RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
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In good health

Public health teams in local authorities Year 2

February 2015

Foreword

The public health workforce is at the heart of both improving and protecting the public's health and as such the views and experiences of these individuals are an important gauge of our progress in public health.

The Royal Society for Public Health's vision is that "everyone has an opportunity to optimise their health and wellbeing" and by tracking the attitudes of the public health workforce we can provide a benchmark and a voice for those responsible for public health and wellbeing in communities across England.

There is real consensus that the transition of public health in England to local authorities was a progressive step forward but it was also a significant cultural and practical change for the workforce as indicated by our 2014 survey. We know that there is more change afoot as local authorities struggle with further budget cuts, and the general election in May creates uncertainty and possible disruption to public services at a national and local level. For 2015 the landscape becomes yet more complex with the addition of the Better Care Fund to support the much needed integration of health and social care. For the public health workforce there will be yet more upheaval.

This report provides a snapshot of the public health workforce nearly two years after the move to local authorities. The progress in the last year has been positive and encouraging, but it remains clear that the workforce need to be supported and empowered in their roles. It is crucial that the public health workforce within local authorities is motivated and equipped with the right skills and resources to meet the challenges of local populations.

Our survey shows that there needs to be increased communication and information to the public about both the role of public health and the vision for health and social care integration. The NHS Chief Executive has called for a 'radical upgrade' in public health and we need to ensure that we have a workforce that has the support to make this a reality. Improving and protecting the public's health is a national priority and local authorities and their staff will be crucial in leading on these changes. They will need the tools and support to do this.

Shirley Cramer CBE

Chief Executive, RSPH
February 2015

Key Findings

- Compared to last year, a much greater proportion of respondents were positive about the impact that public health is having on the public's health (40% in 2015 compared to less than 15% in 2014)
- Sixty-three percent of respondents said they feel part of the process of developing communities that are willing to take more responsibility for their health and wellbeing (up from 49% in 2014)
- Most respondents said that public health budgets were being controlled by their director of public health (67%)
- Less positively, only two thirds of respondents said that their Joint Strategic Needs Assessment (JSNA) accurately reflects the needs of their local population
- Fifty-eight percent of respondents employed by unitary authorities expressed concern that local authority decisions are being made based on politics rather than evidence (compared to 27% in county councils and 38% in district/borough councils)
- Nearly half (47%) of respondents were either unsure about the level of public health knowledge in other local authority departments or believed that knowledge was poor
- Finally, over half of respondents were unable to say that they feel positive about the prospects of integrating health and social care systems (51%) and over 40% were unable to say that they felt part of the process of integrating health and social care systems at a local level

Introduction

Since 2011, RSPH has published an annual report exploring the development of the health improvement workforce in England (available at www.rsph.org.uk). The 2011 and 2012 studies highlighted the challenges associated with ensuring that staff have the necessary skills, knowledge and competence to promote health and wellbeing regardless of which setting they work in or who employs them. The 2013 report looked specifically at the challenges and opportunities posed by the move of public health departments from the NHS into local authorities in England.

Last year's report took a slightly different perspective and rather than focussing on qualitative interviews as its primary methodology, used a survey of public health professionals working within local authorities in England to assess the impact of the move of public health from the NHS on health improvement – both on the workforce themselves and on the public's health.

This year we have repeated last year's survey to better understand how experiences have changed in the intervening months. We have also added some additional questions based on feedback received to capture some of the new issues that have arisen over the past 12 months and provide greater insight into the public health landscape. By repeating the survey we hope the data trends found will offer a fresh perspective on how the public health landscape is developing, particularly as last year's report was based on data taken less than a year post the transition when the new public health system was very new.

Who took part?

The respondents (n=277) included a broad range of the public health workforce, including directors of public health, consultants in public health, public health specialists and health improvement practitioners. Over 75% of respondents had health improvement within their job description and 59% had commissioning responsibilities. Respondents worked in district/borough (42%), unitary (30%) and county councils (24%). Where clear differences in responses exist between different types of council, it will be highlighted below. The survey that comprises this 2015 report was carried out in the last quarter of 2014 but will be referred to throughout by the year of publication – 2015. Similarly, data in the 2014 report was collected in the last quarter of 2013, but will be referred to throughout as 2014.

It should be noted that the increasing separation of commissioners and providers across local authorities means that our survey cannot capture all of what is happening on the ground. Responsibility for public engagement is increasingly being included in service design and therefore future research will need to also include providers of services to produce a more complete picture of public health in England and its impact on the public's health.

The public's health

A key issue for this research was to ascertain whether changes to the public health system in 2013 have had a positive impact on the public's health from the workforce's perspective. Last year we found that more than half (52%) of survey respondents were unconvinced that the move to local authorities would help reduce health inequalities and improve the public's health in the future and very few believed that the transition was improving health outcomes already (less than 15%). This year we had a much more optimistic response. Nearly 40% of respondents felt that the move was now helping to reduce health inequalities and improve the public's health. Although 43% remained unsure, very few disagreed with the premise that health outcomes were being improved for the public (17%).

There has also been an increase in the number of respondents who agreed that the public are being involved in commissioning processes and decision making on spend from 33% of survey participants in 2014 to 44% this year. While there is still room for improvement in the levels of co-commissioning and public engagement, the numbers are encouragingly heading in the right direction. Less positively, we found that over 80% of respondents were unable to agree that local people within their communities understand their public health priorities. There is clearly a need for increased public engagement, through for example, public engagement days, focus groups, surveys, interviews and 'world café' events, and perhaps also a need for public health to be more effectively communicated at national as well as local level. Public Health England regional units could play a role in supporting local authority colleagues in communicating their public health offer for their local area.

For the public health workforce themselves, there has been a big increase in those individuals stating that they feel part of the process of developing communities that are willing to take more responsibility for their health and wellbeing. While 49% agreed with this statement in 2014, over 63% agreed in 2015. It should be noted that these figures ranged from 55% in district/borough councils to 70% in unitary authorities (67% in county councils), which may highlight that in some areas county councils could be more proactive in engaging their district councils.

Although there has been an increase in 2015 in the number of respondents stating that there is sufficient competition between providers that commission health improvement services in their area (from 22% to 31%), numbers remain low. Perhaps due to these low levels of competition, which may be due to an absence of suitable providers in an area or issues within the tendering process that prevent suitable providers from being considered, half of respondents were unsure about the impact of competition on local intelligence and traction, while 30% agreed that local intelligence and traction had been lost due to competition in their area. If encouraging provider competition is to

continue to be a key aim of local authorities, it is vital that decisions are based not solely on finances, but also on the social value providers can bring through the relationships that they have already built within their communities.

Finally, a new question this year found that while 66% of public health professionals agreed that their Joint Strategic Needs Assessment (JSNA) accurately reflects the needs of their local population, a third of respondents were either unsure or disagreed with the premise. This supports some research undertaken by the RSPH in early 2014[1] that suggested many JSNAs have not been updated for several years. In these areas it is not clear to what extent the health needs of communities are being accurately reflected. For JSNAs to be a useful vehicle for accurate reflection of the needs of the local population, it is vital that commitment is made to ensure that they are up to date and user friendly.

[1]. RSPH., 2014. *Tackling health inequalities: the case for investment in the wider public health workforce: June 2014.* London: RSPH.

Politics and finance

Another area the research sought to investigate was the public health workforce's ongoing experience of the local authority environment.

Last year, more than half (59%) of survey respondents felt that health decisions within the local authority were being based on political process and decision making rather than purely on the evidence base. This year the figures have decreased to 42%, although a third of respondents remained unsure about the extent to which politics is influencing health decisions. Furthermore, there was huge disparity between the responses from different types of local authority – while only 27% of respondents felt that politics were affecting decision making in county councils, 58% of unitary authority respondents were concerned that decisions were not being solely based on evidence. This may reflect cultural differences within local authorities, with unitary authorities perhaps experiencing greater control by their elected members.

We also found that over half (58%) of survey participants agreed that politics, and 75% that financial issues, were impacting on the ability of public health professionals to plan for and deliver health improvement initiatives locally. Worryingly, the latter result is a slight increase on last year (from 71%). There were also differences between local authorities, ranging from 86% (unitary authority respondents) suggesting financial issues were impacting on their work to just 54% (county council respondents).

It is interesting to note that when asked whether their director of public health has control over the allocation of public health funds, positive responses were much higher in employees from county councils (82%) than those from district/borough councils (61%) and unitary authorities (64%). This may explain why public health teams in county councils are experiencing less financial difficulty than other local authority settings.

Nearly 67% of respondents stated that their public health teams were investing in health improvement initiatives such as workforce development and training to support healthy conversations and health champions – supporting the development of the wider public health workforce. This is a very slight increase on last year (62%).

In 2014, some respondents highlighted gaps in the knowledge of locally elected councillors around health and health improvement. While these gaps still exist in some areas, there appears to have been a modest increase in the understanding of councillors about the importance of health improvement and 'making every contact count' for local communities (a shift from 49% of respondents agreeing that councillors understand the concepts in 2014 to 58% this year). Similarly, while last year 29% of respondents suggested that councillors had sufficient understanding of the need for health impact assessment to be considered when making decisions about their community, this rose to 36% this year.

Skills and inter-departmental working

In keeping with last year's findings, the vast majority of respondents (91% in 2015) said that they have the professional skills relevant to their situation within local authorities. However, despite over 80% of participants this year stating that they have support from their employer to undertake continuing professional development (CPD), 82% also suggested that additional influencing skills would be beneficial to help them demonstrate their effectiveness and value within local authorities. This is exactly the same figure as last year, suggesting that although CPD is generally supported, further development opportunities might need to be made available to develop this skill set.

Over two thirds (69%) of respondents suggested that their public health department was working closely with other local authority departments, for example, housing, planning, social services, a slight increase on last year (65%). However, just over half of respondents (53%) suggested that there was understanding from other local authority departments of how their own work can impact on public health. This leaves a large number of respondents who either believe that understanding in other departments is poor or are unsure about the knowledge of public health in other departments. Public health teams within local authorities should be supported to help local authority colleagues see their own work through the lens of public health and to develop an understanding of the wider determinants of health.

Health and social care integration

Health and social care integration and the roll out of the Better Care Fund (a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities) is going to be a big agenda item for public health teams over the coming years. We introduced two questions this year to ascertain how public health professionals are feeling about this integration of services and the need for joined up working, not just across the local authority, but also with the NHS. Over half of respondents were unable to say that they felt positive about the prospects for integrating health and social care systems (51%) and over 40% were unable to say that they felt part of the process of integrating health and social care systems at a local level.

The difficulties associated with integration and working across departments is highlighted in the data on health and wellbeing boards (HWBs). Last year there was little agreement between areas about the importance of the local HWB for influencing commissioning decisions and there was also no consensus about whether HWBs are the best place to debate local need and evidence. Very little has changed in a year and the perception of public health professionals is that they are achieving the aims set out for them (to provide a forum where key leaders from across the health and social care system could come together to agree how best to improve the health of their communities in a collaborative and joined-up way) in as many areas as they are missing the mark.

Conclusion

This report highlights that public health teams working within local authority settings have not remained static in the 12 months since our last survey, and in many ways, progress has been very positive. A greater proportion of respondents felt that the public's health was being improved due to the transition of public health to local authorities than did this time last year. More of the public health workforce feel part of the process of developing healthy communities and more of the public are being engaged in commissioning and decisions on spend. Fewer respondents feel that local authority decisions are being based on politics rather than evidence and the knowledge of councillors about health improvement and health impact has increased.

Despite this progress, the public's knowledge of the work and aims of their local public health team appears to be low and competition between providers is still inadequate. Although politics may be having less of an impact on decisions within the local authority than last year, it is still affecting the ability of the majority of public health professionals to plan for and deliver health improvement initiatives locally. Financial issues are also having a big influence on public health teams, and a higher proportion of public health professionals are feeling this influence than last year. Although public health departments are largely working closely with other local authority departments, there still appears to be a gap in knowledge from local authority employees outside of the public health team about the influence that their work can have on the public's health more broadly. There are also clear differences in the experiences of public health professionals based upon their type of local authority. It is important that these differences are understood and the workforce, irrespective of its setting, supported to achieve the best outcomes for public health.

Public health in England has already undergone much change since the Health and Social Care Act 2012. This report highlights the progress that has been made over the last 12 months to embed public health into local authorities and overall paints a positive picture of the direction of travel. However, concern has to be raised about the possible impact of further change. Public health is already set within the context of Public Health England's priorities, the NHS Five Year Forward View, further local authority budget cuts and the national changes that may follow the May 2015 general election. There needs to be some consideration of how further change, through the Better Care Fund and health and social care integration, might destabilise and even undo the positive progress made so far. Public health professionals sit at a vital juncture between the social care system and the NHS and have the potential to act as the glue that holds the changing health and social care system together. Yet if this vision is to be realised, it is vital that they feel engaged and empowered in the process of health and social care integration and are viewed as assets within the local authority setting.

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Anyone wishing to contribute to our annual workforce survey for 2015/6, please contact Caitlyn Donaldson, cdonaldson@rsph.org.uk

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