The Future of Public Health Leadership

Non-Verbatim Minutes

The Devolution All-Party Parliamentary Group

Date	Wednesday 16 November 2022
Time	10:30 – 11:30
Venue	Room W3, Palace of Westminster and virtual attendees via Zoom.
Chair	**Andrew Lewer MBE MP** Member of Parliament for Northampton South, Chair of the Devolution APPG.
Speakers	**Jim McManus** President of ADPH and Director of Public Health for Hertfordshire **Phil Hope** Former Minister of State for Care Services, Health Devolution Commissioner

MINUTES

Chair of the APPG for Devolution, **Andrew Lewer MP** convened the meeting, and noted that the group has been focusing on Levelling Up and local government. He indicated that public health leadership has been a topic that has come up frequently in other devolution discussions.

Andrew introduced **Jim McManus** President of ADPH and Director of Public Health for Hertfordshire.

Jim McManus began by stating the ADPH covers all devolved nations and that the organisation knits together health protection expertise with local capabilities to create systems that deliver for place. Local systems performed better for test and trace, vaccine uptake, and isolation systems during Covid.

He identified the key lesson from Covid as building around local systems rather than a national level. It was noted that many of the decision makers and health organisations sit locally and outside the NHS. Being in local government allows for opportunities and disciplines in which the NHS cannot achieve. We need to get over the cultural view that health devolution means we need to replicate systems which have been in place for years, rather local systems should be improved upon where they stand.

Jim highlighted the current challenges facing public health. He firstly identified the fragmentation of the English Health Protection system as a roadblock and said there is a need for the system to work together better. Secondly, he wanted to clarify the role of the Directors of Public Health in local systems as a venn diagram role, engaging with the overlap between the NHS and local healthcare systems. Thirdly, health leadership should go beyond health protection and towards health improvement. Lastly, funding cuts to public health are counterproductive as they caused more need for the NHS.

Jim identified six important factors to fix for public health leadership. Firstly, the NHS is not the main producer of health and policy needs to stop privileging it as if it were. Next local systems should recognise Directors of Public Health as central to effective devolved public health leadership. Jim reiterated the importance of funding for local systems and stated that poor funding will result in poor health putting strain on health services. Environmental health is also vital to ensuring effective public health leadership.

Jim identified two key points to fix. He said there needs to be a behavioural and mindset reset to encourage local system design and collaboration with the lessons learned during Covid as they are already being forgotten during Monkey pox and flu outbreaks. He called for a new public health act for the 21st Century that deals with the public health protection system in England.

He finished with a quote from Pope Francis which states, *"True Statecraft is manifest when, in difficult times, we uphold high principles and think of the long-term common good"* which Jim linked to the position of Directors of Public Health within local health systems.

The Chair thanked Jim for his presentation and introduced **Phil Hope,** Former Minister of State for Care Services and now Health Devolution Commissioner.

Phil began by thanking Andrew and explaining that he was the MP for Corby (1997 – 2010) and a former Minister of Care Services (2008 – 2010). He currently serves as the lead author for Health Devolution Commission as well as visiting professor at Imperial College London. Phil gave information about the Devolution Health Commission's work on a new paradigm for health services at a local level.

He said that local integrated care systems (ICS) have become statutory bodies and are taking forward a broader agenda beyond reforming the NHS. The first purpose of ICS is to bring partner organisations together to improve outcomes in population health and health care to tackle inequalities to assist the NHS is broader social and economic development. But getting the NHS to work in partnership with ICS and other private organisations is a challenge.

Agreeing with Jim, Phil said that many determinates of ill health exist outside the NHS and have to do with poverty, locality, and other factors, as seen in the recent death of the child due to damp and mould. He referenced the Health Devolution Commission's position of pursuing health in all policy areas and expressed his thought that all sectors should be working together for the good of public health.

In terms of leadership, Phill recognised statutory responsibilities for improving public health lies with local authorities and the directors of public health. The key in moving forward is mobilising all the resources for public health in an area, in a place based partnership which looks to examine all the dimensions of what is causing ill-health in a population such as the physical environment, housing, and employment.

He re-emphasised the need for cooperation across organisations to improve accountability and develop shared public health outcomes and goals through collaboration of hyper-local up to national levels.

He said we need to understand what people want as health care, which means engaging with residents, patients, and service providers. Those people then need to be in the room when decisions are being made about the health of the local population. We need a positive asset building approach, taking lessons from Covid such as supporting communities and their assets creates a more effective public health environment. A focus on health inequalities for public health leadership would allow for a better understanding of how different factors drive ill health.

Phil called for national level support for local practices and local health funding, and for policies across sectors to reflect public health support.

Andrew thanked Phil for his contribution and turned to the chat function on the Zoom call. **Virginia Rowan** asked how the Phil and Jim would propose to simplify and clarify pathways into local social and health care.

Jim answered first and said during his time in the NHS he facilitated a number of pathways and the biggest factor is mindset. He said that the problem is that ICS views everything through an NHS lens and that many local authorities feel lorded over by ICS and the mindset of NHS England that is detrimental to creating public health pathways. He said he is also suspicious of population health as a term because it seems to cover public health with a clinical lens.

Jim added that social prescribing has been institutionalised with avoidable cost and this has been occurring within pathways. He said the digitalisation of sexual health is a good example of creating new pathways with clear information and access, with clear patient perspectives and flow through. Some GPs have added specialists to help patients navigate pathways which has been particularly helpful.

In response to Jim, Virginia said in the chat that the NHS computers do not communicate with the GPs.

Jim responded in the chat saying he agrees with Virginia that information sharing is one of the biggest problems.

Phil questioned what we mean by pathways and said many are formed in a clinical perspective. He said it can get confusing for patients when they have multiple conditions. There is a need to reanalyse pathways in a broader sense as there are varying needs that do not fit a single pathway. Social care is holistic and person centred which is a different way of clinical approaches. Phil has an optimism that there is a middle group that would be better.

Andrew said agreed, saying the point of calling them integrated care systems was to encourage that mindset, but it has become an NHS management tool instead. He introduced **Debbie Abrahams MP** to ask a question to the speakers.

Debbie thanked Jim and Phil for their presentations and asked a series of questions to the speakers. She asked Jim what the key features of a revised public health act would be and how he would reflect on public health within local authorities. Debbie also asked what should done about adopting the 2010 Equality Act at a national level. Lastly, she asked how incorporating health in to ESG conversations to address economic activity due to health issues.

Phil answered first saying he hopes there would be a new White Paper on Health disparities. Debbie said the word disparities could be seen as political and she does not feel it is helpful. Phil said he understood this point and was addressing the language used by some parties in reference to public health. He said he was hopeful that the new Secretary of State for Health and Social Care and current Chancellor Jeremy Hunt, as the former chair of the health and social care committee, would prioritise a White Paper of this nature as they understand the issues.

Phil continued and said the new opportunities in the business sector is a very important area and the third party sector has a very important role to play in public health. As the health of their workforce is essential to productive business, Phil emphasis the vested interests businesses should have in public health. He said the link between health and economic participation is becoming more apparent and it will be a challenge for the ICS to work with local businesses to create benefits for all.

Jim emphasised most preventable ill health occurs during working adult life and that the UK is one of the worst in Europe in getting people back to work after long-term illness. Jim asked how we can create work-place health programmes and benefits to establish an important relationship between the two. He added that there are positive local examples of establishing good health good employment lens across the North of England but there is more work to be done. Jim identified a study being done at Warwick University of work place based health.

Jim examined the lack of socio-economic policies in public health policies, saying there is a need to study how Covid impacted socio-economic standards. He used the example of socio-economic cuts hitting the poorest the hardest. He agreed that there are no easy answers and work needs to be done.

In relations to the Public Health Act, Jim said it was written with a singular local government footprint. He suggested rewriting and redelegating the responsibilities in the Health Act. He did not think there needed to be more legislation to collaborate as there were nine pieces of legislation already in place. He said the investment in social care saves the NHS money. Jim identified the report published by the King's Fund as detailing that local government in public health has been a success, but said it would have been an even greater success with increased funding. Jim hoped that NHS focuses on capabilities and said that, along with Phil, they share a great deal of common ground despite coming from different backgrounds, which illustrates the importance of the issues.

Debbie thanked them for their responses. Andrew referenced the point made by Virginia from the chat about hyperlocal capacities and abilities to care for those who are well enough to be discharged from the hospital but do not option to manage at home as social care is not available.

Andrew asked how to achieve a balance between local autonomy and central government oversight. He gave the example of differing restrictions across local authorities.

Jim responding by saying free floating Directors of Public Health are a bad idea as there is a need for accountability and connection to local systems. He recognised the importance of culture in creating a balance between central government and local government. Jim agreed that balancing harms can be a difficult line to walk and there is a benefit to locally elected members being central to public health decisions.

Andrew agreed with the importance of local leadership and warned against MPs turning into super councillors.

Phil said he wanted to see more accountability of central government to local governments. Ministers should really understand the consequences of policy decisions at a national level. There are other stakeholders in communities that need to play a role in holistic public health. Phil asked how to measure accountability, as there needs to be outcomes that people should be accountable for.

Jim followed Phil's comments by saying he agreed with mutual accountability across levels of government. It is not about rediscovering processes but building upon local assets.

Phil wrapped up by reiterating the importance of place based integrated care and shared responsibilities. He warned that battles through Covid and other challenges may cause a retreat and less cooperation among local authorities and organisations.

Debbie commented on the multi-sector partnerships and the importance they can play in public health.

Andrew closed the meeting by thanking the speakers and meeting attendees for their contributions and that he appreciated the opportunity to have focused in on such an important topic such as public health.