



# Transforming the Public Health System: Solace submission – April 2021

## Section 1: Securing our health: the UK Health Security Agency

- **What do local public health partners most need from the UKHSA?**
  - The UKHSA should work with the Office for Health Promotion, as well as the Department for Health & Social Care, the NHS including integrated care systems and other parts of Government, to ensure public health reform is considered alongside reforms to Health and Social Care – these are all interconnected and should not be addressed in isolation.
  - The UKHSA should also meaningfully engage with those who deliver on the ground. Solace is the representative body for more than 1,600 chief executives and senior managers, including directors of public health, who have roles in the public sector in the UK. Given the strategic nature of their roles our members provide a unique perspective on how existing policies are functioning in practice and how potential changes might work in a place.
  - Solace can act as a trusted partner and sounding board which can provide feedback on emerging thinking and live/future issues, either informally through discreet engagement/discussions with a small group of our members and/or formal consultation processes. Our members are committed to working with partners to find solutions which will provide the biggest positive impact, and they are keen to promote public sector excellence. We can also encourage members to provide evidence, should that be helpful.
  
- **How can the UKHSA support its partners to take the most effective action?**
  - To ensure greater connectivity across partnerships and improve safety for people and places, the UKHSA must engage with other parts of the wider workforce at a local level, for example environmental health and trading standards, and not just with public health professionals.
  - And the UKHSA should offer greater support to care agencies, such as care homes, in relation to provide advice and guidance.
  
- **How do you think the health protection capabilities we need in the future should differ from the ones we have had to date?**
  - Health protection, and promotion, issues are complex and difficult to address. The new system, underpinned by sustainable resources, should foster a culture of learning and support at all levels – crucially this should not be about performance managing local areas.



- The UKHSA, and wider Government, should work with local government on the national risk register to develop a joint vision and create a sense of shared ownership.

## **Section 2: Improving our health**

- **Where and how do you think system-wide workforce development can be best delivered?**
  - If we are to address and influence the wider determinants of health and address inequalities, we need to create a broader workforce strategy that reflects the fact that population health protection and management is far broader than the remit of public health teams.
  - This is a long-term issue and it will require national, regional and local partners working together to co-design a sustainable strategy that works for the system as a whole and stands the test of time.
  - The UKHSA, and other parts of Government, should work with sector bodies, including Solace, to think about system leadership development at all levels.
- **How can we best strengthen joined-up working across government on the wider determinants of health?**
  - The pandemic has exacerbated, and entrenched, inequalities among people and places. This will require a joined-up response not just locally, but regionally and nationally too.
  - In order to be most effective, there needs to be system governance at a national, regional, and local level – and local government should have a seat at each of those tables.
  - The more local, regional, and national structures and priorities can be aligned the greater the positive impact all partners are likely to have on addressing the wider determinants of health, tackle inequalities and deliver improved life chances and stronger, more resilient economies.
  - Nationally set public health priorities should be kept to a minimum in order to maximise chances of cross-departmental buy-in.
  - The whole system should be focused on improving outcomes in relation to wellbeing and preventing future need, with a key focus on the wider determinants of health and addressing inequalities.
- **How can we design or implement these reforms in a way that best ensures prevention continues to be prioritised over time?**
  - The Government must invest as much in social infrastructure as it does in physical infrastructure, and in preventative/early intervention measures in particular. Solace

- has [called for a £100bn endowment fund](#) – matching the quantum to be invested in physical infrastructure – to inject new funds across the country into social infrastructure, in particular preventative measures.
- Let local areas decide how national priorities should be addressed – and provide them with the tools (data, resources) to deliver.
- A strengthened Public Health Outcomes Framework, which recognises that every place is different and will have different priorities, should be aligned to recovery outcomes and metrics as they are integral for the UK and our local places.
  - By focusing on social determinants and what resilience really means within our communities, as opposed to traditional health outcomes, will at least start us on the right path to addressing the structural inequalities.
- Quality, relevant data shared in a timely manner between all partners will better enable issues to be identified and addressed.

### **Section 3: Strengthening the local response**

- **How can we strengthen the local authority and Director of Public Health role in addressing the full range of issues that affect the health of local populations?**
  - To have a strong public health system, which protects the public and improves people’s life chances, the whole system must be underpinned by a truly sustainable multi-year financial settlement for local government which allows councils to lead on population health and the NHS on treating illness, will better enable partners to create a health promoting environment, protect the most vulnerable, and address and reduce inequalities in our communities. This includes not just protecting, but increasing, the public health grant so teams can help deliver additional health protection interventions and expand prevention work.
  - Public health funding must not be transferred to the NHS. Councils lead on population health and the NHS on treating illness. It is only through greater integration and collaboration that we will together improve the health and wellbeing of the country.
  - While directors of public health should be at the centre of delivery, local authority chief executives have an incredibly important role in terms of brigading not just the council but the wider local system including other parts of the public sector, businesses, and the voluntary and community sector.
    - The pandemic has resulted in myriad organisations and sectors are communicating and collaborating with one another, and local authority chief executives, as leaders, collaborators and conveners, play a crucial and unique role in galvanising the wider system.
  - Local government working in close partnership with our health partners has been a cornerstone of the pandemic response – neither of us can do it on our own, and

each offer our unique strengths; councils leading on population health and the NHS treating illness.

- Don't lose sight of the benefits of embedding directors of public health in local authorities and the impact they have on addressing inequalities and the wider determinants of health, rather than acute illness.
- **How do we ensure that future arrangements encourage effective collaboration between national, regional and local actors across the system?**
  - We must create a collaborative culture at all levels of the system which should be underpinned by the principle of subsidiarity.
  - The pandemic response has tended to result in decisions, resources and capacity being kept at a national level when it would have been better to do it at a local level at an earlier stage.
  - This is not a sustainable model so we must avoid a 'ping-back' to established, less productive cultural norms and behaviours in the whole system and instead use the energy and collaboration from the pandemic to re-design and learn together.
    - We need a devolved model and the new system should retain a degree of flexibility so we can adapt and evolve as we learn together.
  - Collaboration with communities via council officers and elected members is key to protection peoples' health and tackling health inequalities at a local level.
    - In the spirit of collaboration, local government should be represented at a national and regional level in discussions and decisions.
  - Don't replicate structures. Instead strengthen those which already exist, such as health and wellbeing boards and health and care partnerships – to support them to protect peoples' health, improve outcomes and address inequalities.
  - Reform also presents an opportunity for all partners to work together, and pool risk, to pilot innovations and drive best practice.
- **What additional arrangements might be needed to ensure that regionally focussed public health teams best meet the needs of local government and local NHS partners?**
  - Resources should be provided so there is an ongoing commitment to regional and local partnership working, including attendance at and contribution to local groups and boards, which in turn will help to generate a stronger understanding of, and engagement with, local and regional issues.
  - Inclusive governance, involving all partners, will be critical. Involving both local government and health partners in the appointments process will help ensure integration and collaboration across health protection and health improvement functions.
  - Fully integrating data and IT systems between all partners so that information can be shared and analysed in a timely manner will better enable issues to be identified and addressed.