Transforming the public health system: reforming the public health system for the challenges of our times: SPECTRUM Response

1. **Are you responding as an individual or an organisation?**
   Organisation.

2. **What is the name of your organisation?**
   Shaping public health polices to reduce inequalities and harm (SPECTRUM)

3. **Organisation type**
   Academia

Securing our Health

4. **What do local public health partners most need from the UK Health Security Agency?**

We are a multi-University research consortium focusing on the commercial determinants of health and the prevention of non-communicable diseases such as cancer, cardio-vascular diseases and diabetes. Within our consortium, which is funded by the UK Prevention Research Partnership led by the Medical Research Council, we have partner agencies including Public Health England, Public Health Scotland and Public Health Wales. We focus our responses below on the questions relevant to our main areas of work in 'improving our health' (questions 7 to 10)

How can the UKHSA support its partners to take the most effective action?
Leave blank

5. **How do you think the health protection capabilities we need in the future should differ from the ones we have had to date?**

Leave blank

6. **How can UKHSA excel at listening to, understanding and influencing citizens?**
   Leave blank

Improving our Health

7. **Within the structure outlined, how can we best safeguard the independence of scientific advice to Government?**

It is appropriate that the role of the CMO will be strengthened but it is also important that colleagues working in the Office for Health Promotion can retain some independence from government in line with their scientific and data-led expertise, particularly for colleagues transferring from PHE to the new Office/DHSC. These colleagues have well established relationships with civil society, voluntary sector organisations and academic groups including SPECTRUM that must not be lost. Maintaining these relationships needs to be embedded in the system to ensure access to independent scientific advice.

In collaboration with University research groups within SPECTRUM and others, PHE carried out several rigorous reviews relating to important public health issues and cost-effective interventions to address them. It is important that mechanisms for similar future independent public health reviews should kept in place.

PHE has a number of external advisory committees (for example on tobacco and alcohol, among others) and these should be maintained or adapted to continue to provide independent advice to the Office for Health Promotion. There may also be a need for new expert independent advisory committees on new and emerging health improvement priorities.

A further important aspect to safeguard the independence of scientific advice to government is to protect health policy from commercial interests. PHE has existing guidance on this which SPECTRUM members were pleased to have commented on as it was being developed https://www.gov.uk/government/publications/principles-for-engaging-with-industry-stakeholders/principles-for-engaging-with-industry-stakeholders.

This guidance should be strengthened and adapted as needed for the Office for Health Promotion and related functions.

An additional point relates to data sharing for health improvement. This is needed not only between DHSC and local authorities and other parts of the public health system but also with academic groups. External researchers can provide independent analysis, complementing and strengthening any internal analysis done by government. Infrastructure and coordination for data sharing activities should be a priority within the new proposed structures.

Finally, consideration should be given with respect to the links with public health agencies in Scotland, Wales and Northern Ireland that will ensure data sharing and collaboration to develop complementary scientific advice across the whole of the UK, where feasible.

8. Where and how do you think system-wide workforce development can be best delivered?

A multi-disciplinary well-trained workforce is required to deliver the services and infrastructure needed to support the new UKHSA and OHP. This workforce is the first line of defence for health protection, improvement and public health.

Workforce development needs professional leadership. There should be collaborative workforce planning with key public health organisations including the Faculty of Public Health, the Association of Directors of Public Health, Royal Society for Public Health, the UK Public Health Register, and Universities that provide public health training programmes.

Workforce development should include a broader vision not limited to traditional public health roles with public health in their name. Expertise is needed in data science, digital, behavioural science and genomics, for example. The public health workforce should also be seen as including all roles across government and the NHS that have the potential to improve the public's health and address the wider determinants of health.

In terms of capacity building, those currently undergoing public health training and those who aspire to have careers in public health, should be able to navigate the system and should not be adversely affected.

A whole systems approach to workforce development should be co-ordinated nationally with regional structures of the Office of Health Promotion led by the Regional DsPH tasked with translating this regionally and ensuring implementation. Local authorities already have expertise in this area, which has been strengthened because of the Covid-19 pandemic, and their involvement and input is crucial.

We share the view of many of our colleagues in the existing public health system that the current reforms have risks in terms of separating health protection from the other functions of public health. The three domains of public health – health improvement, health protection and health care public health – must be unified. There should be an integrated public health response and the new system should be as 'joined-up' as possible.

9. How can we best strengthen joined-up working across government on the wider determinants of health?

Here we align our response to the consultation with that of the UK Public Health Network and we submit the same response as them to this question.

An Office of Budget Responsibility for Population Health can strengthen joined-up working across Government on the wider determinants of health, as recommended by the UK Public Health Network: https://ukpublichealthnetwork.org.uk/resources/return-to-investment-can-an-office-for-budget-responsibility-improve-fiscal-and-economic-planning-to-improve-the-publics-health-and-wellbeing-discussion-paper/

Health Impact Assessments (HIAs) across Government should be encouraged. The Department of Health and Social Care has outlined simple tools for recording the results of a HIA and how to carry out good quality HIAs: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216008/dh_120106.pdf

Processes need to be put in place to ensure that the new ministerial board on prevention is able "to drive and co-ordinate cross-government action on prevention and improve accountability on the wider determinants of health." The lessons of the past are that deliverables based on outcomes are essential to drive true accountability. We recommend this board champions the use of HIAs and is chaired by the Prime Minister to ensure representation from across Government.

Public health expertise should be given flexibility and mobility across Government, for example through secondments, fellowship schemes and common career pathways and training programmes across organisational boundaries and between national/regional/local levels.

A Public Health and Wellbeing Act for England, centred on the requirement to address health inequalities and health improvement across all public bodies, at all levels, should be considered. Admired models include the Welsh Future Generations Act: https://gov.wales/well-being-future-generations-act-essentials-html#section-60674

Lessons can also be learned internationally. New Zealand's Better Public Services reform agenda and New Zealand's wellbeing model should be looked at when considering how to strengthen cross-Government working.

10. How can we design or implement these reforms in a way that best ensures prevention continues to be prioritised over time?

Keeping health improvement functions together within the new Office for Health Promotion will assist in ensuring that prevention continues to be prioritised over time. But as noted in the policy paper and in our responses to other questions above, prevention functions exist in multiple areas of government particularly when it comes to structural policy measures

(whether it be fiscal measures, trade, environment etc) so cross-government working between different departments and policy coherence will be key.

With cross-government policy coherence in mind, a new Prevention Strategy with shared accountabilities across departments should be developed. The Public Health Outcomes Framework is a positive starting point, and the Health Index under development may be useful but only if reducing inequalities is embedded within it

Policy coherence at national level to prioritise prevention should be complemented by local action and sufficient investment in local public health teams and functions (more on this below). In addition, metrics developed at national level should be relevant to the whole public health system and there should be an inclusive consultation process to agree relevant metrics and indicators.

11. How can we strengthen the local authority and Director of Public Health role in addressing the full range of issues that affect the health of local populations?

Leave blank

12. How do we ensure that future arrangements encourage effective collaboration between national, regional and local actors across the system?

Leave blank

13. What additional arrangements might be needed to ensure that regionally focussed public health teams best meet the needs of local government and local NHS partners?

Leave blank