

Briefing for ARM representatives – Recent changes to Public Health England

This briefing is intended to provide representatives with background information to support debate on the future of Public Health England at the BMA's annual representative meeting, in particular on motion two (see appendix A).

Background to recent changes to PHE

It was announced on 18 August that PHE (Public Health England) will be abolished and its functions divided, with the new 'National Institute for Health Protection' taking over the health protection agenda. This new organisation will be an amalgamation of parts of PHE, NHS Test and Trace, and the recently established Joint Biosecurity Centre. The institute's sole purpose will be improving the UK response to COVID-19 and wider external public health threats. The reported reasoning behind the change is that there has been an apparent lack of cohesion in the UK's pandemic response and this restructure would improve operational capacity and efficiency.

Health protection is of course only part of the work done by Public Health England. Public health medicine exists as a matrix of different national, regional and local bodies, with elements of health improvement and public healthcare (PHE's other main functions) sitting across all three, including local authorities, central Government and the NHS. The work done by PHE on health improvement was wide-ranging, including combatting substance abuse, health promotion and screening programmes, and providing strategic oversight and leadership on several key areas with the delivery undertaken at a local level. This work is integral in the effort to reduce health inequalities and combat the drivers of ill-health.

Funding for public health and preventative medicine has seen long-term cuts. The public health grant given to local authorities to manage services like stopping smoking support and sexual health services has seen real-term cuts of around 25% since 2015/16. It would take an additional £1 billion of investment – once population growth is considered – to restore funding to 2015/16 levels.

It is unclear as yet where the health improvement and public healthcare work done by PHE will sit. The secretary of state has said that there are several possibilities ranging from embedding some of the prevention agenda in existing local public health structures to establishing a new body whose responsibility would be health improvement. The Government has committed to publishing a policy paper in mid-September which will outline their proposals, followed by a green paper and accompanying stakeholder consultation.



Initial BMA response

The BMA's initial response to the proposal was highly critical. Our response to the announcement and subsequent letter to the secretary of state by the council chair made clear that PHE should not be made a scapegoat, and that the timing and manner of the announcement were inappropriate. From a policy perspective, it also appears to be a missed opportunity to reform PHE into the more independent arm's length NHS body that the BMA would like to see. Instead, it looks like the NIHP will be more centralised, which raises significant concerns about the transparency and impartiality of its work and advice in terms of criticising government policy. The BMA's focus is now on supporting staff affected through the transition and phase two of the changes.

Policy questions

The BMA has been critical of the Government's proposal, both in its aims and execution. The nature and timing of the announcement was a cause for concern, as was the lack of detail about what will happen to the health improvement and prevention functions of PHE.

The key questions that require consideration are summarised below.

- How will the new organisation(s) be funded? The NIHP will need to be adequately financed, and it is unclear as yet whether the £10 billion set aside for NHS Test and Trace will now be the NIHP's budget. It is even less clear how work previously done by PHE will be funded. It is, of course, important that the funding follows these functions, whether they sit within local authorities or a new agency.
- There is also the question of the role that the private sector will play in the delivery of the new NIHP, precipitated by concerns around the role of Serco in NHS Test and Trace.
- The restructuring of the health improvement functions and the extent to which they could even be embedded at a local level is another question that needs to be answered. Public health medicine exists as a matrix at the moment, with certain responsibilities conducted at the national, regional and even community level. Whatever the decision made regarding where the prevention agenda will sit, coordination between the different levels of public health medicine must be improved, particularly with regards to information and data sharing.
- A more general point is that we are still in the initial stages of the proposals, particularly concerning what will become of the health improvement agenda. As such it would be useful for members to think about what they would like to see happen and how they would like to see these parts of public health medicine structured. There will be an opportunity to influence the proposals in the coming months and members' experience and expertise must drive our policy and the wider discussion.

Appendix A

Motion by the public health medicine committee:

That this meeting believes that the global pandemic has demonstrated the need for a well-resourced national health protection function to meet current and future communicable disease threats. This meeting, therefore, calls for:

- i. a government review of the fitness for purpose of the UK's current health protection systems
- ii. Public Health England to be reconstituted as a fully independent arm's length NHS 'special health authority,' integrated with the wider NHS and able to hold the Government to account on matters of public health
- iii. the establishment of a national public health 'infection' service as part of PHE, professionally led and in charge of strategy, operations, education and training, with an appropriate budget and regional offices
- iv. all consultants in public health to be employed on contracts equivalent to those of NHS consultants, with adequate guarantees of freedom to make professional advice public.