that local teams understand, value and respect each other's knowledge and skills to improve health and reduce inequalities and together make a difference to the lives of local residents.