

**From the President**  
**Professor Sir Robert Lechler**  
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28 October 2020

The Rt Hon Matt Hancock MP  
Secretary of State for Health and Social Care  
Department of Health and Social Care

Dear Minister,

### **Future arrangements for prevention, health improvement and health protection**

In the light of the announcements regarding the future of Public Health England, we write to ask you to ensure that prevention and health improvement remain top of the health agenda in the UK, that these remain connected with health protection, and that all are underpinned by excellent scientific research.

Non-communicable diseases (NCDs) – such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes – cause an estimated 89% of deaths in the UK.<sup>1</sup> NCDs are, to a large extent, preventable, and the associated health, social and economic costs are largely avoidable. The current COVID-19 pandemic clearly demonstrates the interrelationship between health inequalities, health protection and health improvement: people with NCDs are not only more vulnerable to severe COVID-19 and death, COVID-19 and NCDs also share a common set of underlying risk factors, including deprivation, obesity, older age, and ethnicity.<sup>2</sup> Now more than ever there must be a focus on prevention, health improvement and health protection to restore not only the health of the population, but also the health of the economy.<sup>3,4</sup> We are entering a period of unprecedented opportunity in improving the population's health through stratifying risk in healthy populations using 'omic technologies. These will allow better targeted prevention strategies and, when combined with new digital technologies, enable the reward of healthy behaviours to improve health outcomes.

The Academy of Medical Sciences is the UK's National Academy working to advance biomedical and health research and its translation into benefits for society. Our recent report on 'Improving the health of the public by 2040' is highly relevant,<sup>5</sup> and our Fellowship includes world-leading public health experts. Informed by this expertise, we ask you to consider the following key principles when developing future arrangements for prevention, health improvement and health protection, including the reorganisation of Public Health England's relevant functions.

Prevention, health improvement and health protection initiatives must be:

- **Informed by the most rigorous and up to date scientific research.** The body taking forward prevention and health improvement functions must be in a position to lead cutting edge research

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in collaboration with academic and other partners – as must the National Institute for Health Protection. Joint appointments with academia, as well as joint appointments between academia and local authorities, would ensure that both high-quality research informs evidence-based practice and that the evidence needs of public health practitioners across England inform the research agenda. Research is regarded as underpinning successful approaches to public health in other countries, such as the Public Health Academic Collaborative Centres in the Netherlands and the Robert Koch Institute in Germany.<sup>6,7</sup> Strong links with international organisations will be vital in building a world-class public health system, as clearly demonstrated for global health security in the context of COVID-19.

- **Fully integrated with services in local authorities and linked into academia and NHS structures**, such as integrated care systems, at a national, regional and local level. This will be vital to ensure that initiatives are coordinated across stakeholders and geographies, and that evidence gathered locally and regionally can inform national strategies.
- **Attractive to world-leading public health experts**, while **retaining the wealth of expertise currently within Public Health England**. To succeed, the National Institute for Health Protection and the future body responsible for prevention and health improvement will need a strong, resilient, sustainable workforce that embraces the breadth of public health disciplines contributing to the health of the public, and new methods and technologies in service delivery, data science and analytics. This will require strengthening public health career pathways and training in the wide range of methods of evidence gathering, interpretation and evaluation. The National Institute for Health Protection and the new prevention and health improvement body will need to engage with the relevant organisations to inform this evolution of training.
- In addition, **prevention and health improvement must be aligned with health protection** initiatives taken forward by the National Institute for Health Protection. Prevention, health improvement and health protection are closely intertwined, with overlap at both an operational (e.g. Directors of Public Health, local authorities) and scientific level, as described above. Given that we understand the decision has been made to organisationally separate health protection from prevention and health improvement, it is imperative that these functions remain closely connected.

With these principles in mind, the Academy supports the establishment of a new national body with responsibility for prevention and health improvement. This body should be sufficiently **independent** to provide the Chief Medical Officer with independent, evidence-based, authoritative scientific advice and insight. Models such as arm's length bodies should be considered.

Building on the recommendations of our 'Improving the Health of the Public by 2040' report,<sup>8</sup> we call for this new prevention and health improvement body to adopt a hub and spoke model, with a clear central function integrated with local structures and regional hubs of engagement involving universities and other research institutions. The central function will have a critical role in coordinating prevention and health improvement initiatives in England, as well as working across government to ensure health improvement is considered in policy development. The regional hubs of engagement will play a pivotal role in linking local initiatives and addressing regional health

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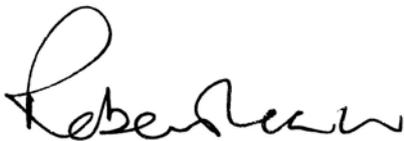
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inequalities. They will catalyse more structured, long-term and effective connections between practitioners and researchers to ensure that health and social care is based on the best available evidence. The new body should engage across the devolved administrations to share best practice and consider joint initiatives. The model that we advocate will only deliver an effective prevention and health improvement network if it has strong, connected leadership at national, regional and local levels.

Meeting the ambition for a world-class public health research system, as set out in the government's Green Paper 'Advancing our health: prevention in the 2020s',<sup>9</sup> will require sufficient and sustainable resources. There has been a welcome shift in the funding landscape for prevention and public health research, with novel schemes set up by the National Institute for Health Research and the UK Prevention Research Partnership, as well as strategic thinking within the Medical Research Council. Such investments should form part of a funding strategy for a world-class research base for prevention and health improvement that is fit for purpose. This must support a thriving research environment through the ability of public health practitioners and researchers to bid into competitive funding rounds and by including some core funding for data, intelligence and evaluation functions at a local and regional level. The UK Strategic Coordinating Body for Health of the Public Research (SCHOPR), established following a recommendation in our report, should be able to continue to ensure effective use of public money by coordinating research activity and funding, and thereby inform strategies for prevention, health improvement and health protection.<sup>10</sup> The joint appointments with academia mentioned above will play a crucial role in this leading public health research system through their ability to undertake high-quality research as well as inform the research agenda based on the community's evidence needs.

Reviewing the organisation of public health structures in the UK presents a unique opportunity to build an even stronger system with evidence-based practice at its core, which capitalises on national, regional and local expertise. In the wake of the COVID-19 pandemic, it is imperative that we get this right. The Academy would be delighted to further help shape future arrangements for prevention, health improvement and health protection, and would be pleased to convene its experts or engage with the Population Health Improvement Stakeholder Advisory Group as is most useful.

Yours sincerely,



Copy: Mrs Jo Churchill MP, Parliamentary Under Secretary of State (Minister for Prevention, Public Health and Primary Care)  
Baroness Dido Harding, Interim Executive Chair, National Institute for Health Protection  
Sir Patrick Vallance FRS FMedSci, Government Chief Scientific Adviser

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Professor Chris Whitty CB FMedSci, Chief Medical Officer for England  
Mr Jonathan Marron, Chair, Population Health Improvement Stakeholder Advisory Group

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<sup>1</sup> World Health Organization (2014). *Non-communicable Diseases (NCD) Country Profiles*.

[http://www.who.int/nmh/countries/gbr\\_en.pdf](http://www.who.int/nmh/countries/gbr_en.pdf)

<sup>2</sup> Sheldon TA & Wright J (2020). *Twin epidemics of covid-19 and non-communicable disease*. **BMJ** 369, m2618.

<https://doi.org/10.1136/bmj.m2618>

<sup>3</sup> European Observatory on Health Systems and Policies Series (2012). *Health Systems, Health, Wealth and Societal Well-being Assessing the case for investing in health systems*.

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<sup>4</sup> McKee M & Stuckler D (2020). *If the world fails to protect the economy, COVID-19 will damage health not just now but also in the future*. *Nat Med* **26**, 640–642. <https://doi.org/10.1038/s41591-020-0863-y>

<sup>5</sup> Academy of Medical Sciences (2016). *Improving the health of the public by 2040*. [https://acmedsci.ac.uk/file-](https://acmedsci.ac.uk/file-download/41399-5807581429f81.pdf)

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<sup>6</sup> ZonMw (n.d.). *Academic Collaborative Centres Public Health*. [https://www.zonmw.nl/en/research-and-](https://www.zonmw.nl/en/research-and-results/prevention/programmas/programme-detail/academic-collaborative-centres-public-health/)

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<sup>7</sup> The Robert Koch Institute (n.d.). *The Institute*.

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<sup>8</sup> Academy of Medical Sciences (2016). *Improving the health of the public by 2040*. [https://acmedsci.ac.uk/file-](https://acmedsci.ac.uk/file-download/41399-5807581429f81.pdf)

[download/41399-5807581429f81.pdf](https://acmedsci.ac.uk/file-download/41399-5807581429f81.pdf)

<sup>9</sup> Cabinet Office and Department for Health and Social Care (2019). *Advancing our health: prevention in the 2020s*.

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<sup>10</sup> Academy of Medical Sciences (2016). *Improving the health of the public by 2040*. [https://acmedsci.ac.uk/file-](https://acmedsci.ac.uk/file-download/41399-5807581429f81.pdf)

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