Transforming the Public Health System – IAS Response

Securing our Health

Question 1: What do local public health partners most need from the UKHSA?

The Institute of Alcohol Studies fully endorses the submission to this consultation made by the Alcohol Health Alliance, of which we are a member.

The two important factors for a successful public health system, encompassing the UKHSA, OHP and local public health partners are:

1. Sufficient, funding allocated to relevant agencies and local authorities to carry out their functions. This should be protected in the long term, to allow for investment and forward planning.
2. A clear framework for joint working between relevant bodies. There is a clear need for greater integration between national and local public health functions, and between health improvement and health protection. The pandemic has demonstrated the importance of harnessing local expertise and the importance of maintaining population health and reducing health inequalities. Regional Directors of Public Health should have an oversight role of the working arrangements between regional branches of UKHSA and OHP.

Improving our Health

Question 1: Within the structure outlined, how can we best safeguard the independence of scientific advice to Government?

The positioning of the OHP within DHSC should result in greater collaboration between the OHP and the rest of the department and help establish health improvement as a core part of departmental work. However, the ending of the "arms-length" relationship risks compromising the independence, or perceived independence, of scientific advice. To inspire the confidence of the public and medical profession, it is essential the new public health system is seen as independent of political control and that the public health is not undermined by private profit.

The role of the Chief Medical Officer in leading the new OHP will go some way to achieve this. The CMO has been a trusted authority during the pandemic.[1] Having the CMO as an independent, publicly-recognisable figure as the face of the OHP will help inspire public confidence in the independence of the new body and ensure health promotion is acknowledged and acted upon by the public. In addition, the OHP must be demonstrably free from the influence of commercial bodies and must adopt the principles for engaging with industry stakeholders which have guided PHE's approach to industry.

Further confidence in the independence of scientific advice can be fostered through mechanisms for transparency and accountability. We recommend:

- Scientific guidance given to the government should be made publicly available
- The creation of a new independent scientific advisory group on NCD prevention to advise the Government on policy.

- OHP must have adequate data and analytical expertise in-house to reduce the risk of a loss of expertise resulting the transfer of intelligence and analytic functions into the DHSC and UKHSA.
- Partnerships with civil society must continue to ensure the ongoing input of external expertise.

[1] YouGov polling showed Chris Whitty had the highest level of trust of all individuals polled: https://docs.cdn.yougov.com/asxjlprf2a/Internal_COVIDConfidence_200922.pdf

Question 2: Where and how do you think system-wide workforce development can be best delivered?

Workforce has been identified by the Health Secretary as one of his three areas of concern for the NHS, alongside prevention and technology.[1] This is a further area where greater funding and coordination between relevant agencies are necessary. Funding should be set aside for areas identified as being at-risk of skills shortages in the future, such as addiction psychiatry. We also recommend that Health Education England, the new OHP and the DHSC work together to develop an Alcohol Workforce Strategy to sit alongside the new Addictions Strategy.

[1] DHSC (2018) Matt Hancock: my priorities for the health and social care system: https://www.gov.uk/government/speeches/matt-hancock-my-priorities-for-the-health-and-social-care-system

Question 3: How can we best strengthen joined-up working across government on the wider determinants of health?

The focus on a whole government approach to public health set out in the policy paper is welcome. The pandemic has demonstrated that population health is a necessary prerequisite for government policy, within the DHSC and beyond.

We are optimistic that the creation of a ministerial prevention board will result in greater cross-departmental support for effective alcohol control policies, leading to bolder action from Government. Until now, we have not seen government support for the evidence-based and cost-effective measures needed to reduce alcohol harm. The increased focus on preventable ill-health in the Prevention Green Paper was welcome but its policies relating to alcohol did not go far enough to curb the increasing health harms from alcohol use and the burden this places on the NHS (alcohol is linked to 1.26 million hospital admissions annually and its estimated cost to cost the NHS in England £3.5bn). [1] For health policy to have the primacy it deserves, the new prevention board should be chaired by the Secretary of State for Health.

The centrality of public health across government should be fully supported by an evidence-based culture within the civil service, driven by a common framework of priorities and metrics across Government, along the lines of the Public Health Outcomes Framework.

[1]
PHE. Local alcohol profiles for England. https://fingertips.phe.org.uk/profile/local-alcohol-profiles

Home Office (2012) Impact assessment: a minimum unit price for alcohol. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/157763/ia-minimum-unit-pricing.pdf

Question 4: How can we design or implement these reforms in a way that best ensures prevention continues to be prioritised over time?
The proposals to keep the health improvement function that is currently within PHE together in one new successor body will help to secure the continued prioritisation of prevention and avoid the fragmentation of health improvement.

Continued departmental funding for prevention is essential to ensure it remains a priority over time. Existing funding and staffing levels allocated to health improvement should be used as a baseline for the transfer of functions. To avoid the risk of redeployment of resources within the DHSC following the incorporation of health improvement, the Government should set out a commitment to a long-term, specific and ring-fenced budget for health improvement within the department.

Sufficient funding for local authorities is essential to the success of the future arrangements. The IPPR think tank estimated a £850 million decline in net public health expenditure between 2014/15 and 2019/20, with drug and alcohol services seeing the greatest declines in spending.[1] Getting treatment to those who need it would significantly reduce the burden of alcohol on the NHS - just 9% of people with alcohol dependence account for 59% of inpatient alcohol-related admissions.[2]

Transparency is essential to maintain the public's faith in the new public health system. This will be more of a challenge for the OHP as part of a government department than for PHE as a non-departmental public body. The measures recommended in response to question six will help to ensure transparency.

[1] IPPR (2019) Hitting the poorest worst? How public health cuts have been experienced in England's most deprived communities https://www.ippr.org/blog/public-health-cuts
[2] Drummond et al (2018) Assertive outreach for high-need, high-cost alcohol-related frequent NHS hospital attenders: the value-based case for investment.

Strengthening our national response
Question 1: 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?
Local authorities should be involved at every level of the public health transformation and their views taken into account. Local authorities have previously called for greater resources and more powers to allow them to carry out their public health functions, such as the ability to better control the proliferation of licensed venues in their areas through public health as a licensing objective. A government consultation on the devolution of such powers to local authorities will help to strengthen local authorities' roles.

Question 2: How do we ensure that future arrangements encourage effective collaboration between national, regional and local actors across the system?

Before transferring responsibility for public health to local authorities, Lord Lansley set out his vision for a public health service that "draws together a national strategy and leadership, alongside local leadership and delivery."[1] To maintain this model of national strategy alongside local delivery, the Government must ensure the local health improvement work of PHE is strengthened rather than diminished. Further assurances from the Government about the continuation of local health improvement functions, supported by sufficient resources, will provide necessary reassurance to health stakeholders.

Clear national objectives and supportive metrics will embed greater accountability across the system. Objectives for primary care around prevention and health inequalities will help to secure buy-in within this important area.

[1] Nursing Times (2010) Public health 'vision' announced https://www.nursingtimes.net/news/public-health/public-health-vision-announced-07-07-2010/