

Meeting notes:

Ensuring a strong role for public health in integrated care systems

Roundtable discussion, 7 October 2021

Key points

- Roundtable session with national public health bodies and ICS leaders to discuss challenges and support required to embed a public health approach within integrated care systems.
- National and local public health reforms viewed as a great opportunity to focus on reducing health inequalities and improving population health outcomes, given the stark exposure by the pandemic.
- Support required – improve communication and collaboration, strengthen public health capacity and capability and recognition of the value and central role of public health to improve population health outcomes.
- Attendees discussed key questions around the opportunities and obstacles for systems to develop a central role for public health, including what was understood by population health and what might work in integrated care systems and places to improve population health outcomes.

In attendance at the roundtable were representatives from:

- The Department of Health and Social Care
- UK Health Security Agency (UKHSA)
- Office of Health Improvement and Disparities (OHID)
- Association of Directors of Public Health
- Faculty of Public Health
- The Health Foundation
- Local Government Association
- Royal Society of Public Health
- integrated care systems and primary care
- the NHS Confederation and Novartis.

Presentations

The session was opened by Matthew Taylor CEO, NHS Confederation, who spoke of the current opportune moment to improve population health outcomes, given the emphasis by central government on levelling up and reforms within the health and care bill that engender an integrated approach to health and wellbeing.

Supporting members as agents of change and improvement were key impact objectives for the NHS Confederation, however, given the complexity of local and national public health architecture, this discussion was pertinent to examine what we would like to see happen in systems and places and how could we share examples of good practice that might pre-figure and inform the future public health architecture.

Rosalind Way, head of healthcare systems, Novartis, spoke on the need to build sustainable health and care systems in a post COVID-19 world that had a definitive focus on prevention and reducing health inequalities. The Novartis Health Inequalities pledge launched this year was described, which aims to collaborate with policy makers and healthcare systems to build solutions for faster diagnosis and earlier intervention for those population groups who are at the greatest risk of ill health and poor health outcomes.

Following on from the two opening remarks, the newly formed UKHSA talked about learning lessons from Public Health England and the national COVID-19 response, to work better with local and regional health and care organisations, and how to work with integrated care systems on health equity issues.

Sidonie Kingsmill, director of customer communications and innovation at UKHSA said: “We are creating and curating a public health intelligence function for health equality and inclusion health, and we want to deliver a transformation in public health services through true local and national partnership working.”

Also speaking at the event was Professor Azhar Farooqi, a GP in Leicester and chair of Leicester City clinical commissioning group, who said that health inequalities have been an issue for many years, but the difference now is that there is a political impetus to address

this issue because COVID-19 has brought them to the fore and highlighted health inequalities to everyone.

He said: “In our local ICS we have spent six to 12 months collectively agreeing principles and actions to take on health inequalities. Getting agreement on the wording across the system was not easy but this is now the support bible for the ICS.

Finally, Lucy Wightman, joint director of public health and director of population health strategy in Northamptonshire, outlined the opportunities of bringing the NHS and public health together within the ICS, leading to innovative working, funding, and research opportunities, as well as the chance to upskill staff in different areas.

Discussion themes

Participants discussed the fact that changes in the public health architecture system both locally and nationally now provide a massive opportunity to embed a public health approach into the ICS footprint.

It was felt that it was possible to achieve a true shift in care delivery i.e. from activity to better outcomes for people, but this needs true collaborative planning on a local level, alongside national guidance.

Health and care leaders felt that there was now a clear focus on health inequalities and how these can be addressed as local systems were simultaneously focusing on the response but also planning beyond the pandemic to recovery and build on the innovation demonstrated during the pandemic in the health service into the future. It was stated that as ICSs develop, public health’s role needs to be fully recognised, embedded and strengthened within the local health and care infrastructure.

One of the major themes that emerged was that improving population health and reducing health inequality is not a quick fix and needs to be part of the longer-term plan for all ICS areas. By using the local public health capacity and capability of directors of public health teams and working alongside the NHS and other partners, it will ensure that the voice of public health is heard during development of integrated outcomes based and equitable systems.

In terms of obstacles to embedding a public health perspective in emerging integrated systems, the need for sustained commitment and investment from central government to reducing inequalities was stated as a key factor to improving equity, even though other pressures may arise.

There was also discussion on the need for public health to develop fast feedback loops and accountability, such as those demonstrated within the effective COVID-19 vaccination programme, where investment leading to clear beneficial outcomes allowed local systems to innovate, adapt and adopt assets wider than the NHS to ensure high vaccination coverage.

An opportunity to focus on the wider determinants of health was voiced as a key opportunity within the current reforms, which needs to put the person at the centre of their care, as opposed to making the person fit around health and care models.

The launch of UKHSA and OHID nationally and regionally can provide public health expertise locally, however, it was felt better communication and collaboration channels need to be developed between local and national public health systems.

In terms of the role of directors of public health (DPHs) and their public health teams, participants expressed various challenges they had encountered before and during the COVID-19 pandemic, such as funding, workforce shortages (leading to reduced public health expertise and capacity within local systems) and having limited engagement with local and national systems to voice concerns.

Within ICSs, a public health perspective needs to be considered and embedded within all its components: local government, the NHS and wider stakeholders, such as voluntary and community groups.

Gill Morgan, chair of Gloucestershire ICS and chair of the NHS Confederation ICS Network Advisorate, said: “In public health there is the broader sense of making each place a good place to live for the population. Those are long term aims, not part of rapid transformation. In our integrated care board we will have the director of public health on the board. There is no point in the NHS duplicating what is being done well by public health in local authorities already. We need a model where public health ways of working and perspectives drives the whole system.”

Going forward

Louise Patten, director of the NHS Confederation's ICS Network, closed the session, providing an overview and suggesting the need to come back in a couple of months to monitor progression. The impassioned and insightful discussion during the roundtable highlighted the very complex picture of local and national public health interaction with emerging ICSs, with this session being just the starting point for further conversation.

Actions for the NHS Confederation

- Develop a national forum to facilitate discussion on challenges, enable greater understanding, and share best practice of embedding public health and population health management across the NHS, national and local public health, and ICSs.

Actions for ICSs

- Develop effective communication channels between national and local public health systems.
- establish faster feedback loops to report on outcomes.
- enhance public health workforce capacity and capability.
- improve cross-sectoral communication and transformation
- deliver data-driven integration to incentivise health improvement outcomes and not activity.

The NHS Confederation will continue to support local health and care systems with the conversation between local and national public health systems. It will facilitate discussions between national public health bodies, local government, NHS, academics and ICS leaders on challenges, to enable greater understanding and share best practice of embedding public health and population health management across the NHS, national and local public health and ICSs.

If you would like to get involved or find out more, please contact Hashum Mahmood, senior policy adviser on population health, NHS Confederation:

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