Joint statement to the Government on Public Health Reorganisation

As organisations committed to improving health and reducing inequalities, we are deeply concerned that the Government's plans for the reorganisation of health protection in the UK pay insufficient attention to the vital health improvement and other wider functions of Public Health England (PHE). The setting up of a Stakeholder Advisory Group is a welcome step towards involving public health and voluntary sector expertise in the proposed changes, but more is needed. This statement, agreed by a much wider range of expert stakeholders, sets out the principles that we all believe must underpin the new health improvement system.

The rationale for establishing PHE was to end false distinctions between different parts of the public health system. Reorganisation risks fragmentation across different risk factors, and between health protection and health improvement. Organisational change is difficult and can be damaging at the best of times, and these are not the best of times. A seamless transition from the current to the new system is essential.

The communities hit hardest by COVID-19 are those with the poorest health. Chronic noncommunicable diseases are still, and will remain, responsible for the overwhelming burden of preventable death and disease in this country.

Interlocking Government pledges to 'level up' society; increase disability-free life years significantly, while reducing inequalities; to improve mental health; reduce obesity and alcohol harm; and to end smoking; all require the scaling up, not down, of health improvement interventions.

At this time of global pandemic and recession, health improvement is not just 'nice to have'. It is an essential component of a successful response to the challenges we face, which will also help support national economic recovery by increasing productivity and employability.

Health improvement seeks to address the chronic causes of preventable ill health, whereas health protection seeks to manage acute threats such as infectious diseases. But in practice these functions are often overlapping, as improvements in underlying health reduce the impact of acute infections such as COVID-19. It is not just about COVID-19, improving sexual and reproductive health also entails action in both health improvement and health protection, and there are many other examples.

There are opportunities from this reorganisation to improve on current delivery, but only if there is greater investment combined with an emphasis on deepening expertise, improving coordination, and strengthening accountability. Tackling COVID-19 has shown more than ever how all aspects of public health are connected. We must learn from the pandemic response and ensure essential functions, such as local, regional, and national collaboration, data sharing and evidence-led policy making, are retained and strengthened in a new system.

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Our individual organisations have specific issues relating to the future of PHE, which we will address separately, but we all agree that there must be:

- **Sufficient funding at all levels to meet the ambitions of improving population health.** Government must reverse the public health budget cuts and identify where further investment could achieve best value.
- **Sufficient high-quality public health experts with the authority to deliver PHE's functions of providing evidence-based advice, guidance and quality assurance.** Currently PHE has a key function in providing advice, across national and local Government and to the NHS, on tackling the risk-factors for poor mental and physical health and addressing inequalities. This must be maintained and strengthened.
- **A strong health intelligence function to support delivery of health improvement as well as health protection.** PHE's current health surveillance, monitoring and analytical functions are world-class, and they are crucial to effective policy development, implementation and evaluation. They must be sustained and improved so they can sufficiently support both health improvement and health protection functions.
- **An interconnected approach with the right infrastructure to support national, regional and local delivery.** The new public health system must work as one, across organisations at every level, with the ready flow of knowledge, expertise, data and intelligence between them. Health improvement is most effective, and cost-effective, when it delivers activity at the most appropriate geography, addressing diverse communities with differing needs at a local level, through regional coordination or national reach. To really drive improvements in population health we need to get it right at every level.
- **Improved coordination between the NHS and local government.** NHS England has made commitments through the NHS Long Term Plan to tackle causes of poor health. This role could be further strengthened, but local authorities must retain their role as system leaders co-ordinating local public health strategies.
- **Clear accountability for reducing health inequalities at every level of the system.** A current limitation is that accountability is too diffuse, with action and outcomes not necessarily focused on the priority of reducing inequality. Good health is essential to level up our most disadvantaged communities and the system should be driven by its ability to secure this.
- **Strong relationships between the public health functions of all four nations in the UK.** Effective communication and collaboration between the national public health structures is critical to securing good health for the whole of the UK.

The COVID-19 pandemic is a vivid illustration of the link between good health and a strong economy. To ensure our national recovery we must invest in public health and safeguard the infrastructure needed to tackle chronic ill health and the inequalities this causes.