

# **THE REVIEW OF THE PUBLIC HEALTH FUNCTION IN NORTHERN IRELAND**

## **EXECUTIVE SUMMARY**

**December 2004**

## **SECTION 1 - INTRODUCTION**

The Department of Health, Social Services and Public Safety (DHSSPS) commissioned Capita Consulting Ireland to undertake the Review of the Public Health Function in Northern Ireland. The Review began in July 2003. A Steering Group, chaired by the Chief Medical Officer, was established to oversee the Review. The Membership of the Steering Group is set out as an Annex to this Report.

### **BACKGROUND**

The rationale for commissioning the Review of the Public Health Function in Northern Ireland was to strengthen its ability to meet the challenges of implementing “Investing for Health” and addressing the priority ‘Working for a Healthier People’ in the Executive’s Programme for Government.

The Review was commissioned at a time when Public Health had experienced considerable changes in overall policy and organisation across the British Isles. Scotland and Wales had carried out Reviews of their respective Public Health functions heralding marked organisational changes. England had made some radical changes in its Public Health function, resulting from the abolition of Health Authorities and the creation of Primary Care Trusts with devolved responsibility for public health functions.

Other major policy drivers were the publication of the Wanless reports concerned with Public Health and “Getting Ahead of the Curve” which resulted in consolidation and reorganisation of the Health Protection function in England.

Significantly for this Review of the Public Health Function, Northern Ireland’s public services are currently undergoing a fundamental review.

### **PROJECT SCOPE**

This Review of the Public Health Function focussed primarily on the main components which come under the remit of the

DHSSPS. However, it was recognised throughout, that the very nature of Public Health necessitated the contribution of stakeholders outside of this particular sector.

## **MAIN OBJECTIVES**

The main objectives of the assignment were:

- to assess the current state of the Public Health function in Northern Ireland;
- to examine current arrangements and activities in relation to ability to deliver current and likely future objectives for public health in Northern Ireland and the rest of the UK and Ireland and beyond in relation to organisation and development;
- to establish an agreed vision of the role of the Public Health function in Northern Ireland; and
- to make recommendations to strengthen the future provision of the Public Health function in Northern Ireland.

## **SECTION 2 - METHODOLOGY**

### **Stage One – Project Initiation and Production of Project Initiation Document**

The purpose of Stage One was to formally initiate the project with the Steering Group. A Project Initiation Document was developed which described the Project Definition; Project Organisation; Project Controls; and Project Stages.

### **Stage Two – Strategy and Policy Context of Public Health**

The purpose of Stage Two was to develop a thorough understanding of all the background factors impacting on this Review. The stage was organised into two main tasks:

### *Task One – Document Review*

This involved the review of relevant policies, strategies, and documentation that impact on the Review of Public Health;

### *Task Two – Policy/Strategy Scene Setting Meetings*

During this task, the Capita team conducted a short series of one-to-one meetings with key stakeholders involved in current Northern Ireland strategic policy developments. The purpose of these meetings was to ensure that the consultants were fully equipped to move into the more detailed information gathering and research aspects associated with the Review.

In addition as part of the wide-ranging consultation, the DHSSPS invited written submissions based on the terms of reference of the Review.

## **Stage Three – Current Status/ Initial Visioning of the Public Health Function**

The purpose of Stage Three was to develop a comprehensive understanding of the current status of the public health function in Northern Ireland, and to begin initial thinking on future visioning. This Stage was organised into three main tasks:

*Task One – Group Meetings with Health and Social Services (HSS) Board Chief Executives and Directors of Public Health (DPH);*

*Task Two – Range of One to One Interviews and Focus Groups with Providers of Public Health Services.*

The purpose of Tasks One and Two was to gather more detailed information on the current status and begin thinking on future visioning from meetings with both Health and Social Services and non-HSS contacts in

disciplines/organisations involved in the provision of public health services.

### *Task Three – Initial Visioning Brainstorming Session*

At this point in Stage Three, the Institute of Public Health facilitated a brainstorming session dedicated to initial visioning. The workshop was attended by a selection of senior representatives of Public Health in Northern Ireland.

### **Stage Four – Comparative Analysis**

The purpose of Stage Four was to gather best practice from elsewhere to inform the Review of the Public Health Function in Northern Ireland.

As part of this process, a delegation comprised of the DHSSPS Project Manager, a Capita team member and a Steering Group member visited Public Health colleagues in Scotland (Glasgow and Edinburgh), Wales (Cardiff) and England (North West Region of England).

### **Stage Five – Future Vision of the Public Health Function**

Stage Five consisted of two main tasks:

#### *Task One – Identification of Future Vision*

A Project Conference was hosted with a cross-section of public health function representation. The groups were organised by public health domain: health improvement; health protection and service development. Each group considered key questions, which had been distilled from the analysis of the consultation materials.

Following the Project Conference, the Steering Group met to discuss the main messages arising from the analysis of the consultations, sessions and written submissions and the possible scenarios for the public health function;

## *Task Two*– Generation of Future Public Health Function Options

During Task Two Capita considered the analysis of the findings from the consultation materials and the Steering Group's comments.

### **Stage 6 – Final Report and Recommendations**

A further Steering Group meeting was held to discuss an initial draft of the recommendations for the future of the Public Health function in Northern Ireland.

Following this meeting, and based on the Steering Group's comments, Capita then refined their recommendations.

## **SECTION 3 - ANALYSIS OF THE FINDINGS**

In this section, the major themes distilled from the analysis of the consultation materials are used as a framework to assess the current state of the Public Health function.

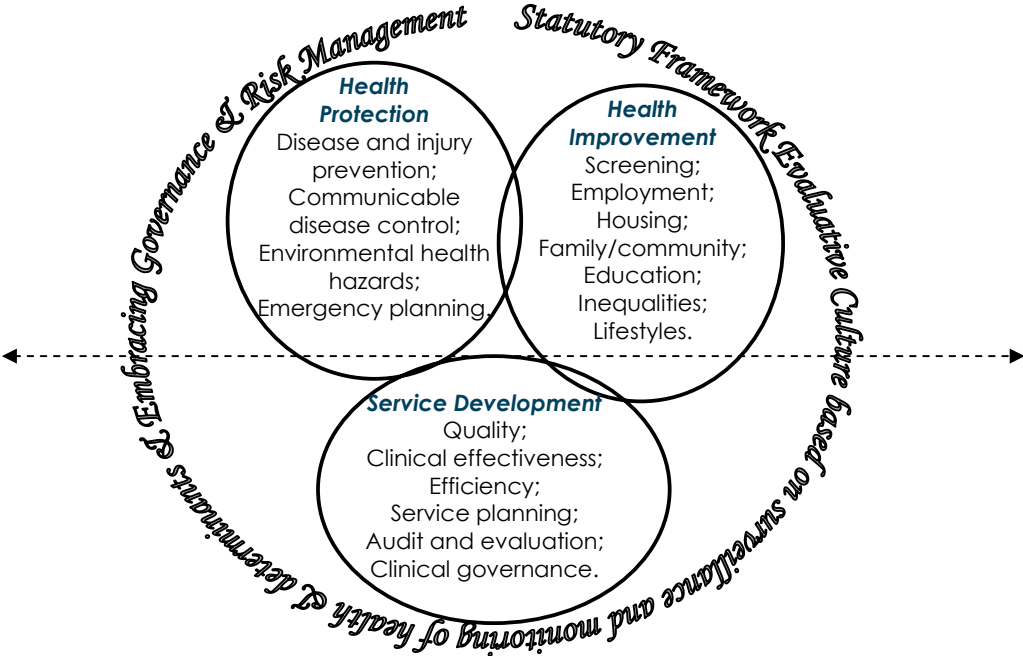
The opening sub-section on Organisation provides a high level overview of the some of the key components of the Public Health function. The sub-sections, which follow, provide additional detail in relation to specific Public Health domains as delineated by the Faculty of Public Health, namely health improvement, health protection, and service development. Section Three also comprises sub-sections relating to People, Capacity and Accountability and Managing Public Health Knowledge.

In each of the sub-sections, the Public Health function is briefly assessed in terms of what currently exists. Evidence is provided to support the assessment as appropriate. Challenges are highlighted and areas for consideration suggested at the end of each sub-section.

### **Organisation**

In this sub-section there is an exploration of the actual definition of the term "Public Health". There is then an

explanation of how the function is organised in Northern Ireland. The report examines the role and contribution to public health of the Ministerial Group on Public Health (MGPH), DHSSPS, HSS Boards and the wider community. It also highlights the close working relationship between the four Health Departments on UK wide public health policy issues.



*Main Considerations - Definition and Organisation*

**Definition**

- *Definition is important where it clarifies purpose. The overall outcome is that a clearer purpose will result in a more focused set of actions. Across the Public Health community, there needs to be more **engagement with one another** to learn what the other does and their way of positively contributing to the public's health.*

### *Organisation*

- *Strengthen the role of the **MGPH** so it can maintain a powerful strategic alliance and reporting responsibility to the Minister.*
- ***Support local delivery with regional structures** in the Public Health function of Northern Ireland. In particular, there is scope to **consolidate existing structures** in the domains of **health protection and health improvement**.*
- *Joined up Government where the principle of inter-sectoral work, so fundamental to Investing for Health, is strengthened through **joint resources, joint appointments, joint planning, joint capacity building and joint action**.*
- *Greater integration should be forged across the Public Health function through **agreed planning mechanisms, accountability frameworks and clear roles and responsibilities**, not just of individuals within an organisation, but of organisations themselves.*
- *The **continuing contribution of the community is essential to develop effective approaches** which target health needs spearheaded by the leadership of local people.*

### **Health Improvement**

In Northern Ireland the Public Health domain of Health Improvement is characterised by activity focussing on addressing the determinants of health and root causes of ill-health (such as poverty, education and housing) as well as activity aimed at promoting positive health and well-being (e.g. smoking prevention, tackling obesity) and disease prevention (screening programmes).

In this sub-section, the report describes how the main components of health improvement are currently organised in Northern Ireland. It looks in detail at the work of the Health

Promotion Agency as well as how this domain is tackled by HSS Boards and Trusts. Also under consideration are the health improvement related activities of the Institute of Public Health.

The report examines more recent community based initiatives such as Investing for Health (IFH) Partnerships, Health Action Zones (HAZ) and the Healthy Cities Initiative. The issue of how screening is organised in Northern Ireland is given particular prominence as consultees highlighted this as an important area which needed to be addressed in the review. The current limited nature of joint working between public health and primary care professionals in Northern Ireland is also explored.

### *Main Considerations – Health Improvement*

#### *Health Improvement*

- *The role of Public Health in delivering the health improvement agenda needs **strengthening at both regional and local levels to address the determinants of health** influenced by government policy and the implementation of policies and strategies at a local level.*
- *Strengthen approach of **local solutions to local problems** – more opportunities to work in local community through coordinating structures such as HAZ and IFH partnerships.*

#### *Primary Care*

- *Facilitate **greater opportunities for the multi-disciplinary teams to work together in primary care** to reduce health inequalities.*

#### *Screening*

- ***Screening requires more effective management at the regional level** with support from sub-regional Public Health staff, with the need for standardisation of protocols and generally a more cohesive approach.*

## **People, Capacity and Accountability**

The theme of 'People, Capacity and Accountability' has been organised into a series of related topics. These are:

- leadership and accountability;
- roles and responsibilities;
- multidisciplinary working, skills and training; and
- performance.

This section in particular details the need to develop a public health workforce which comes from a range of disciplines and examines how this could be progressed.

#### Main Considerations – People, Capacity and Accountability

##### *Leadership and Accountability*

- *The Public Health leadership challenge is to **acknowledge the greater range, complexity and evolution of individuals and organisations** involved in the Public Health function.*
- ***Accountability frameworks** need to be established in, and agreed between, organisations planning and delivering Public Health services.*

##### *Performance*

- *If Public Health is to be a progressive process it must actively engage in **monitoring existing initiatives** on the ground, evaluating not just the inputs and outputs but also the **long term outcomes**.*

##### *Roles and Responsibilities*

- *The multi-disciplinary, multi-agency and inter-sectoral nature of Public Health requires **clarification of both individuals' and organisation's roles and responsibilities**.*

##### *Multi-disciplinary Working, Skills and Training*

- *A **multi-disciplinary training programme** needs to be developed with a dedicated funding source that supports those from a wide range of disciplines who wish to pursue a career in Public Health.*
- ***Ongoing workforce planning and development for Public Health** to ensure that there are the much needed skills to deliver the right services at the right time to those who most need them.*

## Health Protection

This forms a significant part of the report and looks in great detail how the Health Protection function is currently provided and organised in Northern Ireland. The report examines the contribution of DHSSPS, the HSS Boards and the Communicable Disease Surveillance Centre (CDSC).

In particular, there is an examination of the increasing contribution of Environmental Health professionals (EHPs) within this sphere and an exploration of how their role can be further developed.

Emergency planning also comes in for particular scrutiny as again this was an area which many of those involved in the consultation process felt required particular attention

### *Main Considerations – Health Protection*

#### *Organisation*

- *There is an **increasing tendency in many countries to centralise all health protection functions within a single accountable organisation.***
- ***An effective balance must be struck between a centralised, regional focus on health protection, and the local Public Health and other staff who will be engaged in various aspects of health protection work.***
- *The coming into being of the **Health Protection Agency in 2003** must be taken actively into account.*
- ***Nursing and Environmental Health staff, amongst others, have a valid role to play in all aspects of health protection work, and the fact that they are spread across the health and local government systems, close to the communities they serve, argues in favour of health protection being a regionalised service which is supported by local delivery.***

#### *Environmental Health*

- ***Closer working relationships between EHPs and the Public Health colleagues working in the Health and Personal Social Services (HPSS) can still be achieved***

***through the current structures in which local government and the HPSS are separated (or through whatever changing administrative structures emerge from the Review of Public Administration).***

- ***It will be important to develop future structures which can maintain and strengthen the working relationships between Public Health and EHP staff both locally and centrally.***

#### *Emergency Response Planning*

- ***There needs to be a clear(er) definition of what emergency response planning constitutes in NI – for example, where are the boundaries between the HPSS agencies and other emergency services/agencies outside the health service?***
- ***There is also a need for a clear(er) definition of what is NI's strategic response to the challenges posed by major threats, and how this response integrates with UK- and EU-wide approaches.***
- ***Emergency response planning undertaken by Public Health professionals needs to be accounted for separately, and resources allocated to ensure its effective discharge as an important, core element of their work.***
- ***Given the significance and scale of the threats being planned against, nothing short of a regional approach, linked in with wider UK and EU plans, will suffice.***

## **Service Development**

This section looks at the contribution of Public Health professionals, particularly those working in HSS Boards to the development of local and regional health and social services. It is recognised that Public Health professionals contribute to this area through a range of activities, which include:

- quality;
- clinical effectiveness;
- efficiency;

- service planning;
- audit and evaluation; and
- clinical governance.

### *Main Considerations – Service Development*

- ***The Public Health function operates best when the three core activities of service development, health improvement and health protection are undertaken in an integrated manner.***
- ***Public Health Physicians should continue to contribute to the quality development of health and social care services in Northern Ireland.***
- ***Resources must be examined to ensure that an integrated approach can be maintained, in which Public Health professionals continue to play an active part in service development activities.***
- ***Notwithstanding this consideration, it will also be important to draw some boundaries around what “service development” constitutes, in order that it does not become a catch-all for Public Health staff to become overly drawn into operational issues which are the responsibility of other HSS Boards departments or of other agencies.***

## **Managing Public Health Knowledge**

This section explains how the Public Health function is organised to manage information and how it uses information and research to assist in achieving public health objectives.

There is an assessment of the different organisations, which provide health related information in Northern Ireland such as the Northern Ireland Cancer Registry and the Northern Ireland Statistics and Research Agency. This is followed by an analysis of research and development as it relates to Public Health in Northern Ireland. In particular there is an examination of the role of the Research and Development (R&D) Office and the academic public health Department at

Queen's University and public health related academic activity at the University of Ulster.

*Main Considerations – Managing Public Health Knowledge*

*Health Information and Intelligence*

- **Develop a *high quality, accessible knowledge management system* which can draw from established evidence bases and measure impact and outcomes of Public Health activity over a period of time. It must also provide accurate, relevant and timely information on key Public Health problems in order to improve public understanding and aid decision making.**

*Research and Development*

- **Achieve a balance between academic Public Health departments providing research to meet their overall research objectives and *address the research priorities of the broader Public Health community.***

*Building the Evidence Base*

- **Build capacity within Northern Ireland to make available *evidence that addresses regional needs and local priorities.***

## **SECTION 4 - COMPARATIVE ANALYSIS**

Using the close working relations that exist, a project team made up of representatives from Capita and the Steering Group visited Public Health teams in England, Scotland and Wales. The purpose of the visits was to find out how elements of the three strands of Public Health: health protection; health improvement and service development were working in practice.

The section details the key characteristics of how Public Health function is organised in each of the constituent countries. This includes an examination of the unified Welsh National Public Health Service, a Health Board based Public Health Department in Scotland and the role of Public Health in English Primary Care Trusts and more strategically within the Government Office of an English Region.

## SECTION 5 - VALUES, PRINCIPLES AND RECOMMENDATIONS

Before setting out the recommendations, a set of shared values and principles were proposed to guide the development of the Public Health function in Northern Ireland.

- Public health is a shared responsibility.
- Public Health involves the contribution of the many: medical and non-medical; statutory, voluntary and community; in providing services to improve the health of the population.
- HPSS organisations should provide leadership and work in partnership with other organisations to ensure the design and delivery of programmes and services which promote, protect and improve the health of the population and reduce health inequalities.
- Public Health delivery should be grounded in accountability, transparency and participation.

### *Principles*

During the process of the Review, ten principles were drawn up to guide the discussions in relation to the vision of the Public Health function in Northern Ireland. The following principles received broad agreement during the process:

- i. *Public Health is a multidisciplinary activity and needs to influence and involve all sectors of society to achieve its goals;*
- ii. *the Public Health function must be clearly responsible for defined populations;*
- iii. *the prime responsibility of the Public Health function is to the population served; to act to protect, promote and improve its health;*

- iv. *the Public Health function must strive to ensure equality of health outcomes for all the people in the area for which it is responsible;*
- v. *the roles and responsibilities of all organisations involved must be clearly defined and understood and supported by appropriate statutory instruments and documented policies;*
- vi. *the Public Health function must be located where it can influence all available approaches to protect and improve health;*
- vii. *the three interlinked strategic approaches to public health, health protection, service improvement and health improvement are all essential components of an effective Public Health function;*
- viii. *the leader of the Public Health function for a defined population should be able to effectively use all three strategic approaches to ensure maximum health protection and improvement and should be supported by a team of sufficient critical mass;*
- ix. *all Public Health activity must be underpinned by evidence and sound health information about the population;*
- x. *Public Health Departments need to have practitioners/ specialists who are skilled and up to date in the ten key competencies and who participate in effective appraisal systems. (It is accepted that in a multidisciplinary workforce, not all practitioners will need to be up-to-date in all ten competencies).*

Before detailing recommendations, Capita described the requirements for a robust, sustainable public health function in Northern Ireland:

- define the Public Health function in such a way that recognises its immense responsibilities across health protection and prevention, health improvement and development and the quality of health and social care;

- design the Public Health function in Northern Ireland so that it is able to withstand large-scale organisation change in public services;
- consolidate existing structures where the delivery of Public Health services is currently limited by fragmentation;
- strengthen joined up Government through joint resources, joint appointments, joint planning, joint capacity building and joint action;
- support local delivery with regional networks in the Public Health function of Northern Ireland;
- facilitate the development of a multidisciplinary Public Health workforce in Northern Ireland;
- create clearer lines of accountability and transparency between and within all organisations with responsibility for Public Health services;
- build capacity in the Public Health workforce in Northern Ireland to ensure critical mass and facilitate surge capacity;
- develop a performance management culture which encourages focus on Public Health outcomes; and
- facilitate the development of the Wanless “fully engaged” scenario in Northern Ireland.

## **Recommendations**

In this section, a series of recommendations are proposed by Capita for the Public Health function in Northern Ireland. The recommendations were based on the analysis of the findings in Sections Three and Four and have been refined following consideration by the Department.

*Recommendation 1:*

*Strengthen Public Health at inter-departmental level*

- a.** The MGPH should be an authoritative and influential strategic alliance and should continue to be chaired by the Minister for Health, Social Services and Public Safety. The current review (of MGPH) which will address its role, function and structure, should ensure that it continues to drive forward public health policy across Northern Ireland.
- b.** MGPH should put in place a mechanism for providing cross-departmental funds to support Public Health initiatives.
- c.** MGPH should ensure Departments assess the impact of any major policy development on the population's health.

*Recommendation 2:*

*Strengthen Public Health at Departmental level*

- a.** The role of the Chief Medical Officer should be that of providing strong Public Health leadership across all Government Departments. The DHSSPS will be responsible for providing high quality advice to Ministers and their Departments on all matters relating to Public Health.
- b.** DHSSPS should continue to develop and enhance its capacity to develop public health policy.
- c.** DHSSPS should continue to strengthen the Public Health role of the HPSS through performance management and outcome-focused targets.
- d.** Clear accountability frameworks should be developed between all Public Health organisations, where services are provided and where organisations need to work in partnership to achieve their objectives.
- e.** Introduce workforce planning for Public Health.
- f.** DHSSPS should establish a multi-disciplinary multi-agency advisory group on health protection.
- g.** DHSSPS should establish a multi-disciplinary multi-agency advisory group on health improvement.

*Recommendation 3:*

*Consolidate existing arrangements at a regional level with respect to health protection, health improvement and knowledge management*

- a. DHSSPS should consolidate and strengthen its health protection function on a regional and multi-disciplinary basis to:
- Build on current arrangements with the Health Protection Agency (England) and expand CDSC (Northern Ireland) to provide a stronger Regional focus for health protection. This would include strengthening capabilities in relation to emergency preparedness, chemical hazards and poisons.
  - Develop a governance framework for the health protection function at both a regional and local level.
  - Contribute to the training and development of multidisciplinary professionals in all aspects of health protection work e.g. through secondments and training placements.
- b. DHSSPS should establish an integrated approach to health improvement including health promotion and the management of public health intelligence by combining regional elements of these functions within a single organisation in order to:
- provide regional leadership and support for activities relating to health improvement and health promotion;
  - develop a Public Health Intelligence resource;
  - support and coordinate population screening services;
  - contribute to the training and development of multidisciplinary professionals in all aspects of health improvement and knowledge management including opportunities for secondment; and
  - support the development of Public Health networks within Northern Ireland, nationally and internationally.

*Recommendation 4:*

*Broaden the contribution of Environmental Health in the Public Health function*

- a. Strengthen the public health role of Environmental Health within DHSSPS to develop and influence policy and strategy and to provide a link between the DHSSPS, regional and local bodies and the Environmental Health service.
- b. Establish Environmental Health Practitioner posts linking local government, regional health protection and health improvement bodies and Public Health departments.
- c. District Councils should be given a new general power of competence to promote well being similar to that available to local authorities in England, Scotland and Wales.

*Recommendation 5:*

*Strengthen Public Health at local, community and neighbourhood level*

- a. Within the context of any future reorganisation of health services, there should be a DPH (medical or non-medical background) who will occupy a position at the most senior management tier within their employing organisation. The DPH should be the champion and leader across the three Public Health domains of health improvement (including health promotion), health protection and service development. The remit will include co-ordination of screening and immunisation. The DPH will be supported by a multidisciplinary team of Public Health specialists and practitioners.
- b. Facilitate closer working between primary and secondary care and Public Health professionals to develop the public health function within these care sectors.
- c. Build and strengthen Public Health multi-disciplinary contribution at local, community and neighbourhood levels through established initiatives such as *Investing for Health*, HAZ, and other community driven initiatives.
- d. The range of community driven initiatives should be effectively coordinated, with shared local objectives based on local needs and Regional objectives.

*Recommendation 6:*

*Develop a Multi-disciplinary Public Health Workforce*

- a. A multi-disciplinary training framework with a dedicated funding source should be developed and implemented to support the wider Public Health workforce.
- b. Ensure accessibility of quality programmes to support continuing professional development including leadership, partnership or inter-agency approaches and understanding of community development.

*Recommendation 7:*

*Develop Academic Public Health and Research & Development in Northern Ireland*

- a. The Universities should ensure that there is strong Public Health input to undergraduate education across the range of relevant disciplines.
- b. The Universities should support multi-disciplinary Public Health training by developing accredited courses leading to formal qualifications.
- c. Continue to build links between Public Health academic research and current Public Health issues to inform Public Health action, influence and change policy.
- d. Establish mechanisms and strengthen infrastructure for the development of Public Health research agenda for Northern Ireland.

*Recommendation 8:*

*Strengthen North/ South working with regard to Public Health particularly, in relation to reduction of health inequalities, capacity building, surveillance, and research.*

- a. The Institute of Public Health should continue in its current role, which includes strengthening the public health research and health intelligence analysis capacity across the island of Ireland.
- b. There is a need to enhance current existing cross-border links, for example, with the Department of Health and Children and Co-operation and Working

Together and foster new ones in order to enhance the practice of public health across the island of Ireland.



## **ANNEX**

### **Membership of Working Group**

<b>Name</b>	<b>Organisation</b>
Dr Henrietta Campbell	Chair DHSSPS
Mrs Mary Black	North & West Belfast Health Action Zone
Mr Michael Bloomfield	DHSSPS [To February 2004]
Dr Naresh Chada	DHSSPS
Dr J A Muir Gray	National Screening Committee
Prof Sian Griffiths	Faculty of Public Health Medicine
Mr Brian Hanna CBE	Chartered Institute of Environmental Health
Miss Judith Hill	DHSSPS
Mrs Deirdre Kenny	DHSSPS
Dr M Paula J Kilbane	Eastern Health & Social Services Board
Mr Nigel McMahon	DHSSPS
Dr Liz Mitchell	DHSSPS
Dr Mary O'Mahoney	Health Protection Agency
Prof John Watson	Northern Health & Social Services Board
Dr Jane Wilde	Institute of Public Health

**Secretariat**

Mrs Pat Osborne

DHSSPS

Mrs Lorraine Rae

DHSSPS