Public Health England

Envisioning the future Yorkshire and Humber Public Health System

An appreciative inquiry conversation with local authority CEOs, DsPH and the PHE regional team

Report V2.1

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Contents

Glossary of abbreviations

CEO	Chief Executive Officer
DHSC	Department of Health and Social Care
DPH	Director of Public Health
HCP	Yorkshire and Humber Healthcare Public Health team
HWB	Yorkshire and Humber Health and Wellbeing team
HPT	Yorkshire and the Humber Health Protection Team
LA	Local Authority
NHSE/I	NHS England and NHS Improvement
PHE	Public Health England
UKHSA	United Kingdom Health Security Agency
YH	Yorkshire and Humber

Executive Summary

Background

The aim of this project was to inform discussions between the Public Health England (PHE) Yorkshire and Humber (YH) regional team, Directors of Public Health (DsPH) and local authority Chief Executives (CEOs) in the YH region regarding the future of the YH public health system. This discussion is timely in the context of the impact of the COVID-19 pandemic and the upcoming transition of PHE national and regional functions to the UK Health Security Agency (UKHSA), Department for Health and Social Care (DHSC) and NHS England and NHS Improvement (NHSE/I).

Methods

An appreciative inquiry approach (Cooperrider and Whitney, 2008) was adopted and a survey and interview schedule were developed with questions focused on 'Discovery' - identifying the best of what exists already; and 'Dream' – identifying what an ideal future regional public health system would look like, what the challenges are to realise this and how they can be overcome.

Responses were received from local authority CEOs or DsPH in 11 out of 15 YH local authorities and from three Public Health Consultants representing the PHE YH Regional Team; one from the Health Protection Team, one from Healthcare Public Health Team and one from the Health and Wellbeing Team. Data were analysed using simple thematic analysis, with categories and themes being derived inductively.

Findings

The findings are summarised briefly here under the two sections; "Discovery – the best of what we already have" and "Dream – ideals of what might be".

Discovery – the best of what we already have

How our YH public health system has worked well over the last year

- *"There has been excellent public health leadership from the senior PHE team and DsPH alongside Chief Executives."*
- *"We have worked collaboratively across the system, and the system has come together in a way that hasn't happened before."*
- *"We have made decisions using evidence and local insight and been willing to share our learning."*
- *"We have developed and strengthened our relationships."*
- *"The involvement of PHE in the Yorkshire coordinating group has been fundamental in ensuring we have been joined up in how we approached the challenges we are faced with."*
- *"The provision of support, guidance, intelligence, and advocacy by the regional team has been extraordinary."*
- *"Throughout the pandemic, the close working relationship between the health protection team and Local Authority Public health teams has been central to our response."*

- *"People and teams have been willing to fill in gaps that have been created as people have had to move up or across during COVID-19."*
- *"There has been impressive advocacy for our region in national arenas."*
- *"We have created a stronger voice for public health in the region and have developed an influential narrative around enduring transmission."*
- *"We have developed local contact tracing and had successful flu and COVID-19 vaccination programme rollouts."*
- *"We have developed local data sharing."*
- *"We are now doing well on the restart due to the decision by the PHE centre to maintain some functions and ongoing support to the NHS."*

Distinctive features that make our YH public health system work at its best

The people we have:

- Our senior public health leaders bring stability and set culture
- Our public health workforce have technical expertise and knowledge, they know the patch and have understanding that comes from working in other parts of the system
- Our public health workforce can function in all three public health domains (health protection, health improvement and healthcare public health) and have the skills and experience to be flexible.

How we work together:

- We adopt a partnership approach, we have broken down silos and nurture relationships across the different domains of public health, we collaborate and are constantly looking for opportunities to work together.
- We have a one-public-health-team ethos, we understand our roles and responsibilities and each other's challenges and pressures. We have a shared sense of urgency and importance and are willing to contribute and volunteer capacity.
- We have shared values and a strong sense of service. We act as a collective, with a single voice of advocacy.
- We are willing to share data and knowledge, we talk about difficult issues and have an honest appraisal of our strengths and weaknesses. We build new ways of working based on trust and we deliver when we make promises to each other.
- We are adaptable and flexible to meet regional needs and respond to circumstances; we can bend or shape our pre-existing structures and our staff have a wide skill set which means they can be deployed where they are needed.

Our relationships across the public health system:

- We have strong relationships; we have invested in knowing one another, we are open, transparent, and honest. We have mutual respect and understanding and have built high levels of trust.

Our communication:

- We communicate regularly and have established patterns of meeting and pathways of communication to create opportunities to have conversations and think through problems.
- We can discuss issues at multiple layers of geography and listen to understand.

Our decision-making processes:

- We have a pragmatic, problem-solving approach. We are prepared to do additional research to deeply understand issues, we listen to local intelligence and act on the basis of sound

evidence to improve the quality of our decisions. We have a system-wide understanding of local government and local decision-making processes.

Our willingness to learn:

- We are willing to test and learn and are open to peer review. We are open, honest and transparent about what isn't working well so we can learn lessons and move forward. We share our learning across the system.

What we value most in the YH PHE teams

Health protection team
They have knowledge, insight and expertise and the support, advice and sense-making they offer is timely and proactive. They have a problem-solving mentality and have remained focused on how incidents and guidance will play out locally. They are accessible and share relevant data and information with partners across the public health system. They have been forward thinking in building capacity in the team. They collaborate and value partnership working with local authorities. Patch-based working allows relationships to be built up through allocation of a Consultant in Health Protection to work with a local area, so they become familiar and act as a member of the local authority team.

Health and Wellbeing team
They are a team of high-quality staff who work at a high level and provide support and expertise to partners including local authority PH teams, DsPH and the LRF. They provide strategic thinking and leadership on key priorities, have a helicopter view and undertake horizon scanning. During the pandemic, they have been flexible and stepped up to contribute to health protection work and have also worked to maintain our system-wide momentum on non-COVID health priorities.

They focus on partnership working, they advocate for a whole system approach, have good connections with local authorities and their regional perspective adds value by drawing people together and joining things up. They acknowledge the differences between our local authorities and that one size doesn't fit all. They invest time in developing regional networks and are leading the Communities of Improvement which are engaging staff at all levels. They listen and are responsive to local needs. They work behind the scenes to act as a buffer between national pressures and local priorities.

Healthcare Public Health team
The team brings expertise, intelligence, advice and a regional perspective to the healthcare agenda, which has included support to the DsPH and NHS through the ICS work, support for the local flu and COVID-19 vaccination task group and involvement in the COVID-19 response. The team are accessible and responsive, they focus on outcomes and provide what the NHS needs while taking a genuine wider system perspective. They actively collaborate in areas of overlap and look to add value to other agendas.

Knowledge and Intelligence team
The team are competent, capable and responsive. They provide data and analysis that is high quality, accurate, timely, clear, locally relevant and this supports local activity. There is strong collaboration with local teams and support for staff learning and development across the system.

Dream – ideals of what might be

Opportunities for our YH public health system

- Maintain and harness momentum in the system
- Capitalise on our visibility and strengthen our collective voice
- Pursue greater integration
- Sustain and build on our relationships
- Maximise how we work at a regional level
- Address key public health issues
- Invest in a sustainable workforce for the new world
- Influence the development of the ICS
- Strengthen links with other partners
- Strengthen and develop our networks
- Identify and hold onto the best of innovation in service provision

What we want the future to look like

- A well-resourced public health system with sufficient public health capacity to make a positive impact on health and health inequality
- A system that enables and empowers leadership across the three domains of public health to avoid fragmentation of resources and agendas
- A comprehensive approach to public health, whatever the national model, in which UKHSA, DHSC, councils, NHS and other partners work together as part of a single virtual system
- Delivery of a comprehensive set of public health interventions rather than one-off initiatives which only deal with symptoms rather than root causes
- Reasserting the local leadership role of the DPH for place, recognised formally in all organisations supported by an integral regional infrastructure
- Trust in local actors and true, multi-way communications
- Greater integration and no competing agendas
- Joined-up policy working to align interventions wherever possible
- Clarity about the added value of things we do at a regional and sub-regional level – understanding at what level it makes sense to do things
- Regional freedom and autonomy to flex and adapt to local needs and focus on the priorities that matter most for the region
- To maintain our local relationships and have greater collaboration with wider partners
- To have porous borders between our organisations
- Career pathways which support and enable movement across the system
- Equal respect and value for public health professionals working across all parts of this system, and education and continuing professional development opportunities to support this

Challenges we may face

- Loss of strong regional leadership and our regional public health voice
- Impact of the pandemic and transition on the public health workforce
- Lack of diversity in public health workforce and training pathways that are not fit for purpose
- Resource constraints
- Loss of momentum
- Losing sight of public health priorities
- Organisational structures set up nationally not fit for the region
- Balancing national priorities with local priorities
- Tension between place and system
- Pace of work
- Fragmentation, competition and duplication

What it will take to create change and how we can address the challenges we face

- Resources
- Collaboration
- Regional design of the regional system
- Strong mutual relationships across the YH public health system
- Defined roles and responsibilities
- Effective communication
- Diversification of entrants into public health workforce
- Training and support for staff
- Maintaining clarity of purpose, shared priorities and a strong voice of advocacy
- Taking the long-term view

Conclusion

It is envisaged these findings will be shared initially with YH DsPH, local authority CEOs and the YH PHE leadership team to inform the next steps in the appreciative inquiry journey, as partners across the YH public health system are invited to participate in “Design” - collaborative dialogue to define what should be, and “Destiny” – implementing and sustaining design through cooperation.

Background

The aim of this project was to inform the discussion between the Public Health England YH regional team and DsPH and CEOs in the YH region regarding the future of the YH public health system. This discussion is timely in the context of the impact of the COVID-19 pandemic and the upcoming transition of PHE regional functions to the Health Security Agency, Department for Health and Social Care and NHS England and Improvement.

COVID-19

The first known case of COVID-19 was identified in Wuhan, China in December 2019. On 30th January, the World Health Organisation declared COVID-19 a Public Health Emergency of International Concern. As of the 26th July 2021, there have been just under 5.7 million cases of COVID-19 in the UK, and a total of 129,158 deaths within 28 days of a positive test (UK Government, 2021). Yorkshire and Humber have been significantly impacted by COVID-19, with several places in the region identified as areas of enduring transmission.

The COVID-19 pandemic has had huge impacts on health and wellbeing which are beyond the scope of this paper to summarise. Partners in the Yorkshire and Humber public health system have worked together to respond to this unprecedented crisis.

PHE transition

The UK government announced plans to abolish PHE in August 2020. On March 29th, 2021, the destination of the public health functions within PHE teams were outlined (DHSC, 2021):

- The health protection capabilities of PHE and NHS Test and Trace were combined into the UK Health Security Agency from 1st April 2021.

- From the 1st of October, regional and national Health and Wellbeing Teams, Health Intelligence, Public Health Workforce, and Health Marketing and Behavioural Science teams will be moving to the Office for Health Promotion in the Department of Health and Social Care (DHSC). National and regional Healthcare Public Health and regional and local Screening and Immunisation Commissioning Support and Expert Advice will be moving into NHS England and Improvement (NHSE/I).

Future architecture of the regional public health tier remains under discussion. It is envisaged that regional population health and prevention teams will work jointly across DHSC and NHSE/I, with a focus on broader recovery and health inequality, as well as health outcomes. Alongside this, detailed design work continues on the sub-national structures for health protection, with the acknowledgment that effective health protection requires strong local authority leadership, and integrated local to national systems, processes and collaborative ways of working will be needed which will necessitate UKHSA working in partnership with local authorities and ICSs (DHSC, 2021).

Methods

Theoretical approach

This project adopted an appreciative inquiry approach:

Appreciate: Valuing; the act of recognising the best in people or the world around us; affirming past and present strengths, successes and potentials; to perceive those things that give life (health, vitality, excellence) to living systems. Synonyms: value, prize, esteem, honour.

Inquiry: The act of exploration and discovery. To ask questions; to be open to seeing new potentials and possibilities. Synonyms: discover, search, systematically explore, study.

Appreciative inquiry is underpinned by the following five principles (Cooperrider and Whitney, 2008):

- The constructionist principle – reality is socially constructed though language and interaction. The action of inquiry generates understandings of future possibilities
- The principle of simultaneity – inquiry and change go hand in hand. Change begins at inception of inquiry ad continues via the questions we debate
- The poetic principle – what we choose to study influences what we discover. The past, present and future are habitually open to interpretation so that our daily discourse constantly recreates the story of our organisation, like a poem whose interpretations are endless
- The anticipatory principle – current behaviour is influenced by images of the future we collectively image
- The positive principle – momentum for change requires positive thinking

The 4D appreciative inquiry approach involves a participative journey of:

- Discovery – identifying the best of 'what is'
- Dream – identifying ideals of what might be
- Design – collaborative dialogue to define what should be
- Destiny – implementing and sustaining design through cooperation

This scope of this project was to undertake the Discovery and Dream aspects of the appreciative inquiry journey which could be used as a platform for moving into the Design and Destiny aspects from September 2021.

Data Collection

A survey and interview schedule were developed with questions focused on 'Discovery' - identifying the best of 'what is' and 'Dream' – identifying ideals of what might be (See Appendix 1).

Nine representatives from the YH public health system were invited to be interviewed; four DsPH, two local authority CEOs, and three Public Health Consultants from the PHE YH Regional Team; one from the Health Protection Team (HPT), one from the Healthcare Public Health team (HCP) and one from the Health and Wellbeing team (HWB).

In addition, an electronic survey was sent to all DsPH and CEOs in the YH region and was open for responses from 13th May 2021 to 28th June 2021.

In total, 11 out of the 15 YH local authorities (73%) were represented in either the survey or interview responses:

- Barnsley
- Bradford
- Calderdale
- Doncaster
- Hull
- Leeds
- North East Lincolnshire
- North Lincolnshire
- North Yorkshire
- Rotherham
- Sheffield

Data analysis

Interviews were transcribed and combined with the survey responses. Data were analysed using simple thematic analysis, with categories and themes being derived inductively.

Findings

The findings are detailed here in two sections; “Discovery – the best of what we already have” and “Dream – ideals of what might be”.

The Discovery section includes participant’s views on how the YH public health system has worked well over the past year, distinctive features that make the system work at its best, and what is valued most about the YH PHE teams.

The Dream section includes opportunities participants identified for the YH public health system, what they would like the future to look like, challenges that may be faced in realising these ideals and how these can be addressed to create change.

Discovery – the best of what we already have

How our YH public health system has worked well over the past year

All participants agreed the system has worked well in unprecedented ways over the last year and highlighted the following specific examples:

“There has been excellent public health leadership from senior PHE team and DsPH alongside Chief Executives.”

“We have worked collaboratively across the system, and the system has come together in a way that hasn’t happened before.”

“We have made decisions using evidence and local insight and been willing to share our learning.”

“The involvement of PHE in the Yorkshire coordinating group has been fundamental in ensuring we have been joined up in how we approached the challenges we are faced with.”

“We have developed and strengthened our relationships.”

“The provision of support, guidance, intelligence, and advocacy by the regional team has been extraordinary.”

“Throughout the pandemic, the close working relationship between the Y&H HPT and Local Authority Public health teams has been central to our response.”

“People and teams have been willing to fill in gaps that have been created as people have had to move up or across during COVID.”

“There has been impressive advocacy for our region in national arenas…when central government has started on a policy direction that we’ve been concerned about, the PH team regionally has worked very hard to get the right conversations to happen and an outcome that work for us regionally.”

“We have created a stronger voice for public health in the region and have developed an influential narrative around enduring transmission.”

"We have developing local contact tracing and had a successful flu and COVID-19 vaccination rollout."

"We have developed local data sharing."

"We are now doing well on the restart due to the decision by the PHE centre to maintain some functions and ongoing support to the NHS."

Distinctive features that make our YH public health system work at its best

Participants identified distinctive features of the current YH public health system which make it work at its best:

The people we have

- Our senior public health leaders bring stability and set culture

  "It comes from the top, he is calm in the storm, nothing seems to faze him and that seems to filter down to the rest of the team. His leadership keeps us grounded, gives us perspective, is always communicating, always transparent and making us feel involved."

- Our public health workforce have technical expertise and knowledge, they know the patch and have understanding that comes from working in other parts of the system

  "People who've previously worked in other parts of the system is really important and has been a real strength." "People in the regional team have moved around the system and have insight and an understanding of what it's like in a local authority."

- Our public health workforce can function in all three public health domains (health protection, health improvement and healthcare public health) and have the skills and experience to be flexible

  "We made a point when recruiting DsPH and consultants to always recruit people who can function in all three domains. So, staff have been able to turn their hand to dealing with health protection issues. We've got people in senior positions who are all-rounders and that continues all the way down."

How we work together

- We adopt a partnership approach, we have broken down silos and nurture relationships across the different domains of public health, we collaborate and are constantly looking for opportunities to work together.

  "One of our strengths is that we know that public health issues don't sit in nice neat boxes, we always know what others are working on, we're pretty joined up and we can exploit that, and see the opportunities."

  "The barriers between organisations aren't there."

- We have a one-public-health-team ethos, we understand our roles and responsibilities and each other's challenges and pressures. We have a shared sense of urgency and importance and are willing to contribute and volunteer capacity.

"The level of integration over the last year has been phenomenal – feels like we have one public health team responding."

"There is very little of "that's not my job" but rather coming together to discuss what needs doing and who has capacity to do it."

- We have shared values and a strong sense of service. We act as a collective, with a single voice of advocacy.

  "We know who we are now and have a collective voice, capitalising on the opportunity presented from COVID."

- We are willing to share data and knowledge, we talk about difficult issues and have an honest appraisal of our strengths and weaknesses. We build new ways of working based on trust and we deliver when we make promises to each other.

- We are adaptable and flexible to meet regional needs and respond to circumstances; we can bend or shape our pre-existing structures and our staff have a wide skill set which means they can be deployed where they are needed.

  "If I saw colleagues struggling around certain issues…we would flex into supporting that, that wouldn't have usually been in my remit, but it was the flexible approach we adopted."

Our relationships across the public health system

- We have strong relationships; we have investing in knowing one another, we are open, transparent, and honest. We have mutual respect and understanding and have built high levels of trust.

  "Being on a similar journey together means that the level of relationship, collaboration, trust, support has just stepped up from anything I've ever seen before."

  "We have very strong working relationships between DsPH and PHE, amongst the DsPH and also across the domains of public health within PHE."

Our communication

- We communicate regularly and have established patterns of meeting and pathways of communication to create opportunities to have conversations and think through problems. These include the weekly DsPH catch ups, our Communities of Improvement, the LRF cells, the SPOC email system and the informal DsPH WhatsApp.

- We can discuss issues at multiple layers of geography and listen to understand.

  'Conversations and spaces to talk to each other mean that people have shared understanding about what needs to be done in the system and how to prioritise and make decisions about who does what.'

Our decision-making processes

- We have a pragmatic, problem-solving approach. We are prepared to do additional research to deeply understand issues, we listen to local intelligence and act on the basis of sound evidence

to improve the quality of our decisions. We have a system-wide understanding of local government and local decision-making processes.

Our willingness to learn

- We are willing to test and learn and are open to peer review. We are open, honest and transparent about what isn't working well so we can learn lessons and move forward. We share our learning across the system.

What we value most in the YH PHE teams

Participants identified what they value most in the YH PHE Health Protection Team, Health and Wellbeing Team, Healthcare Public Health Team and the Knowledge and Intelligence Team.

Health Protection Team
They have knowledge, insight and expertise and the support, advice and sense-making they offer is timely and proactive. They have a problem-solving mentality and have remained focused on how incidents and guidance will play out locally. They are accessible and share relevant data and information with partners across the public health system.

"The ability to get rapid advice through the PHE inbox, when the COVID-19 guidance was less clear and coming out at a rapid rate was really valued."

They have been forward thinking in building capacity in the team.

"We really value the health protection practitioners and how the team has been building expertise in them. This frees up senior capacity among consultants [in health protection/communicable disease control]."

They collaborate and value partnership working with local authorities. Patch-based working allows relationships to be built up through allocation of a Consultant in Health Protection to work with a local area, so they become familiar and act as a member of the local authority team.

"We have a genuine partnership, we're (local authority) happy to do our bits and PHE HPT do their bits and we work closely together"

"It feels like HPT is part of our LA PH team – they're working with us for the people in our area"

Health and Wellbeing Team
They are a team of high-quality staff who work at a high level and provide support and expertise to partners including local authority PH teams, DsPH and the LRF. They provide strategic thinking and leadership on key priorities, have a helicopter view and undertake horizon scanning. During the pandemic, they have been flexible and stepped up to contribute to health protection work and have also worked to maintain our system-wide momentum on non-COVID health priorities.

"They've been keeping the show on the road when we couldn't, doing some the thinking that we haven't been able to do in LA."

They focus on partnership working, they advocate for a whole system approach, have good connections with local authorities and their regional perspective adds value by drawing people together and joining things up. They acknowledge the differences between our local authorities and

that one size doesn't fit all. They invest time in developing regional networks and are leading the Communities of Improvement which are engaging staff at all levels. They listen and are responsive to local needs. They work behind the scenes to act as a buffer between national pressures and local priorities.

Healthcare Public Health
The team brings expertise, intelligence, advice and a regional perspective to the healthcare agenda, which has included support to the DsPH and NHS through the ICS work, support for the local flu and COVID-19 vaccination task group and involvement in the COVID-19 response.

"The team made a huge contribution to the COVID-19 response, including contributing to contact tracing and giving support for hospitals in learning from outbreaks, supporting and advising YH NHS partners on how the outbreak is going and the impact that will have on healthcare services, and the requirement for getting restarted and what that really means locally."

The team are accessible and responsive, they focus on outcomes and provide what the NHS needs while taking a genuine wider system perspective. They actively collaborate in areas of overlap and look to add value to other agendas.

Knowledge and Intelligence team
The team are competent, capable and responsive. They provide data and analysis that is high quality, accurate, timely, clear, locally relevant and this supports local activity.

"We've been overwhelmed with data and they've really helped us get our head round it."

"They provide both strategic and operational management intelligence and have a willingness to interrogate data to meet our questions and needs"

'*The team definitely responds to feedback, when products don't quite work or situations change and there are new demands, they're happy to do that.'*

There is strong collaboration with local teams and support for staff learning and development across the system.

Dream – ideals of what might be

Opportunities for our YH public health system

Participants identified numerous opportunities for the regional public health system moving forward, with one articulating that, *"We're at a unique point where the opportunity is phenomenal."*

- **Maintain and harness momentum in the system**

"There are other challenges it would be good to use this moment [from the pandemic] to look at, whether it's health inequalities, migrant communities, cohesion issues, obesity. It would be good to use that same energy to make progress."

"I'm hoping we can get back to an agenda that is about health improvement and health inequalities and invest quality time and effort comparable to that we've had to spend on the emergency."

"In peacetime can we generate as much of that energy and commitment and innovation as we have done on the crisis?"

- **Capitalise on our visibility and strengthen our collective voice**

"We have a once in a lifetime opportunity to continue to strengthen the voice of public health in the region"

"How do we seize on being more known, more listened to. What is the collective public health resource going to focus on and how do we build a narrative for change and how to get those things on the agenda? Telling the story underlying the poor outcomes from COVID in our communities, using this as an opportunity to refocus and develop resilience in the population to whatever the next shock is."

- **Pursue greater integration**

"We should use public health reform to further build on these interdependencies, not to fragment this system. We need to continue to develop understanding and mutual respect across sectors, focusing on improved public health outcomes as the issue that brings us together, not to be divided and distracted by organisational agendas"

"[There is an opportunity for] greater integration with local teams and an end to fragmentation."

'On the back of this pandemic, there is now a clear realisation of how interdependent we all are and how vital it is that we work together instead of the one-up-man-ship and the protection of territory that characterised some aspects of our work in the past.'

- **Sustain and build on our relationships**

"There are good relationships between the current regional PHE leadership and NHSEI and local government leadership and these provide a springboard for that future proposition."

"We have an opportunity to continue to be the Yorkshire and Humber family of public health and still feel connected to colleagues."

- **Maximise how we work at a regional level**

"Identifying what is there that can happen at a regional level that can only happen as at a regional level."

"Opportunities to identify specific public health issues which would add most value at regional level and focus on this. The principle of subsidiarity should apply - i.e. start local and work on larger scale by exception."

"More flexible deployment of resource between us, reciprocity and mutual aid.""

"Developing one voice and advocacy, establishing strength of purpose and clarity of priorities."

- **Address key public health issues**

The opportunity to address key public health issues includes establishing our regional priorities and working together at a regional level to address climate change, capitalising on the government narrative about 'levelling up' to address inequalities and focusing on early years.

- **Invest in a sustainable workforce for the new world**

"Training people for the new world needs a regional approach."

"We need to invest in a more sustainable workforce and look at entry points and progression, it would be great to see if we could get closer alignment with the vocational and academic provision."

"There is an opportunity for staff to work across different public health settings to promote understanding and joint working, this could include staff or teams rotating or secondments."

"We need to support careers working across the system with more porous boundaries."

"PHE Intelligence network could support more widely with a training offer – e.g. Local place-based analysts developed to go beyond performance management to production of intelligence to drive action."

- **Influence the development of the ICS**

"Influence the ICSs, get them more engaged in the wider system, prevention and inequalities."

"We need to consider how Directors of Children's Services, DsPH and Directors of Adult Social Care and can become a reference group for the ICS."

- **Strengthen links with other partners**

"[There is an opportunity to strengthen links with] academia. We've lost connection with universities. We want universities represented in COIs, want them to be involved in inequalities work, to give the work legitimacy, and keep building on the use of research and evidence in the system and the involvement of local authorities in research

"We could strengthen our relationship with the Local Government Association, there is the opportunity to develop the peer challenge framework."

"[There are opportunities with] South Yorkshire and West Yorkshire combined authorities, in relation to their roles in enforcement, transport and the economy."

- **Strengthen and develop our networks**

"We could develop a regional consultant network…a place of sanctuary and safety, where you feel comfortable to be you and share things that are bothering you or excited about. A network to build confidence in new consultants, provide opportunities for continuing education and opportunities to contribute to strategic thinking in Yorkshire and Humber."

"The COIs could have a higher-level strategic focus, rather than topic based eg. PH priorities across YH and then form mini networks based on these."

"We could have consultant leadership at COIs – each could be chaired by a consultant."

- **Identify and hold onto the best of innovation in service provision**

What we want our future YH public health system to look like

"A well-resourced public health system with sufficient public health capacity to make a positive impact on health and health inequality."

"A system that enables and empowers leadership across the three domains of public health to avoid fragmentation of resources and agendas."

"A comprehensive approach to public health, whatever the national model, in which UKHSA, DHSC, councils, NHS and other partners work together as part of a single virtual system

"Delivery of a comprehensive set of public health interventions rather than one-off initiatives which only deal with symptoms rather than root causes."

"Reasserting the local leadership role of the DPH for place, recognised formally in all organisations supported by an integral regional infrastructure."

"Trust in local actors and true, multi-way communications."

"Greater integration and no competing agendas."

"Joined-up policy working to align interventions wherever possible."

Clarity about the added value of things we do at a regional and sub-regional level – understanding at what level it makes sense to do things."

"Regional freedom and autonomy to flex and adapt to local needs and focus on the priorities that matter most for the region."

"To maintain our local relationships and have greater collaboration with wider partners including combined authorities, Metro mayors, academia."

"To have porous borders between our organisations."

"Career pathways which support and enable movement across the system."

"Equal respect and value for public health professionals working across all parts of this system, and education and continuing professional development opportunities to support this."

"An established approach to generating, analysing and sharing data and intelligence, with a light touch data sharing agreement."

Challenges we may face

Participants identified several challenges that may be faced.

- **Loss of strong regional leadership and our regional public health voice**

- **Impact of the pandemic and transition on the public health workforce**

    - Stress about job security

    "We're not through the pandemic yet and we have a huge recovery journey to make and can we prioritise sustaining the quality of work that we have been doing and the innovation we've created through the pandemic even as a lot of people are just worried about whether they've still got a job."

    - Demotivation, dislocation and tiredness people already have coming into the change process
    - Loss of capacity and loss of consultants
    - Loss people in the regional system with whom relationships have been established

    "Losing the relationships that we've built up – colleagues who are looking for new posts outside of the system already, drain of talent, people going back into places that feel more secure, even though this is not a cuts agenda"

    - Difficulty in moving between organisations and around the system
    - Lack of suitable candidates for specialist and senior leadership vacancies

    "In 5 years times we might have people who have only worked in LA or only worked in PHE and that probably won't be the best mix for leadership."

- **Lack of diversity in public health workforce and training pathways not fit for purpose**

"[We have an] out of date public health training programme and workforce development that needs reform for access diversity and multiple levels of competency/skills"

- **Resource constraints**

    - Uncertainty about future public health funding
    - Insufficient funding to address public health priorities
    - Short-term nature of funding

    "Short term funding that has to be spent quickly, fails to understand the democratic decision-making processes in the local authority."

    - Return of austerity

    "I think it's inevitable that we're going to face some kind of return of austerity and whilst everyone has realised how important public health is during the pandemic, people have short memories."

  - Investment focused on the NHS and acute services

- **Loss of momentum**

- **Losing sight of public health priorities**

"We can't afford to take our eye off the ball, we're doing all this change at the same time as dealing with really big public health issues, so we need a dual focus."

- **Organisational structures set up nationally not fit for the region**

- **Balancing national priorities with local priorities**

- **Tension between place and system**

- **Pace of work**

"How do we return to 'normal' pace and broader public health focus? People will expect COVID pace to address other issues which are influenced by wider determinants. How do we transition staff to a difference pace and focus too?"

- **Fragmentation, competition and duplication**

"Responding to different masters while trying to keep a common narrative between us all."

"How do we knit all the new organisations back together?"

"Concern about HPTs becoming further away and inaccessible, not getting hands dirty - just parachuting in 'experts'."

What it will take to create change and how we can address the challenges we face

Participants identified the following factors that would be needed to create change and address the challenges that may be faced.

- **Resources**

  - Sufficient resources to address public health priorities
  - Protection of public health budgets
  - New funding models

  "We need a better way of funding public health actions, needs to become part of the substantive budget for the local authority. We need a strategy for funding public health in the local authority."

- **Collaboration**

  - Identifying key relationships and allies
  - Getting regional buy-in from all partners
  - Agreement to cooperate at the highest levels
  - Look at how to get the most out of the regional networks, working out where we add value
  - Address silos

"Use how we've responded to COVID as an example of how we can face other issues and challenges together."

"You can do anything if you create the right partnership culture and I'm really optimistic we can do that in Yorkshire and Humber."

- **Regional design of the regional system**

    - Amending and flexing the nationally determined structures and fine-tuning our ways of working to the advantage of the Yorkshire and Humber system

"It will take time to get that right and we need the understanding of our partners and the NHS and local authorities to recognise that and support and help us shape it. We need to keep talking to each other and design in together within the parameters that are dictated to us."

    - Wide involvement of people in the designs of the system
    - Building from bottom up where possible
    - Joining things up at a regional level
    - Transparency in the process
    - Acknowledging we may need temporary structures

"What is the scaffolding that we need, it might not be what the building looks like in the future, but we might need a set of scaffolding that gets us through the next 18 months, and how do we put that in place?"

- **Strong mutual relationships across the YH public health system**

"Partnership and alignment and integration aren't about hard structures; they're about how people behave and relationships."

- **Defined roles and responsibilities**

"We need to understand what the local leadership is going to look like? DsPH, regional directors?? And who has oversight and control of the whole system?"

- **Effective communication**

    - Ensuring we have suitable structures in place to facilitate regular and effective communication

"Establishment of communication channels and forums for discussion prior to decision making, especially on issues that affect the remit and interests of partners."

"Continue to keep listening to each other and understanding each other – communication of what support is needed and how partners can use their influence to help."

- **Diversification of entrants into public health workforce**

    - Higher profile on public health vocations, look at variety of roles, not just the consultant pathway

- **Training and support for staff**

"People will be in new roles and new ways of working; we need to make sure that we invest time in skilling up the staff."

- Adequately resourced portfolio routes to registration

"The system has many barriers currently, and we need to ensure standards of equivalent quality continue to be met with much more support for those going through this route or considering it in the future."

- Public health training and workforce development needs to adapt to meet the new challenges we face

"We need to think about the skills, career paths, development work, etc that needs to be done to build the next generation of specialist and non-specialist PH people. This needs to be much more about a profession that looks outside the walls and ensures that it is genuinely well-equipped to be boundary-spanning and everything else to which we aspire."

"It's important that we collectively invest in workforce development and supporting each other in that, so that people can move around and move across the system. Moving in and out of PHE, and in and out of ICSs and in and out of combined authorities and local authorities is really important, because that's what gives the richness."

- **Maintaining clarity of purpose, shared priorities and a strong voice of advocacy**

"Are we shaping national policy as well as just implementing it."

"We need to remind people how public health is so important."

"We need to be confident about what we have to offer."

"We need to win hearts and minds on that left shift [to prevention], building the evidence base that warrants it. We have to invest in that, working together as a regional system."

- **Taking the long-term view**

"We've got to see it as a long-term thing and we need to prepare staff for that, that it will take time to knit it back together."

Conclusion

It is envisaged these findings will be shared initially with YH DsPH, local authority CEOs and the PHE regional senior leadership team to inform the next steps in the appreciative inquiry journey, as partners across the YH public health system are invited to participate in “Design” - collaborative dialogue to define what should be, and “Destiny” – implementing and sustaining design through cooperation.

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Appendix 1 - Survey and interview questions

Survey outline

The aim of this survey is to inform the discussion between the PHE regional team and local authorities in Yorkshire and Humber concerning the future of the Yorkshire and Humber Public Health System. COVID-19 has had a huge impact on our ways of working over the past year and we are now facing the transition of PHE regional functions to the Health Security Agency (HSA), Department for Health and Social Care (DHSC) and NHSE/I.

We are hoping to identify the best of what we have already, what the ideal future public health system would look like, what the challenges are to realise this and how we can overcome them.

Your responses will be anonymised and collated with those from Directors of Public Health and CEOs across the Yorkshire and Humber region. The themes that are identified will be summarised and shared to inform our ongoing conversation in the coming months.

- Name:
- Local authority:

Discovery questions - identifying the best of what already is

- How has the public health system in Yorkshire and Humber worked well over the last year? – can you give examples?
- What are the strengths/core factors/principles of working that have made our YH regional approach function at its best?
- What do you value most in the YH regional approach to:
    - Health Protection
    - Healthcare Public Health
    - Health and Wellbeing
    - Knowledge and Intelligence

Dream questions - identifying ideals of what might be

- What opportunities are there for our regional system?
- What would you like the future to look like?
- What would it take to create change?
- What challenges do we face and how can we meet these?

Do you have any other comments?