

# **INVESTING IN THE HEALTH OF THE PUBLIC: RAISING OUR GAME.**

## **Lessons from the UK Public Health Network summit 20 May 2016**

### **A. SUMMARY OF SPEAKERS**

#### **1. HM Treasury**

Advice from the Treasury suggested that public health focus on policies not dependent on spending because of the continuing need to address the UK deficit. Although it is open to investing for growth and understands the long-term consequences for public health, there is a high bar set on proof for the value of early interventions. Stratification of interventions and their value for money would be helpful evidence for the Treasury.

#### **2. Institute for Government**

Advice from the Institute for Government suggested that the theory and practice of policy-making tended to differ with the result that evidence does not tend to be the ultimate decision-maker. The public health community can improve its interaction with policy-makers by meeting governments at face value and demonstrating greater awareness of interventions that are politically saleable and affordable. This may require an opportunistic approach and re-working of objectives to fit with current government narratives.

#### **3. Return on investments**

Recommendations emerging from a systematic review, looking at the return on investment in public health interventions, suggested a need to build a hierarchy of interventions at both national and local levels. The review drew attention to the fact that returns are often not experienced by the public health teams but elsewhere, such as the CCGs, and much later in life.

### **B. SUMMARY OF NETWORK DISCUSSIONS**

#### **1. Policy-making process: Evidence :: Delivery :: Politics**

Network members are good at creating evidence and think about the delivery of public health interventions to improve the public's health. However, there appears to be a gap around the political interface with little apparent coordinated regular communication with politicians. It is unclear if all Network members are providing politicians with the same message when meetings do take place.

#### **2. What can organisations do**

Network members are building the evidence base and providing pilot schemes, for example in joint working across sectors, as well as accrediting the public health workforce.

#### **3. What can the Network do**

Progressing collective work requires internal discussion for members around organisational autonomy and capacity. Areas of collective action focus on joint messaging, particularly around items of common agreement, and defining a framework for what good public health could look like.

#### **4. What can others do**

Identify public health-related sectors (such as housing, education, criminal justice etc) where there appears to be current gaps in coalitions and consider ways of reaching and working with these sectors.

#### **C. LESSONS LEARNED**

The public health community should be:

##### **Timely:**

- Take Government policy announcements at face value and work with them on what is said rather than questioning motives.
- Be opportunistic and ready to respond as announcements are made. Review public health and Government manifesto pledges for areas of potential agreement.
- Show openness to changes in evidence.
- Use public health milestones and anniversaries to present clear consistent messages.

##### **Tactical:**

- Look for ways to effect policy change by means other than spending.
- Look laterally across government policies for areas of potential gain.
- Be aware of what is politically low cost / saleable / affordable.
- Stratify public health interventions, showing value for money.
- Consider if there is a better way to do things that fits with current government narratives and where necessary reshape this to fit with what government is trying to do.
- Don't get into a stand-off over budget cuts and generate a different conversation on how to improve the public health.

##### **Together:**

- Delivery of public health outcomes does not depend on any single organisation.
- Pursue alliances with those who want to do much of what public health wants to do.
- Strengthen system leadership to focus on improving outcomes from a population rather than organisational view.
- Develop a flexible mechanism to respond collectively to an issue.
- Develop joint messaging between organisations.
- Resolve organisational differences as these are a distraction and create inconsistency.
- Share learning from pilot schemes (eg in devolution) and areas where things are done well.