

UK Public Health Network**Submission to The Health Foundation's consultation: what action is required across government to narrow the health gap?**

The UK Public Health Network enables public health organisations and agencies to coordinate activities, share opinions and exchange knowledge on what works across England, Wales, Scotland, and Northern Ireland.

<https://ukpublichealthnetwork.org.uk>

Good health at the heart of decision making

- The UK Public Health Network agrees with the goals and priorities set out in this section. The wider determinants of health strongly determine health and the health gap. As responsibility for these wider factors sit outside the traditional public health and health infrastructure, joined-up working across government should be strengthened to ensure that good health is at the heart of all decision making.
- The health and social inequalities affecting Covid-19 mortality almost exactly parallel those seen for all causes of death. Rather than focusing on narrow economic goals, health and wellbeing should be at the heart of government strategy.
- An Office of Budget Responsibility for Population Health can strengthen joined-up working across Government on health inequalities. This was recommended by the UK Public Health Network. This paper sets out how an OBR for Population Health could help improve fiscal and economic planning to raise investment in public health.
<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 to ensure that health and wellbeing are properly considered in policies and proposals.
- A Public Health and Wellbeing Act for England, centred on the requirement to address health inequalities 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

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looked at when considering how to strengthen cross-Government working and ensure good health is at the heart of decision making.

- The system should be locally led to ensure good health is at the heart of all decision making. Local public health teams have extensive knowledge of their communities and the inequalities they face as well as the wider health and social care system. Local approaches enable improved coordination and collaboration between agencies and are therefore more effective than those prescribed through ‘top-down’ approaches. Sector-led improvement (SLI) programmes should be strengthened at the local and regional levels, and adequately resourced and funded, to drive innovation around reducing health inequalities.
- The Government should consult on what additional powers and responsibilities could accelerate local public health action on health inequalities. Planning, transport, licensing, and other areas offer potential for more action in support of public health. The consultation should include consideration of the inclusion of public health as a licensing objective for local authorities.
- Prevention Plans at ICS level should provide a framework for marrying national objectives with local circumstances, developed in partnership with local authorities. Such plans should be mandated with clear criteria for how local stakeholders will be included in their development. Such collaborative plans would also be a vehicle for local accountability.
- A potential strength of the new public health system is its data analytical capabilities. There should be greater transparency of the intent of increased data analysis capacity, however, as well as links between NHS, UKHSA, OHP, local authority and other data at all levels. Data, knowledge and intelligence should be fully accessible across the system, by local and regional partners and the devolved nations. This would ensure that resources are effectively deployed, and that work is not being duplicated. The pandemic has shown how important it is for data to be available across the system, for instance when looking at inequalities in mortality rates or vaccine uptake.

Strengthening the public health agenda

- The UK Public Health Network agrees with the goals and priorities set out in this section. Insufficient public health funding remains a key challenge to effectively tackling health inequalities. The importance of having a strong public health system has been recognised globally since the Covid-19 pandemic began.

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- The Singapore Health Promotion Board has been cited by Government as an example of success for the Office for Health Promotion to model itself on, but the per head investment is more than double that in England.
- The failure to invest in prevention has widened inequalities, causing the most vulnerable in our societies to suffer the most from the health and social costs of this pandemic. Unless action is taken, these inequalities will only widen even further.
- There is mounting evidence that preventative investments are cost-effective, generating a better outcome than the next best use of resource. A study published by the BMJ shows that a median return on investment of public health interventions is 14:1. Cuts to public health services are short sighted and represent a false economy. <https://jech.bmj.com/content/71/8/827>
- Spend per capita at local level is a quarter per capita lower than it was at its high point in 2015/16. If there is no new money, then better alignment of the existing money in the system is essential. A second, less preferable, option of strengthening the public health agenda is to dedicate a percentage of NHS spending to investment in local public health. This aligns with the commitments set out in the NHS Long Term Plan to improve prevention. The NHS should also define what their spend is on public health and inequalities and commit to increasing this over time.
- Workforce capacity must be built to sustain an effective and responsive public health system. Investment is needed across all parts of the public health workforce, including increasing the number of public health specialists in training and public health analysts. Without a skilled, motivated, and well-supported workforce, no health system can achieve its goals. There should be sufficient health protection professionals to ensure expertise in every local authority, as well as regionally and nationally.
- System-wide workforce development must support action across government on prevention and health inequalities. It should include a broader vision of the public health workforce not limited to traditional public health roles with public health in their name but include all roles across government and the NHS that have the potential to improve the public's health.
- The separation of health protection from the other functions of public health in the new public health system is a major concern. Allowing public health experts to lead the system will ensure there is an integrated public health response to health inequalities. Creating a joined-up system is crucial to success and is key to strengthening the public health agenda overall.

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- Government public health agencies cannot work in isolation. It is important they build and maintain partnerships with other public, private, and non-profit sectors and work closely with communities and community-based organisations.
- One priority for action in the document is 'leading by example'; the Network agrees that central government has a responsibility to set an agenda which prioritises the population's health and health inequalities, and should utilise the NHS and social care and other public sector institutions to lead by example. The independence of scientific advice to Government must be safeguarded to strengthen the public health agenda.
- The governance arrangements of the new Office for Health Promotion should ensure that: the independence of the teams working in the Office for Health Promotion is safeguarded; the CMO is able to operate independently of political pressure as much as possible; and this independence is safeguarded as the Office for Health Promotion grows. PHE carried out successful national level reviews of public health harms and cost-effective interventions at national level, and we would like to see these mechanisms for independent public health reviews kept in place.

Mechanisms for securing and sustaining cross-Government action

- A new Prevention Strategy, building on the 2019 Green Paper, with shared accountabilities across departments should be developed to make a reality of cross-government commitments to tackle health inequalities. The Public Health Outcomes Framework is a useful starting point, and the Health Index under development could be useful but only if reducing inequalities is fully embedded within it. This new Strategy would help to ensure the public health system coheres around a shared purpose and action is focused on increasing healthy life expectancy while reducing health inequalities.
- A shared set of metrics for the whole of Government are needed to facilitate a joined-up approach to addressing the health gap. These should also flow across the whole system from national through regional to local level including the NHS as well as local government.
- Processes need to be put in place to ensure that the new ministerial board on prevention can drive and co-ordinate cross-government action on prevention and improve accountability on tackling health inequalities. We would recommend that this board is chaired by the Prime Minister to ensure representation on this Group from across Government.

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- An advisory system group (similar to the Public Health System Group) as well as an advisory workforce group (a standing group, for example) should be considered as vehicles for effective partnership working between government and system partners.
- The reforms underway in the public health system is an opportunity for new expert independent advisory committees to be developed in areas which have not had these before, including health inequalities.
- 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. This would ensure cross-government action is sustained as the public health voice is represented across departments.

This submission does not necessarily reflect the position of all member and observer organisations of the UK Public Health Network as its membership includes statutory agencies. This submission is supported by members who are third sector public health organisations.

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