The King's Fund

Rt Hon Matt Hancock, Secretary of State for Health and Social Care
Professor Chris Whitty, Chief Medical Officer
Department of Health and Social Care
39 Victoria Street
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Dear Matt and Chris

This is The King's Fund's response to your request for views following the publication of *Transforming the public health system: reforming the public health system for the challenges of our times*.

We welcome the government's commitment to a more coherent and strengthened public health system at national, regional and local level, and a National Health Service that puts its full weight behind prevention and population health.

Below, we set out both our support for the government's intentions for the public health system, prevention and wider population health, and some risks that need mitigating. We focus on four areas: the cross-government role in population health; priorities and risks around the Office for Health Promotion; the need for, and role of, a regional structure; and accountability at all levels of the system. There are also broader risks in transition, workforce development and funding.

The cross-government role in population health
We believe that the commitment to seeing health as an all-of-government priority could have a transformative impact on population health, if designed and implemented well. To do this the government can draw on past experience and learn from approaches in other countries, including those of the countries of the UK. In addition, as we said in our *Vision for population health,* to ensure success there will need to be high-profile political leadership from both the Department of Health and Social Care and the government as a whole. We therefore welcome the priority the Secretary of State has given to prevention along with the support from the Chief Medical Officer.

We urge the government to explore more fully the mechanisms for how that leadership translates into cross-government decision-making. A cross-ministerial board, as announced, may be the right mechanism but experience shows most are not successful in bringing about transformational change. The board (or other mechanism) needs to be empowered to take difficult and meaningful decisions and to hold ministers and their departments to account. To order to achieve this, the board should not be led by the Department of Health and Social Care but should have the full convening power of the Cabinet Office and be chaired by a senior cabinet minister charged by the Prime

From the Chief Executive

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Minister to push a transformational agenda. This will help to demonstrate to the public that the government is living up to its commitment to put health at the centre of policy-making.

Priorities and risks around the Office for Health Promotion

To be effective the Office for Health Promotion will need to develop different strategies for working with the rest of government. To do that, it will need to use learning from other countries, for example, from New Zealand on incorporating wellbeing into government policies and from Wales on how to secure the health of future generations. The Office for Health Promotion will also need to look towards regional and local health and care and wider structures, by ensuring data, analysis and evidence about what works are widely available. There remains far too much unjustifiable variation both in health outcomes and in the adoption of existing evidence-based public health policies across both the NHS and local government. The Office for Health Promotion will need a strong role in addressing this variation and the authority to make a difference.

However, establishing the Office for Health Promotion brings some risks. One is a reduction in external transparency. Public Health England produced public research (notably on alcohol and sugar) that challenged existing government policy by using evidence. The Office for Health Promotion will need to continue to commission and publish research, including policy research, as it moves closer to the centre of government. Such transparency will be key to the authority and credibility of the Office for Health Promotion. One way to do this is to commission an independent annual report of the Office of Health Promotion's activities and impact.

It will also be important to ensure that creating the Office for Health Promotion and the UK Health Security Agency will not lead to fragmentation between health protection and health improvement: Covid-19 has shown that health protection issues and the solutions to them are as much behavioural and social as epidemiological in nature. There must be open-book access and flows of information and analysis between the two bodies, and their regional and local structures.

The need for, and role of, a regional structure

The structure set out in *Integration and innovation: working together to improve health and social care for all* could provide the basis for both better integration and a new focus on population health. However, it is striking that while the public health voice is represented at place alongside NHS partners (particularly where places are based on local authority footprints with their directors of public health), that voice grows progressively weaker as the structure moves to integrated care system (ICS), regional and then national NHS England level. There is a risk that inadvertently, the NHS voice will increasingly crowd out the public health voice as the system moves away from place. To remedy this, the emerging NHS ICS Body and Partnership ICS Body will need to have access to high-quality public health advice and to

have the public health voice well represented within their leadership teams.

There is also a need for a regional structure that has a stronger public health role and that can speak and represent the need for better population health. Currently, public health regional structures are too weak and patchily integrated with NHS structures. The same could be said for the NHS at national level. There are a range of options to improve public health's representation at both regional and national (NHS) level and The King's Fund can provide further detail on these.

Without a greater regional and national public health voice there is too much distance between the Department of Health and Social Care and the Office for Health Promotion policy-making and local practice and decisions in public health; too little capability and expertise to influence ICSs as they develop; and a risk that the voice of public health weakens as we move from place, to ICS, then into regional and national NHS structures. The same risk exists for adult social care, so plans for regional and national structures need to ensure all three parts of the reformed system - the NHS, public health and social care – have an equal voice at these levels to inform the work of national and local systems and help support transformational change.

Accountability at all levels of the system
These reforms are an opportunity to develop stronger and clearer accountability relationships across the system, both horizontally (at cross-Whitehall level, regionally, and at local level) and vertically (between national, regional and local level). Our work and engagement with the systems has consistently shown that accountability for public and population health outcomes is complex, confusing and hard to understand. If these reforms to public health, integrated care, and in the future social care, are to be successful, accountability needs to be clearly defined and understood across the system. There are again important lessons to be learnt from the past and a range of potential option to improve accountability. We would be happy to share our more detailed thoughts if helpful.

Broader issues
There are some broader issues around transition, workforce and funding. One of the prizes on offer is that the critical mass of expertise of those currently working in Public Health England can have a greater impact on policy-making across government. To capitalise on this expertise, this capability must not be lost during transition. This means providing certainty over roles and employment as quickly as possible.

These reforms need to be accompanied by an appropriate level of funding and stability of funding mechanism. It is indisputable that at local level the public health system has been underfunded for years, with significant real-terms cuts in budgets. While recent announcements of increases in resources for drugs and weight management services are welcome, these are non-recurrent, discretionary and ring-fenced. Local public health leaders and their

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teams need a long-term funding settlement that will allow them to fulfil the Secretary of State's vision. We agree with the Secretary of State's view that public health teams will increasingly operate at the nexus of the NHS, local government and the local economy, helping to ensure ICSs fulfil their potential in population health. But, this will require more people with public health expertise across the system, and a stronger relationship between academic and practical public health.

If these reforms – and the inevitable disruption, at least in transition, they will create – are to be judged worth it, then they need to be directed at addressing the biggest health challenges England faces. Covid-19 has again underlined the deep health inequalities experienced by people in England. To make a real difference to these inequalities, there is a need for a new health inequalities strategy. Evidence and experience show that it is possible to reduce inequalities in health but this requires cross-government action and the contribution of the health and care system. The government's commitment to ICSs, stronger cross-government policy on health supported by the Office for Health Promotion, and a reformed public health system provide an opportunity to do so.

The government has now brought forward its proposals on the reform of the NHS and public health. The continued absence of proposals for the future of social care in England remains the missing element for any government committed to the health and wellbeing of its people and The King's Fund continues to urge government to make good on its commitments to 'fix social care'.

Yours sincerely

Richard Murray

Richard Murray
Chief Executive

Copied to:
Jo Churchill MP, Minister for Prevention, Public Health and Primary Care