Correspondence

Public health coming home

Sir,

In a week when both the Faculty of Public Health¹ and the BMA’s Public Health Medicine Committee² warn about the difficulties faced by the public health function in local government, it was invaluable to read Walter Holland’s history of Local Authority Health Departments.³ My own memories only go back a few decades, to the period when Barbara Castle was an inspiring and proactive Secretary of State. In the current, uninspired policy environment, I sympathize with a BMA analysis: ‘The need is about professional, qualified leadership. I’ve seen the unravelling of public health’.² Leadership was also an issue in the original paper⁴ on which Holland was commenting.

As my hair grows greyer, I expend most of my professional energy on education. I am a member of the Academic health promotion group hosted by the Royal Society for Public Health and my most recent teaching included English medical trainees and overseas students of Global Health. Like the President of the Faculty, I am passionate about inter-professional training⁵ with a clear basis in research evidence. Local government services and commissioners are not only familiar, but friends.⁶

Holland is spot on when he hints we cannot expect either the CMO or the head of PHE to provide leadership in public health, now. Sadly, over many years the Faculty has given out only sporadic and inconsistent guidance on leadership.⁷ I think there was a terrible mistake in comparing the function of ‘Director of Public Health’ to the role of ‘Medical Director’ in an acute hospital environment, through a misguided preoccupation with status and salary.

Fundamental to leadership in localities is the capacity to mobilize bottom-up support for health. This is why Asset-based Community Development was an appealing model for Local Authorities.⁸ Collaboration for Health is supposed to be a core competence for public health, but Gorsky et al.⁹ correctly identify a flaw in contemporary training. It ‘currently focuses on technocratic skills, which will not adequately prepare public health staff for their new local government roles’. I did not know whether to laugh or cry when I read the Faculty’s paternalistic comments on ‘vulnerable’ health visitors¹ without an awareness that emancipated health visitors are quite capable of planning children’s services² themselves!

It seems a need for lifelong learning spans many settings. ‘Direction’ is only a small part of local government needs. Enablers and exemplary role models¹⁰ are needed much more urgently, to mobilize health with communities.

References

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