PUBLIC HEALTH ACROSS THE UK NATIONS

Policy and systems since national devolution

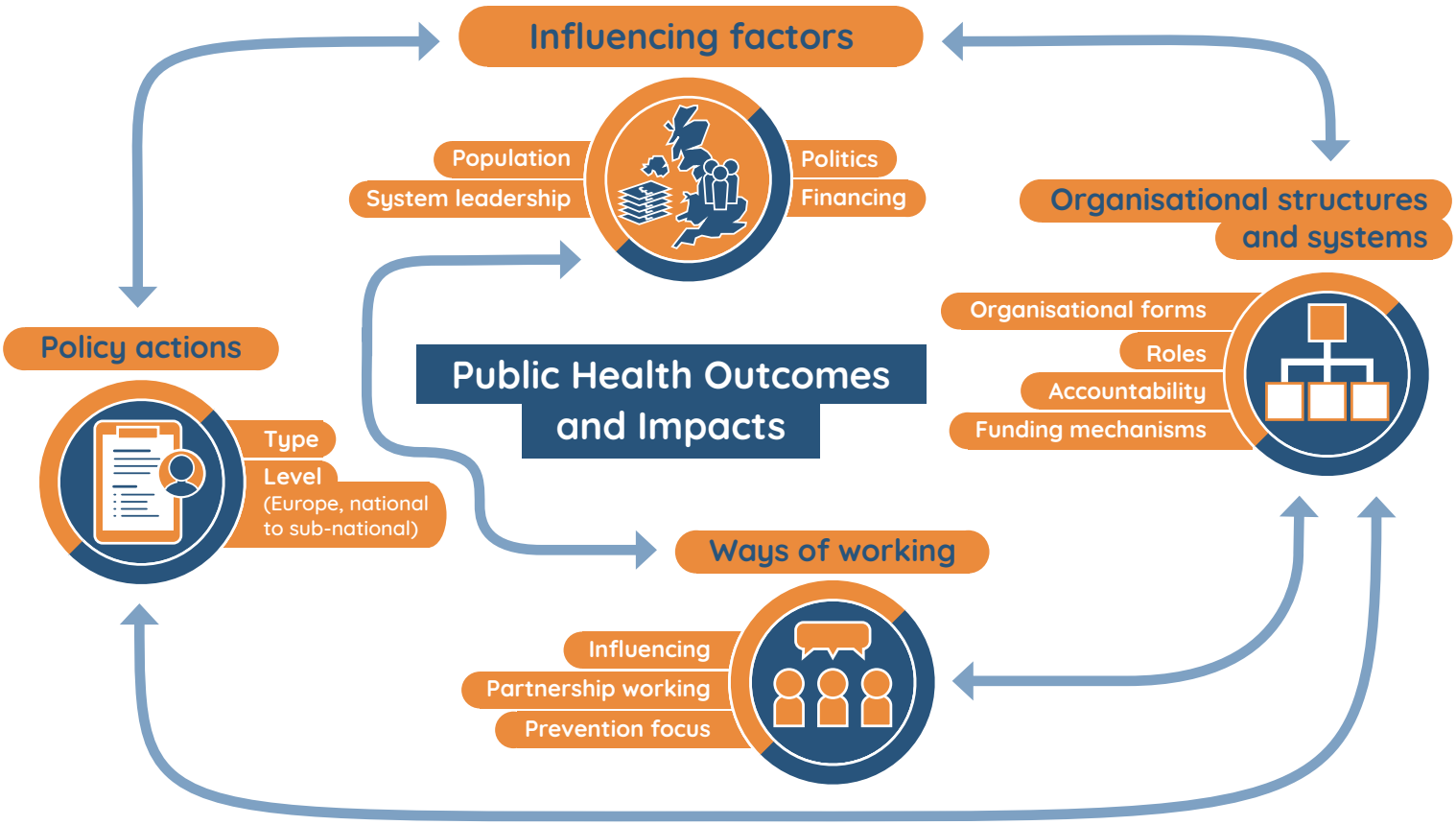
England, **Scotland**, **Northern Ireland** and **Wales** face several similar public health challenges. Since devolution, it has been suggested that the four nations have developed their own approaches to public health. Yet, little is known about the extent of similarity or difference across the UK nations.

Examples of similarity and difference were examined across the UK public health systems since national devolution to identify areas for shared learning.

An **evidence-based public health systems framework** was developed to identify key elements within a public health system and help compare and understand similarities and differences across the nations. The framework was produced by stakeholders, and refined through systematic reviews of the public health systems overall and of a priority area 'child development in the early years'.

Public health systems framework:

Main elements of public health systems in the UK



UK Public Health Systems:

Emerging similarities and differences

Policy actions

- Policy action originates at different levels but the key role of central executive and parliamentary/assembly action (e.g. legislation) for public health benefit was apparent across the UK.
- There is similar policy emphasis on local initiatives, prevention, partnership working, achieving financial balance and increasing healthcare access and service integration.
- Questions were raised as to whether differences are becoming evident: with England diverging from the devolved nations, rather than devolved nations becoming distinct, e.g. recent policy examples in Wales/Scotland framed by welfare state principles, cooperation and participation (e.g. addressing determinants of health, health inequalities), whilst action in England underpinned by competition, markets and choice.

Organisational structures and systems

- Different organisational forms with similar functions are developing across the nations with integration a key focus; and Northern Ireland the only country with full structural integration in health and social care.
- Differences were apparent in local authority roles and commissioning mechanisms, e.g. England focusing on purchaser-provider split and markets, with other nations focusing on collaboration/integration.
- Different structures may increasingly require different public health skills in each nation, e.g. skills linked to commissioning/competition and working within local government in England.

Ways of working

- 'Influencing' policy-making, commissioning and partnership work was central to public health work across the UK.
- All nations highlighted challenges in embedding a prevention-focused approach to public health work.
- There was lack of clarity regarding best practice guidelines in all nations, with a similar limited focus on methods for delivering policy and objectives.

Influencing factors

- Population characteristics (i.e. knowledge, attitudes, living conditions) and geography (i.e. remoteness, population density) were key influencing factors across the nations.
- Political factors were important drivers of differences between nations and continue to shape policy priorities.
- Financing and resourcing issues were highlighted in all nations across the system (e.g. under-investment in prevention, cuts to public health - particularly in England).
- Workforce skills and size influence public health action, but workforce planning is difficult given system complexities (particularly in England with the move of public health staff into local authorities).
- All nations face issues with organisational sustainability and dispersed public health leadership.

Outcomes and impacts

- The complexity of UK public health, lack of baseline data, insufficient integrated monitoring systems and long time frames for change make it difficult to measure and evaluate policy action.
- There was no clear picture of comparative performance due to varying and incomplete measurement systems, as well as differing baseline characteristics of the populations.

Child Development in the Early Years:

Emerging similarities and differences

Policy actions

- There has been growth in early years-related action in all nations and similar emphasis on prevention, cross-sectoral work, play-based early curriculum, entitlement to early education/care, integrated family support and child health/parenting programmes;
- Examples of policy differences were evident, such as: addressing determinants of child development in Scotland/Wales (e.g. children's rights, poverty) and emphasis on competition, markets and choice in England (e.g. shaping early education, commissioning, health visiting); early child development linked to well-being, learning and *preparation for life* in Scotland, compared with greater emphasis on *preparation for school* in England/Wales; and pre-school provision a *universal* right to education in Northern Ireland or to childcare in Scotland, whilst, in part, an *earned* entitlement for working parents in England/Wales.

Organisational structures and systems

- There were similar organisational elements in all nations, e.g. complex leadership structures, formal partnership bodies at all system levels.
- A broad workforce supporting early child development was recognised in all nations, including the importance of health visitors in supporting families.

Ways of working

- Work to support child development in the early years was a key 'prevention approach' to public health in all nations (due to links with lifelong health and inequalities): this requires influencing skills and partnership working given its cross-cutting nature but there were challenges in achieving this in all nations.

Influencing factors

- Population characteristics (e.g. geography of disadvantage, poverty, living conditions) fundamentally influenced early child development, shaping pathways to policy action and outcomes in all nations.
- Political factors generated differences between nations (varying trust in local government and political ideas were important here); scope for system-wide policy impact in devolved nations on determinants of early child development is limited as key matters (e.g. welfare/social security, employment) are reserved (yet this is changing).
- Financing/resourcing affect all system levels (e.g. short-term funding, cuts to children's centres); financial sustainability issues for pre-school provision were apparent in Northern Ireland/England, with contrasting examples of investment in Wales (e.g. Flying Start in more disadvantaged areas).
- Health visitors were recognised as influential, but with pressures on staff in Northern Ireland/England in particular.

Outcomes and impacts

- The complexity of early child development makes monitoring/evaluating policy action difficult across nations and 'child development' is not always regarded a primary outcome to track.
- No system can be judged 'better' or 'worse': comparison depends on what measures are chosen and attributing change is difficult in a complex system.
- Persistent developmental differences between children of differing socio-economic status in all nations highlight a critical need for continued action to give children the best start in life across the UK.

For detailed findings of the reviews
see pages 7-17 of the 'Four Nations Study' Report

Implications for Policy and Practice

1. The public health systems framework can be used as a communication tool to encourage dialogue and reflection about public health from a systems perspective, and to facilitate future evaluation.

2. Child development in the early years is a priority 'prevention approach' to public health across the UK, but has been subject to many recent pressures. This public health topic could be a key tracer area to compare the UK systems in the longer-term.

3. Gaps in evidencing the value of public health work impacts the priority given to public health across the UK. Commissioning further research to evidence what the public health workforce achieves, and in what ways, could help change this.

4. 'Influencing' is an essential way of working to leverage change across the public health systems in the UK, particularly at central executive or parliamentary/assembly level, yet there is often a lack of collective voice. More needs to be done to embed 'influencing skills' within public health specialist training and to strengthen the power of public health voices to affect change.

5. There is continued scope to learn from similarities and differences in UK public health approaches. Tracking recent legislative developments in the devolved nations could be a valuable focus for future research and cross-UK learning.

We'd like to hear your views

Get in touch with Dr Amy Barnes at a.barnes@sheffield.ac.uk and tell us:

1. How these findings could be taken forward to inform policy and practice?
2. How debate in and between nations can be promoted to create more opportunities to learn from each other?

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This visual summary is based on the research report titled '**Four Nations Study**: A comparative systems review and thematic policy analysis of public health across the four constituent countries of the UK' by **Amy Barnes**, **Susan Baxter**, **Claire Beynon**, **Michelle Black**, **Mark Clowes**, **Mary Dallat**, **Elizabeth Goyder**, **Catherine Jeffery**, **Evangelos Kritsotakis**, **Mark Strong (January 2018)**. Full report available at **www.adph.org.uk.**

This visual summary was edited and designed by the **Research Retold** team at **www.researchretold.com**.

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