



Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

FPH response to *Liberating the NHS: Report of the arm's-length bodies review*

The UK Faculty of Public Health (FPH) is the standard setting body and the leading professional body for public health specialists in the UK. It aims to advance the health of the population through three key areas of work: health improvement, health protection and health care. In addition to maintaining professional and educational standards for specialists in public health, FPH advocates on key public health issues and provides practical information and guidance for public health professionals. We welcome the opportunity to respond to the NHS White Paper and contribute to the government's plans for the development of a Public Health Service.

We also welcome the opportunity to comment on the Department of Health's review of the various health and social care arm's-length bodies, and wish to comment in particular on those having direct relevance to the structure and work of public health. We welcome the focus on increased efficiency and avoidance of duplication, but caution that functions should not be lost or compromised during or after transition.

The Public Health Service

We welcome the creation of the Public Health Service. As outlined in our overarching response to the White Paper as a whole, this needs to house a service and workforce that has sufficient independence, resources (both in numbers and skills mix) and stability. For ease of reference, we repeat these three principles below:

Independence

Independence is the first of these principles. Like any clinical advice, the advice given by public health specialists needs to be credible, authoritative and responsive to the needs of the patient. Public health specialists are health professionals whose 'patient' is the population they serve. This means that they have a professional duty to the health of that population, and ethical, and in many cases contractual, obligations which bind them to that duty. This translates into duties to make professional opinions publicly known, to advocate for necessary changes, to be an authoritative source of advice and to take and support appropriate action to improve the population's health. This may place them, individually or collectively, in a position where their professional opinion and advice is at odds with the views of local and national elected officials. Public health specialists and directors of public health need to operate within a contractual framework that protects this professional freedom but also balances this with accountability and responsibility in relation to delivery of specific delegated tasks. The relationship between the Public Health Service (and in particular the Directors of Public Health) and the Department of Health must be framed in such a way as to achieve this balance. We would welcome the opportunity to help define how this independence may be maintained.

Resources

The second principle is that the Public Health Service needs to be adequately resourced. This requires not only adequate finances but also the right number and type of staff. We welcome the ring-fencing of the public health budget, as long as it is clearly defined, and that excluded activities that have a bearing on public health will continue to be funded from other budgets. Public health at local level achieves the best outcomes when strong local teams of properly trained and regulated specialists with remits across health protection, health improvement and health care commissioning and provision are brought together under an effective Director of Public Health, with access to high quality local and national data and the best available scientific evidence base. The Public Health Service will also need sufficient flexibility to deploy staff to best effect, moving quickly to address situations of acute or pressing need.

Given the limited size of the public health specialist workforce, this flexibility in response would necessitate that the public health specialist workforce remains a single entity. A Public Health Service that has a contractual relationship with all public health specialists would do much to facilitate this.

Stability

This relationship will help to ensure that the Public Health Service is served by a stable and motivated workforce. Previous reorganisations have resulted in 10-15 per cent of the specialist workforce leaving, and our survey indicates a similar risk this time (17 percent have said they would either retire or move out of public health practice, or consider doing so, as a result of the proposals outlined in the White Paper). This risk is heightened by the current financial climate. All public sector organisations, including the NHS, are being asked to reduce their costs significantly and there is a substantial risk that the resources available to public health will have been eroded substantially before the proposed new arrangements are in place.

The creation of the Public Health Service presents an opportunity to provide a highly visible and secure home for the entire public health specialist workforce, one which would also facilitate the training of future specialists. However, it will only be perceived as doing so where it contains public health specialists working across the full range of public health practice, including those involved in commissioning and planning of services. Concerns over the fragmentation of the public health specialist workforce arise from the uncertainty over the remit of the proposed public health service and current indications that it might limit its scope to health protection and some elements of the health improvement agenda.

The Health Protection Agency

Whether health protection is offered by an agency or team internal or external to the Department of Health, what is important is that it offers sufficient and efficient coverage to protect the population's health, both on a local and national scale. Our membership broadly supported, when surveyed, the Public Health Service taking on responsibility for "communicable disease control and environmental hazards", with 68 per cent agreeing that this was the most appropriate home for such functions. However, we would caution that if the structure of health protection is to be altered, what is vital is that robust and flexible interim arrangements are in place as soon as

possible, to ensure that there is a stable transition period, ensuring that the public's health is adequately protected should there be an emergency or pandemic during this period.

National Institute for Health and Clinical Excellence (NICE)

FPH welcomes the retention of NICE's extremely important role, not least its public health functions. We welcome the expansion of NICE's remit, and the continuation of their measured, evidence-based guidance.

Alcohol Education and Research Council (AERC)

While we understand the Department's reasoning that the AERC should not qualify as an arm's length body, we would encourage the Department to maintain close links with this important organisation, and provide support where appropriate. As is observed elsewhere in the consultation, *"information is the key to better care, better outcomes and reduced costs"*. The research undertaken by the AERC is vital in this regard, towards identifying evidence-based interventions for the reduction of harm from alcohol misuse.

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