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## Whither the public health function?

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Entering the twenty first century, the challenges facing public health remain as daunting as in the past. The election of a government with the policy aims of abolishing the Health Funding Authority, incorporating its role within the Ministry of Health, and creating District Health Boards, provides an outstanding opportunity to re-examine the provision of the public health function. A delivery system needs to be shaped to convey an effective multi-agency programme of change to improve health, reduce inequality and build a multidisciplinary workforce, orientating health structures to public health goals.<sup>1</sup> This calls for a reappraisal of the locus and role of public health professionals; their skills, expertise and ways of working; and accountabilities.

### The Public Health Function and its tasks

The public health function is described as “a robust, adequately resourced organisation that can secure and sustain the public health, addressing public health issues at a population level and leading a co-ordinated effort to tackle underlying causes of poor health and disease.”<sup>2</sup> The Acheson Enquiry defined public health as “the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society,” thereby capturing the essential elements needed for modern public health.<sup>3</sup>

The growing prominence of public health has increased the range of responsibilities required of the public health function. Acheson described the tasks requiring public health input.<sup>3</sup> Research, surveillance, intervention, communication and evaluation must underpin public health strategies. The underlying policy should be health-outcome-driven programmes and investments for health development and clinical care.<sup>4</sup> Emphasis should be placed on approaches that promote and protect health, including fiscal measures.<sup>5</sup> The importance of ‘traditional’ public health measures such as nutrition, immunisation and safe food and water should not be forgotten: failures in these areas threatening political support for the wider public health. The Health Act 1956 and the delivery of the existing regulatory tasks are being reviewed currently.<sup>6</sup>

### Focussing and structuring the function

This responsibility does not reside within a single organisation. It should be identifiable across a range of bodies and reflected in their culture, corporate aims, accountability and deployment of resources.

The public health function should have a single focus within a region. While the proposed arrangements of District Health Boards do not lend themselves to the best use of scarce public health expertise, it would enable the Boards to develop as ‘public health organisations’. Our support for Boards being the locus is grounded on the premise that health improvement will be their *raison d’être*. Boards should provide high profile leadership, with their organisational development reflecting public health values and methods, and sufficient resources being devoted to the function. Their corporate activity should reflect public health goals and responsibilities, with decision-making being guided by public health principles, informed by public health intelligence. They should drive the development of effective multi-agency

partnerships for health, with an emphasis on alliances with local authorities, healthcare providers and others.

Managed public health networks would strengthen the public health infrastructure, without losing the benefits of the current effective regional public health protection units. These could be subsidiaries of groups of Boards or less formal arrangements. They would reduce duplication of effort, ensure cover for absent staff and provide a greater range of expertise than is available normally. Commonality of health policy across a region would be encouraged, as would economies of scale for providing information, statistical and other specialist input. The networks should be multi-professional and not constrained by individual Board boundaries or barriers between disciplines.

Alternative models grounding the public health function in other loci are not tenable. While locating in local government would give democratic accountability, these bodies do not have an overarching responsibility for health improvement, nor a duty to provide health services. Primary care organisations are inappropriate as strategic public health activity should extend across the health sector and not be at risk of ‘turf wars’ or boundary disputes. The function could be arguably enhanced and professionals better deployed through a single national structure. This would give coherence of work programmes, promote communication, and deploy resources to maximum effect. However, it would frustrate a key component of modern public health practice, the ability to combine strategic thinking and action through implementation and management. Greater co-ordination, rather than centralisation, is required, delivered by units of sufficient size to ensure effective and efficient services.

The contributions of all disciplines need recognition, so as to secure an effective public health function at local level to deliver the health agenda.<sup>7</sup> Definitions of public health practice have been confused with the development of public health organisational models.<sup>8</sup> Attempts to define the scope of public health and the work of public health physicians have entangled, often mistakenly, the two as if synonymous. Public Health Medicine Specialists are crucial to the public health function. Their unique contribution derives from experience of health services and clinical practice; high-quality public health skills; broad-based vision of health improvement; political awareness; advocacy, communication and networking skills; and ability to influence others.

Given that such individuals will remain scarce resources, they should work in multiprofessional teams, undertaking tasks that require their individual expertise and skills. Health protection officers and public health nurses work in the present health protection units. Health promotion specialists and nutritionists are essential contributors and require clear lines of accountability, a good evidence base and objective evaluation of their activity. Public health dentists contribute in health promotion, disease prevention and the provision of safe, effective care. Epidemiologists, scientists, statisticians and others have particular inputs to make. There should be well-defined relationships between the public health function and clinical services with a population focus. Public health practice requires a strong knowledge base founded on good research.

Academic and service public workers must engage each other in joint working for mutual benefit. Training and continuing professional development of the workforce underpins the quality of the public health role. While accepting the need for increasing specialisation, skilled personnel able to respond to changing circumstances of the public health are essential. Only when generic skills are secure can the further development of specialisation proceed.

### Accountability

Accountability for improving population health rests with society, as well as with public health professionals, organisations and stakeholders. 'Public health governance' is the process by which government and organisations are accountable for the continuous protection and improvement of the public's health. While accepting the difficulty of holding Boards accountable for meeting health targets for which they are not solely responsible, we believe that goals should be set and monitored through the accountability process. Governance for public health practice is a complex undertaking.<sup>9</sup> Certain core tasks, notably communicable disease control, lend themselves to routine audit activity. The broadening of the function poses complex quality assurance issues that need resolution urgently.

The most important ingredient at times of change is leadership.<sup>1</sup> A recurring difficulty is identifying a national forum in which to engage all public health doctors, let alone other public health professionals or the public. There is a need for an organisation with different structures and roles than either the short-lived Public Health Commission or the Public Health Association. It would have neither purchasing nor political roles. Our vision is for a public health body outside government, offering public health advice at national level, co-ordinating public health activity and ensuring greater collaboration among the various agencies and professions which can influence health. A New Zealand Public Health Institute with responsibilities including leadership, co-ordination of public health work above local level, assisting policy development, fostering innovation, facilitating communication and improving public and press understanding of public health issues could fulfil this role.

The Institute would have a small core staff, including a director, to manage and co-ordinate activities; it would not supersede the existing academic or service units throughout the country. We see it as a centre of excellence, a source of authoritative advice, and a focus for multidisciplinary working; coordinating public health research and development; having a significant workforce training and development role; being a real force in implementing policy that would improve the health of the people of New Zealand. Public Health Observatories/Institutes are developing in Europe and United Kingdom, though with a variety of aims.<sup>10</sup>

### Conclusion

The challenge is the limitless potential for public health activity and how to prioritise it. The demand placed on resources and the effort needed to maintain vital public health functions is not always appreciated. Successful partnerships take time and effort, with tangible returns not being obvious immediately. Robust structures, based on multidisciplinary working, are required. These must not assume that 'public health' is a professional activity, doing things to people's health.<sup>11</sup> It is the public who will drive the agenda.

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