

# Strengthening population health and local economies by involving directors of public health

## Learning from the Covid-19 pandemic

### Context

There is little research about how local health and care systems prepare and respond to emergencies. Every local authority in England has, or shares, a director of public health (DPH) and a team that supports them. They have a key statutory role in responding to civil emergencies, such as the Covid-19 pandemic.

The King's Fund, in partnership with the Health Foundation, has been researching the public health response to the Covid-19 pandemic in depth. The learning from this has implications for how others – including local authority chief executives, public health decision-makers, and integrated care system (ICS) leads with a focus on population health and health inequality reduction – work with and support public health.

It also has wider implications for system leaders as they seek to move beyond the emergency response to Covid-19 towards recovery, of population health and of local economies, during a time of change and reform for the NHS and for the public health system in England. It will also be of interest to those in systems across the United Kingdom.

### Implications for key system leaders beyond Covid-19

Over the next 6 to 12 months, the health and care system and public health system in England will be undergoing and implementing reform. DsPH will be critical to the success of these reforms in local places, while also supporting local economic recovery.

The experience of Covid-19 has been a testing ground for everyone in the health and care system.

### Key findings

Directors of public health (DsPH) and their teams have been central to the Covid-19 response.

- DsPH have worked with others across the health and care system, to meet the challenge of Covid-19, protect the population, and help to cohere national, regional and local interventions.
- DsPH and their teams have become more influential in their local systems, moving beyond role boundaries. There has been a greater understanding of the role and expertise of DsPH and public health teams in local health and care systems. Relationships between DsPH and chief executives of local authorities have been mutually beneficial.
- DsPH and public health teams have developed stronger relationships, trust and strong bonds with local communities and used these connections well.
- Moving towards recovery and public health reform there are opportunities for, and choices to be made about, how local health and care systems make the most of the expertise and influence of DsPH and their teams.

The opportunity and challenge is how to turn that focus towards recovery, population health improvement and the urgent need to tackle health inequalities.

### **Implications for local authority chief executives and their teams**

- Covid-19 has shown the expertise and contribution of DsPH beyond the confines of the public health grant and health protection issues; there is a renewed opportunity to move towards a health-in-all-policies approach across local government and stronger integration between health and economic policy.
- The pandemic has demonstrated how chief executives and DsPH can work well together and support each other, including through facilitating expertise in data, community intelligence, partnerships and operational delivery. Creating the environment and space for this to continue into the future will be important.
- Recovery from Covid-19 will require deeper engagement and power-sharing with local communities. The experience of DsPH over the past 18 months, the relationships and capacity-building they have been leading, is an asset that needs to be built on further, not allowed to depreciate.

### **Implications for ICS population health and health inequalities leads**

- If integrated care systems (ICSs) are to live up to their promise, and meet the principles the government has set for them to reduce inequalities and make a greater contribution to the wider determinants of health, they will need to call on the expertise of the public health community across their systems.
- DsPH are experts at using and interpreting complex data about the population's health and making sense of this, helping to shape local health and wellbeing strategies (and their statutory annual reports). ICSs need to work with DsPH to ensure that this insight and recommendations inform and influence ICSs' population health strategies.
- The Covid-19 pandemic has shown how DsPH and public health teams understand their places and communities in a deep and granular way. Their knowledge and expertise need could help ICSs design interventions for those with, and reach those who are at greater risk of, poor outcomes and health inequalities.

### **Implications for public health decision-makers**

- The public health community generally worked well during Covid-19, has raised its profile and has a stronger voice. It will need a clear strategy to maintain this, to speak out and influence on other issues that affect the population's health.
- Public health reforms will bring challenges as well as opportunities, particularly given Public Health England's replacement by the United Kingdom Health Security Agency, and the Office for Health Improvement and Disparities, and some functions moving to the NHS. Covid-19 has shown that public health approaches and actions need to be increasingly integrated at national, regional and local levels: this should be a priority for these new agencies.
- Covid-19 has re-emphasised the need for a comprehensive public health workforce strategy, to meet shortages – particularly of public health consultants – but also to help develop public health skills across the wider health and care workforce. The opportunities above will not be met without a bigger and broader public health workforce.

### **Conclusion**

While DsPH were embedded in many local authorities and systems pre-pandemic, their contribution during the pandemic has helped broaden and deepen this. Our work convinces us that DsPH need to be at the heart of system leadership and decision-making in responding to the health challenges that will face their populations in the future. To make this a reality requires the support of local authorities, ICS leaders and public health decision-makers.

### **Further reading**

Ross S, Fenney D, Thorstensen-Woll C, Buck D (2021). *Directors of public health and the Covid-19 pandemic: 'a year like no other'* [online]. The King's Fund website. Available at: [www.kingsfund.org.uk/publications/directors-public-health-covid-19-pandemic](http://www.kingsfund.org.uk/publications/directors-public-health-covid-19-pandemic) (accessed on 21 September 2021).

The King's Fund (2021). 'Covid-19 and the public health system'. The King's Fund website. Available at: [www.kingsfund.org.uk/projects/covid-19-and-public-health-system](http://www.kingsfund.org.uk/projects/covid-19-and-public-health-system) (accessed on 6 September 2021).