

Section A: CPHE to complete	
Name:	Simon Howard
Job title:	Public Health Specialty Registrar
Guidance title:	Antimicrobial stewardship – changing risk-related behaviours in the general population
Committee:	PHAC
Subject of expert testimony:	Roles of different public health agencies
Evidence gaps or uncertainties:	[Please list the research questions or evidence uncertainties that the testimony should address]
What are the roles of the different agencies involved in public health interventions?	
- Who would be best placed to deliver some of the draft recommendations?	
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Section B: Expert to complete	
Summary testimony:	[Please use the space below to summarise your testimony in 250 – 1000 words – continue over page if necessary]
<p>The current public health system is fragmented between many different organisations, not all of which are explicitly concerned with ‘public health’. The legislative responsibilities of each organisation are not always clear, and are not always well understood. This testimony gives an impression, based on knowledge and experience of working in the public health system, of the organisations most likely to be in a position to deliver the public health interventions suggested as recommendations in this guideline.</p> <p>Formal responsibility for provision of most public health service passed to Local Authorities under the Health and Social Care Act 2012. Each Local Authority has a nominated Director of Public Health with responsibility for delivery of these functions. The shape of ‘public health departments’ within Local Authorities varies widely: some have relatively large teams of specialists (including Consultants); some have no defined ‘public health team’ at all, nor any specialist staff beyond the Director of Public Health. Some Local Authorities do not have a robust system of Clinical Governance, and many have no medically qualified doctors or nurses within the team. Hence, many are unable to give (and some have been legally advised <i>not</i> to give) advice which may be construed as ‘medical advice’. In my personal experience, many interpret this advice very broadly. Local Authorities discharge their public health functions through a combination of direct provision of services and commissioning services from outside providers. Some of the commissioned providers are NHS organisations (e.g. it is not uncommon for Local Authorities to commission sexual health services from acute Trusts).</p> <p>Public Health England also plays an important role in the public health system at the local, regional and national levels. Public Health England provides an acute responsive service for health protection incidents. It directly provides some Health Improvement interventions at a national level (e.g. Change4Life, One You). It also</p>	

has a statutory role to provide advice, support and data to Local Authorities. Public Health England also has a healthcare public health role, providing public health input into the commissioning of healthcare services undertaken (largely) by CCGs and NHS England. Public Health England and NHS England work closely together on provision of immunisation and screening campaigns.

CCGs commission the bulk of healthcare services, excluding primary care services (though CCGs, because of their constituent members, have considerable influence over primary care). This includes e.g. commissioning of acute emergency and out of hours healthcare.

In terms of educating the public on public health topics, Local Authorities tend to have a role which is relatively limited and constrained by budgetary pressures. Much of the public health education activity is undertaken by Public Health England, either directly (through e.g. national campaigns) or through development of resources for use by Local Authorities. CCGs have a large role to play in educating the public on use of health services.

Local Authorities have specific responsibilities (or requirements) for educating the public on a number of non-health topics – these opportunities could be better exploited to educate the public on public health topics. For example, messages regarding appropriate disposal of antibiotics could be added to existing information on correct disposal of waste. Local Authorities also have a regulatory function which could contribute to the antimicrobial resistance agenda: e.g. regulation of food businesses. Note that the degree of Local Authority influence over schools is waning as more schools become Academies.

Other organisations which may have a role to play in discharging public health functions related to AMR include: the Food Standards Agency, which runs public health campaigns related to food safety; NHS England, which has a role to play in promoting immunisation campaigns and provides the NHS Choices website; the Health and Safety Executive, which has influence over workplaces; and Occupational Health specialists, who frequently give public health advice and have a role in enforcing workplace exclusions.

In conclusion, the current draft of the Guidance places almost all broad public health responsibilities on Local Authorities. Some of the recommendations (e.g. providing information about self-limiting conditions) may not be deliverable by some Local Authorities; health education interventions may be better delivered by e.g. CCGs. Others are relevant to Local Authorities, but could be usefully tailored to the specific activities of local authorities (e.g. advice on disposal of antibiotics).

References (if applicable):

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