

4 COMPARATIVE ANALYSIS

During the process, 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 are working in practice.

There are different models of Public Health in the three countries of Great Britain and during the site visits, Public Health colleagues met with us to discuss the working principles and practical considerations of the functions and their delivery capability.

We have not set out detailed specifications of how each of the three countries in Great Britain's Public Health functions are organised. Instead, we consider the key characteristics of the Public Health Function in question. Following this, we discuss the Lessons Learned from each of the models for the Public Health function in Northern Ireland. Areas for consideration are then suggested at the end of each sub-section.

4.1 Analysis of the Public Health function in Wales

4.1.1 Key Characteristics of the Public Health function in Wales

National Public Health Service Wales (NPHS)

The National Public Health Service for Wales (NPHS) incorporates the Public Health resources of the five former health authorities in Wales. An overview of the NPHS is captured below in a number of key points:

- Aim of the NPHS is to deliver local services while developing a 'critical mass' of Public Health expertise at the all Wales level.
- Integrated service which brings together all of the Public Health skill base from the previous five health authorities – including Public Health consultants/ specialists, nurses, Public Health pharmaceutical services, information and knowledge management resources and health promotion departments. Also incorporates the NHS Child Protection Service and has input from academic departments.
- Microbiology and communicable disease surveillance services that had previously comprised PHLS in Wales are incorporated in NPHS.

Functions, Objectives and Services of Trust and NPHS

The NPHS is part of the Velindre NHS Trust with a Service Level Agreement between NPHS and The National Assembly Wales. The Trust provides resources, information and advice to enable Local Health Boards (22), Health Commission Wales and Local Authorities (22) to

undertake statutory Public Health functions. An overview is captured below in a number of key points:

- Trust provides services at a national level direct to the Welsh Assembly e.g. development of clinical governance, an information base to underpin policy, performance management of clinical networks and to work with academic centres to develop an evidence base.
- NPHS provides specific services to Local Health Boards (22), Local Authorities (22) and Health Commission Wales e.g. Public Health input to Local Authorities and Local Health Boards in development, implementation and evaluation of Local Health, Social Care and Wellbeing strategies, population based risk assessments of environmental and other health hazards and community concerns, support to achieve health promotion objectives, analysis of food, water and environmental samples.
- A Public Health Director is employed in each of the 22 Local Health Boards.

NPHS Management Arrangements

The Trust employs the National Director of the NPHS who is accountable to the Trust for the operational and financial performance of the NPHS. The Director is also accountable through the Trust's Chief Executive to the Welsh Assembly Government for the delivery of the NPHS services. In addition, the National Director of the NPHS is professionally accountable to the Chief Medical Officer for Wales.

The Senior Management Team comprises three Regional Directors of Public Health each leading a range of national teams including Environmental Public Health. A Director of Infection and Communicable Disease Service, a Director of Operations and Service Development and a Head of Information are also part of the Senior Management Team; all Senior Management Team members report directly to the National Director of the NPHS.

National Public Health Service – Key Roles

There are several ways in which NPHS staff can be line managed:

- As part of a Local Public Health team which is part of a Local Health Board, or
- By a Local Regional Director of Public Health or someone reporting to the Regional Director, or
- As part of a functional all Wales team, such as the Infection and Communicable Disease Team or the Information Analysis Team.

All statutory functions in relation to health protection lie with Local Health Boards and Local Authorities. Local team management is led by the Director of CDSC, a CCDC in each health protection team and

laboratory directors. The CCDC is also responsible for developing a key area of expertise e.g. TB, Blood borne virus infections. The Welsh Assembly in conjunction with Health Protection Agency and one of the three Regional Directors have responsibility for Emergency Planning.

Wales Centre for Health (WCFH)

The WCFH is an independent statutory body established under the Health (Wales) Act 2003 (currently in shadow form until 2005) which provides a Public Health observatory function, undertakes/commissions research into matters pertaining to the protection and improvement of health and broadens training opportunities for healthcare and Public Health professionals. The WCFH also oversees the link between academic research and Public Health service priorities.

4.1.2 Lessons Learned

- **Critical Mass** – The NPHS has structured itself in a way that facilitates the development of a 'critical mass' of Public Health expertise at the all Wales level.

Critical mass is a key principle for the NI Public Health function if it is to effectively use all three strategic approaches to ensure maximum health protection and improvement with the support of a Public Health workforce of sufficient critical mass.

- **Needs based system** –Local Health and Social Care Wellbeing Strategies and Health Needs Assessments are underway in the NPHS. These types of local action plans are supported by access to Public Health intelligence, information and core data sets.

In Northern Ireland, all Public Health activity must be underpinned by evidence and sound health information about the population. To achieve this goal, the Public Health function should establish a specific health intelligence resource for NI and put in place monitoring and evaluation processes linked to research and development activity.

- **Leadership focus and accountability** - The NPHS has set out organisational structures, accountabilities and roles and responsibilities which it believes are needed to support an all Wales service as well as supporting stakeholders at a local level.

Performance management is a key feature in the NPHS. The accountability for operational and financial performance and delivery to professional standards resides in a triangular framework involving the Velindre NHS Trust, the National Director of the NPHS and the Chief Medical Officer of Wales. The NPHS has a single high level Service Level Agreement with the Welsh Assembly Government and Memoranda of understanding exist between key stakeholders e.g. between NPHS and Local Authorities.

Strong Public Health leadership is fundamental to the effectiveness of the service delivered in Northern Ireland. In a function where Public Health is not organised in one central service, leadership is critical to ensure coordination and engagement across the wide range of stakeholders. Therefore flexibility in who leads for Public Health and from what domain will be important.

Leadership across Public Health must be linked to clear accountability frameworks. A quality Public Health function will have clear governance and accountability arrangements which will facilitate effective performance management.

- **Action 'on the ground'** – The NPHS has structured itself in a way that will enable it to achieve local service provision through 22 Local

Health Boards coterminous with 22 Local Authorities with statutory responsibility for local delivery.

The Northern Ireland Public Health function supports local delivery and community involvement in health actions. The roles of Health Promotion and Health Protection teams in delivering services locally must continue. Establishing health and social care agencies coterminous with key organisational boundaries is seen as a key contributing factor to local delivery.

On the community side, NI Public Health needs to strengthen approaches to addressing core Public Health issues from within the community itself. *Investing for Health* will be a pivotal vehicle to achieve greater coordination of effort amongst the plethora of community-led initiatives.

- **Multidisciplinary Workforce** – The NPHS is clear that it is not just a service provided by Doctors. In support of a multi-disciplinary workforce, the NPHS is developing sustainable multidisciplinary training for specialists in Public Health from non-medical backgrounds. The WCFH is charged with promoting and facilitating inter and multi-disciplinary, multi-professional education, training, continuing professional and career development. They will also enter into academic partnerships to achieve these objectives.

Northern Ireland Public Health recognises the importance of building a multi-disciplinary Public Health workforce that includes the experience and perspectives that a range of different professionals bring. To achieve a sustainable multidisciplinary workforce will require a change in approach as in some cases the skills of many such professionals are neither fully appreciated nor developed.

An integrated multi-disciplinary training programme needs to be developed with a dedicated funding source that supports those from a wide range of disciplines (including medicine) who wish to pursue a career in Public Health. This should not simply subsume the existing compliment of specialist registrar posts but rather should represent an overall growth in training capacity.

- **Partnership Approach** – The NPHS recognises that actions to improve the health and well-being of the Welsh population are not solely its responsibility or the health sector's alone but cut across the work of many organisations. The WCFH works closely with key stakeholders such as the Food Standards Agency, Environment Agency Wales, acting 'as a gateway to provide an overall focus for the efforts of the many organisations, groups and professionals working towards health improvement in Wales.'

In Northern Ireland, the good work achieved to date in building partnerships needs to be organised and coordinated to plan for

priority activities, to map out responsibilities and clarify accountabilities.

4.1.3 Main Considerations

- **Critical mass is a key principle for the NI Public Health function** if it is to effectively use all three strategic approaches to ensure maximum health protection and improvement with the support of Public Health workforce of sufficient critical mass.
- Public Health activity must be **underpinned by evidence and sound health information** about the population.
- In a function where Public Health is not organised in one central service, **leadership is critical to ensure coordination and engagement** across the wide range of stakeholders.
- A quality Public Health function will have **clear governance and accountability arrangements** which will facilitate effective performance management.
- Establishing **health and social care agencies coterminous with key organisational boundaries** is seen as a key contributing factor to local delivery.
- Investing for Health will be a pivotal vehicle **to achieve greater coordination of effort amongst the plethora of community-led initiatives.**
- 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.
- In Northern Ireland, **the good work achieved to date in building partnerships needs to be organised and coordinated** to plan for priority activities, map out responsibilities and clarify accountabilities.

4.2 Analysis of the Public Health function in England

4.2.1 Key Characteristics of the Public Health function in England

The Public Health function in England is currently in a transitional state, and may be characterised as being somewhat fragmented, with a multiplicity of public agencies holding responsibility for aspects of the service at various levels, ranging from national to regional and local perspectives.

As part of this project, we visited the North-West Region, which covers a population of around 7m on the West Coast from Cumbria down to Cheshire, including the major conurbations of Manchester and Liverpool. The Public Health issues within this region are broad and diverse, ranging from inner-city problems pertaining to socio-economic conditions, to issues associated with rural isolation and access to health and social care services. In many respects, the issues within North-West England are not dissimilar to the Public Health challenges faced in Northern Ireland.

The following paragraphs describe, in broad terms, the main characteristics of the Public Health service in England, drawn in part from our comparative site visit to the North-West Region, and in part from more general research.

Government Offices for the Regions

Within England, nine Government Offices (GOs) have been established to incorporate a broad spectrum of Central Government functions, including transport, regeneration and renewal, environment, crime reduction, and others. Each RGO has a Regional Director of Public Health (RDPH), who is a member of the regional executive team. Typically, each RDPH leads a team of around 14 to 17 staff, drawn from both medical and non-medical backgrounds, and he/she reports to the Chief Medical Officer (CMO) for England.

The role of the RDPH is generally to provide Public Health leadership for the region, often by orchestrating the health system and working collaboratively with colleagues at regional level to influence, encourage, and ensure that Public Health remains high on the agenda of policy makers and strategic planners. The RDPH has a leadership role in respect of, but is not managerially responsible for, the Public Health function in the Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) within each Region. RDPHs also carry out national level tasks for the CMO.

Further consolidation of the regional distribution of functions may occur after autumn 2004, when referenda will be held in three regions to determine the future of decentralised regional administration of government functions (i.e. Elected Regional Assemblies).

Strategic Health Authorities (SHA)

The SHAs typically cover a population of around 2m – 3m, and are NHS bodies responsible for performance management of PCTs, NHS service strategy, planning and commissioning. Each SHA has a Public Health doctor whose remit is usually based around population medicine and performance management of the Public Health function in the PCTs. Theoretically, there appears to be some scope for lack of clarity around the Public Health role of the SHA as opposed to that of the Government Office, as both include strategic-level activities and oversight of Public Health service delivery on the ground.

Primary Care Trusts

The PCTs hold 80% of the NHS budget and their role is (i) to improve the health of the population, (ii) to provide personal healthcare services, and (iii) to commission specialist care. Typically, they each cover a population of around 150,000 to 200,000 persons, on average, although substantial variations may be seen. In the Liverpool area, for example, two of the three PCTs cover a population of only 100,000 each, whereas the third – Central Liverpool PCT – caters for 260,000 people.

Each PCT employs a Director of Public Health (DPH), usually with a small team consisting of several staff, although some smaller PCTs have a single-handed DPH. DPHs are frequently jointly appointed with Local

Authorities and in some cases jointly funded. One of the largest PCTs, Central Liverpool employs a DPH, three Consultants in Public Health, two Specialists, two Information Analysts, three Public Health nurses, and administrative support. A further Public Health Specialist is seconded to the local Crime and Disorder Partnership, as an example of cross-agency collaboration, and other posts are jointly funded by the PCT and the City Council Environmental Health Department to cover topics such as alcohol abuse and smoking cessation.

The DPHs employed within the PCTs come from a variety of backgrounds, and around half of the DPHs within the North-West Region's 42 PCTs are from backgrounds other than medicine; these include nurses, dentists, environmental health officers, education health specialists, and career NHS managers.

Health Protection Agency

The Health Protection Agency (HPA) provides services at local, regional and national levels. There are 39 local teams, providing services to primary care trusts, strategic health authorities and local authorities.

The HPA local and regional teams for each English region are managed by a HPA Regional Director.

Public Health Observatories

Each Region has a centrally funded Public Health Observatory (PHO), typically employing a small number of staff engaged in analysis, information dissemination, and provision of intelligence on key Public Health issues. PHOs are part of the Regional Public Health Group under the leadership of the RDPH. The PHOs and the HPA often work closely together, including work in the North-West Region on sexually transmitted infection and surveillance issues.

4.2.2 Lessons Learned

- **Engaging with local communities** - Some benefits have been achieved from the creation of the PCTs. DPHs employed in the PCTs have often had a better chance to engage with the needs of neighbourhoods and communities, work with front line care providers, particularly GPs, and to move into an active role of service redesign rather than – as one DPH said – “simply describing how bad things are”.

PCTs have also been able to focus investment at quite specific local targets, with better opportunities to get care professionals such as GPs and community nurses more closely involved in addressing a Public Health agenda within their localities. The accessibility of the PCTs has also helped foster better working

relationships and creates collaborative opportunities with other agencies such as Local Authorities.

As mentioned previously, the Northern Ireland Public Health function supports local delivery and community involvement in health actions through the work of staff working in Health Improvement, Health Promotion and Health Protection teams.

The position of the Director of Public Health as the leader accountable for a defined population in a sub-regional setting is a key strength of the Northern Ireland Public Health function. This leadership role should continue to work at the sub-regional level in partnership with colleagues across the three Public Health domains.

Northern Ireland has an excellent foundation of organisations at the local, community and neighbourhood levels working for the public's health. One of the key strengths, and one which should be monitored and continually improved upon, is the ability of these organisations to target action by being close to the priority health needs of the community.

- **Fragmentation of resources** - Although there are acknowledged advantages in the closeness to local communities, the recent HM Treasury report *Securing Good Health for the Whole Population* (the Wanless Review) noted the negative impact of the restructuring that has taken place. In particular, the level of DPH vacancies and the dispersal of skills and expertise resulting from the creation of 303 PCTs from the previous 95 Health Authorities are recognised as problems. The Public Health resources are also spread unevenly and do not appear to bear much relation to the needs of the population served.

The NHS in England is also in the process of changing from a managed organisation to a regulated one. There has been a corresponding reduction in central direction and control. This policy is aimed at producing improvement in NHS service delivery but is not necessarily appropriate for the carrying out of the Public Health function.

It is clear that the Public Health service in England is in a transitional state, and many Public Health professionals voice the opinion that greater clarity and more consolidation are required.

The analysis has shown that the Public Health function in Northern Ireland is currently fragmented in terms of the number and coordination of organisations involved in Public Health. This situation exists within a small, defined and stable population base.

It is clear from the analysis as well as from the lessons to be learned in England that the Public Health function in Northern Ireland can be strengthened by consolidation of existing functions/ structures in

the health improvement and health protection domains, particularly given the characteristics of the population base. One of the driving principles of this recommendation is to create sufficient critical mass in the Public Health function to support innovation, specialisation, training and development and the delivery of consistent, timely and quality Public Health services.

- **Informal integration** - Some examples of joined-up Public Health have been achieved, but this has tended to be as a result of hard work at an inter-personal level, and not because the current function promotes or facilitates it.

Integration is fundamental to the effectiveness and efficiency of the Public Health function in Northern Ireland. Consolidation of existing functions/ structures has the potential to pool existing resources and to increase the level of focus on services within a particular domain. However, the way in which organisations work with one another still requires the implementation of agreed planning mechanisms, accountability frameworks and clear roles and responsibilities. Procedures and protocols should be developed to facilitate organisations to work as seamlessly as possible together.

4.2.3 Main Considerations

- **In Northern Ireland's Public Health function, critical mass is fundamental to ensure that the Public Health role can be discharged effectively**, and that Public Health professionals can develop and maintain expertise in specific fields of practice.
- **Real clarity of organisational roles and responsibilities** is required throughout the Northern Ireland Public Health function to avoid the problems seen in England with regard to fragmentation, lack of direction, and unclear accountabilities.
- **In Northern Ireland Public Health doctors need to be better connected to Primary Care** to have an effective role in shaping the health of the population in Northern Ireland.
- **As evinced in England, involvement of GPs is critical** in Public Health and can produce real dividends in terms of Public Health outcomes.
- It is critical that Public Health leadership (cf. the role of the Regional Director for Public Health) in Northern Ireland continues to be spearheaded by the Director for Public Health in partnership with Public Health colleagues **to influence, encourage, and ensure that Public Health remains high on the agenda of policy makers and strategic planners.**
- Building on existing experience, **collaborative work with other agencies is very important** and can produce good results by examining problems holistically.
- In England, better use and dissemination of Public Health information and intelligence can come through **effective interaction with the local Public Health Observatory.**

4.3 Analysis of the Public Health function in Scotland

4.3.1 Key Characteristics of the Public Health function in Scotland

Scotland has a poor health record although some aspects of health have improved in recent years and it now wishes to build on that success and accelerate the rate of improvement. In Scotland the Public Health function is located within 15 Health Boards although increasingly a range of supporting organisations plays important roles in improving the health of the nation.

Scottish Executive

Within the Scottish Executive the Chief Medical Officer (CMO) has lead responsibility for Public Health policy and is assisted by two Deputy Chief Medical Officers, one of whom has responsibility for Public Health interests. The Scottish Executive Health Department is responsible for health policy and its key strategy document is '*Improving Health in Scotland - The Challenge*' (2003).

NHS Health Boards

Following a review in 1999, Scotland decided to maintain its Public Health function within the 15 Health Boards. The size and structure of each Board differs and accordingly the staffing numbers and activities

of Public Health vary. Hence, Public Health departments can contain several or one Public Health medical practitioner.

Local Health Care Cooperatives

Local Health Care Cooperatives (LHCCs) focus mostly on the provision of primary health care services. Each LHCC has now appointed a Public Health Practitioner (PHP) to provide a visible lead for the development of LHCC based programmes to improve the health and well being of the LHCC population. This organisational change was a result of the *Nursing for Health* document published by the Scottish Executive in 2001.

Health Scotland

Health Scotland was created in April 2003 by the Scottish Executive following a merger of the Health Education Board for Scotland (HEBS) and the Public Health Institute of Scotland (PHIS). HEBS's aim was to promote good health through the empowerment of all and to work closely with all 15 Health Boards and other key stakeholders including the community sector. PHIS was created in April 2001 following the review of the Public Health Function in Scotland to serve the whole of the public health community in Scotland, both within and beyond the NHS. Its specific remit was to develop the public health information base, evidence base and skills base.

The rationale behind the merger of HEBS and PHIS was to reduce duplication and/or overlaps in roles and activities. Health Scotland has moved slowly towards structural integration and the definition of roles and responsibilities. It is still very early in its development to assess the impact of this new entity.

Scottish Centre for Infection and Environmental Health

The Scottish Centre for Infection and Environmental Health (SCIEH) is responsible for the surveillance of communicable diseases and environmental hazards and the provision of expert operational support in infection and environmental health to health boards and local authorities in Scotland. It has a regional remit for the provision of: monitoring and surveillance; operational support and advice; and education and training and research. It is a multidisciplinary organisation comprising expertise in a wide range of specialties including: medical; epidemiology; clinical medicine; nursing; veterinary medicine; environmental health; and clinical microbiology.

Convention of Scottish Local Authorities (COSLA)

Scottish local authorities have significantly more powers and responsibilities than their counterparts in Northern Ireland, including the power to promote 'well-being'. Local government is represented on Health Boards by either council leaders or other senior representatives

and Health Improvement Officers have been appointed in all local authorities.

NHS Education Scotland

NHS Education Scotland (NES) was established in April 2002 following a recommendation in the review of the Scottish Public Health Function to develop a unified Scotland-wide training programme and provide better consistency in both training provision and assessment. A Scottish Programme was produced in April 2003 and implemented in July 2003. The Scottish Programme is run by three Regional Co-ordinators. It is too early to assess if there are genuine changes or improvements in training provision but most commentators are agreed that such a centralised approach makes it easier to introduce and roll out new developments across Scotland.

Limited progress has been made on the establishment of a Voluntary Register and a team of advisers is being established to investigate a portfolio route and to identify how individuals' diverse training needs can best be met. There is some resistance to this development, primarily from medical personnel and there is also a capacity issue in terms of NES's ability to support all potentially eligible trainees.

There is a strong commitment to multi-disciplinary training. A framework of core competences was developed for the new LHCC based PHPs who are most likely to come primarily from the nursing professions. In order to support post-holders, the (then) Public Health Institute of Scotland and the Scottish Executive Health Department commissioned a national development planning process that will enable each individual PHP to assess their current level of skills, knowledge and behaviours against the competency framework.

4.3.2 *Lessons Learned*

- **Organisational changes** - Organisational mergers and the creation of new organisations have been problematic and issues have arisen in relation to leadership, roles and responsibilities and resources. This has had an impact on the effectiveness of these organisations.

In Northern Ireland, the importance of organisational stability has been emphasised by many stakeholders, especially in light of the forthcoming Review of Public Administration. In addition, it is recognised that organisational effectiveness is more dependent on aspects such as leadership, joint planning, accountability frameworks, clearer roles and responsibilities as it is about systems of administration.

- **Training and Development** - Scotland has given increased prominence to training and development matters, including multi-disciplinary training.

It is recognised that Northern Ireland needs to develop stronger multi-disciplinary training and education programmes, including training and support for those who wish to access the UK Voluntary Register for Public Health specialists. Equally it is recognised that this will require additional capacity and resources.

- **Addressing similar problems in organisation** - Public Health in Scotland is asking itself similar questions to those raised in Northern Ireland.
 - How can all those with the potential to protect and improve health work together more effectively?
 - How can communities be empowered and supported so that they can make a sustained effort to reduce inequalities and improve health?
 - What are the best structures and processes which will enable this to happen?

Northern Ireland's Public Health function can also benefit from efforts to increase integration and joint working; continue the delivery of critical Public Health interventions at a local, community and neighbourhood level; and organise the function in such a way that is 'fit for purpose' for Northern Ireland.

- **Responsibility of many** - In Scotland, as in Northern Ireland, it is recognised that leadership for Public Health needs to extend beyond Public Health medicine into mainstream agendas across the statutory, community, voluntary and private sectors. Multi-agency and inter-sectoral strategies such as *Investing for Health*, *Healthy Cities* and the work of *HAZ* in Northern Ireland are mainstreaming Public Health leadership. These initiatives should be supported and continually developed.

4.3.3 Main Considerations

- *Organisational mergers and the creation of new organisations have been problematic and issues have arisen in relation to leadership, roles and responsibilities and resources. **Clarity of organisational roles and responsibilities** is required in Northern Ireland's Public Health function to ensure effective utilisation of resources, avoid overlap or duplication and ensure clear lines of accountability.*
- *Scotland has given increased prominence to training and development matters, including multi-disciplinary training. **Training and development** requires additional emphasis and dedicated resources in the Public Health function of Northern Ireland.*
- *Improving health requires the **combined efforts** of the Scottish Executive, NHS, local authorities and the community and private sectors. In Northern Ireland, collaboration across organisations involved in health improvement, health protection and service development should be*

supported through consolidation of existing structures/functions and joint arrangements which facilitate integration between organisations.

5 VALUES, PRINCIPLES AND RECOMMENDATIONS

In Section Three, we presented the findings from the consultations, written submissions and workshops. The analysis was organised according to a series of dominant themes which had emerged during the consultation process. Section Four explored the lessons to be learned from the field visits to Wales, Scotland and England.

In this section, we propose a series of recommendations for the Public Health function in Northern Ireland. Each of the recommendations are drawn from the findings of the previous sections to propose a vision which is 'fit for purpose' for Northern Ireland's Public Health function.

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

5.1 Values and Principles for the Public Health Function in Northern Ireland

5.1.1 Shared Values

There are a number of shared values which should guide the development of Public Health:

- 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.
- Health and Personal Social Services' 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.

5.1.2 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. With the Review of Public Administration due to report on its findings, it is important to have a foundation of principles from which to improve, build upon and add to the Public Health function. 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 for 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, there are several requirements which relate to the overall organisation of Public Health function.

5.1.3 *Achieving a Sustainable Public Health Function*

There are a number of requirements which relate to the overall functional robustness of Public Health in Northern Ireland. While some of these requirements will also relate directly to a particular Public Health domain, they should be seen as fundamental to achieving a sustainable Public Health function.

- 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.

5.2 Recommendations

In this section, we propose a series of recommendations for the Public Health function in Northern Ireland. The recommendations are based on the analysis of the findings in Sections Three and Four.

The recommendations are organised in terms of inter-departmental, departmental, regional and local, community and neighbourhood levels.

5.2.1 Recommendation 1: *Strengthen Public Health at inter-departmental level*

- a. The Ministerial Group for Public Health (MGPH) should be a powerful strategic alliance and should continue to be chaired by the Minister. The current review (of MGPH) which will address its role, function and structure, should ensure that links are established with regional and local implementation structures to achieve greater openness, communication and transparency.
- b. MGPH should continue to work with Department of Finance and Personnel to put in place a mechanism for providing cross-

departmental funds to support Public Health initiatives, learning from the good example of Executive Programme Funds.

- c. MGPH should ensure Departments assess the impact of any major policy development on the population's health.
- d. DHSSPS should support the MGPH to develop a methodology to monitor the impact and cost-effectiveness of Public Health interventions and initiatives.

5.2.2 Recommendation 2:

Strengthen Public Health at Departmental level

- a. DHSSPS should ensure that the Chief Medical Officer has the support to provide strong Public Health leadership across government departments while maintaining independence.
- b. DHSSPS should continue to facilitate partnership working to improve population health.
- c. DHSSPS should continue to strengthen the Public Health role of the Health and Personal Social Services (HPSS) by prioritising it through its various investments, strategic documents, performance management and outcome focused targets.
- d. DHSSPS should continue to develop Public Health policy at a strategic level with implementation delegated to the HPSS.
- e. Clear accountability frameworks should be developed in and between all Public Health organisations, where services are provided and where organisations need to work in partnership to achieve their objectives.

5.2.3 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:
 - Provide regional leadership and support for the health protection function.
 - Facilitate access to national health protection organisations for key specialist skills and resources.
 - Contribute to the training and development of multidisciplinary professionals in all aspects of health protection work e.g. secondments and training placements.
 - Develop a regional approach to emergency preparedness, chemical hazards and poisons.
 - Coordinate the development of regional expertise in health protection.
- b. DHSSPS should consolidate and strengthen its health improvement and knowledge management functions on a regional and multi-disciplinary basis to:

- Provide regional leadership and support for activities relating to health improvement, health promotion and knowledge management.
- Support and coordinate screening services in Northern Ireland.
- Develop a NI specific Health Intelligence resource.
- Contribute to the training and development of multidisciplinary professionals in all aspects of health improvement and knowledge management including opportunities for secondment.
- Coordinate the development of regional expertise in Northern Ireland and building of linkages with National and EU networks e.g. development of Public Health networks.

5.2.4 Recommendation 4:

Broaden the contribution of Environmental Health in the Public Health function

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

5.2.5 Recommendation 5:

Strengthen Public Health at local, community and neighbourhood level

- a.** In any future reorganisation of public services, there should be a Director of Public Health (medical or non-medical background) who is the champion and leader across the three Public Health domains of health improvement, health protection and service development.

The Director of Public Health should be a senior management post with executive director status at sub-regional level, accountable for the health of a population of approximately 300,000-500,000. The position would be supported by a multidisciplinary team of Public Health specialists and practitioners.

Examples of responsibilities which should be part of the Director of Public Health's remit are:

- Driving forward and building ownership of the *Investing for Health* Agenda including the further development of inter-sectoral partnerships to promote Public Health goals.
 - Protection of their populations from identified current and new hazards to health.
 - Coordination of Screening and Immunisation at a sub-regional level.
 - Coordination of Health Promotion at a sub-regional level.
 - Ensuring the ongoing contribution of Public Health to the quality of health and social care services in the HPSS.
- b.** 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.
- c.** The range of community driven initiatives should be effectively coordinated, with shared local objectives based on local needs and national objectives.
- d.** Facilitate closer working between primary care and Public Health professionals to develop the primary care function within Public Health.

5.2.6 Recommendation 6:

Build a Multi-disciplinary Public Health Workforce

- a.** A multi-disciplinary training framework with a dedicated funding source should be developed and implemented in the immediate term 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.

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- c. Introduce workforce planning for Public Health.

5.2.7 *Recommendation 7:*

Develop Academic Public Health and R&D 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.

5.2.8 *Recommendation 8:*

Strengthen North/ South working within Public Health and continue to develop its work on health inequalities including policy advice, capacity building, surveillance and research.

The Institute of Public Health should:

- a. Continue to develop the all-island web based Public Health Observatory (PHO).
- b. Continue to develop the Public Health evidence base and to work with other organisations in this field of expertise to disseminate and translate the evidence into policy and practice.
- c. Continue to support Public Health leadership.
- d. Support multidisciplinary Public Health training and development.
- e. Support the development of Health Impact Assessments in Public Health.
- f. Support the development of horizon scanning and health technology assessment.