

Department of Health: Healthy Lives, Healthy People: Our Strategy for Public Health in England.**Response by the Wellcome Trust**

March 2011

Introduction

1. The proposed reforms to the public health system in England provide a unique opportunity to establish a long-term vision for the provision of public health in England. The realisation of such a vision needs to be reflected in any structural reform of public health services. Given the Trust's remit, our comments focus primarily on research and the use of evidence in informing public health policy and practice and we are pleased to have the opportunity to respond to this consultation.
2. The time is ripe for the government to articulate a new vision for public health in the 21st century. Such a vision will need to be underpinned by an organisational structure that is able to respond to an increasing burden of non-communicable diseases, an ageing population, and the rising threat of the spread of global infectious disease. A public health vision and service for England must be able to:
 - provide independent advice to Ministers;
 - commission, undertake and adopt the results of high quality research;
 - make effective use of data from surveillance and research;
 - take a nationally co-ordinated view, with clear lines of accountability;
 - provide a seamless approach across prevention and treatment of ill-health;
 - draw on suitably trained professionals; and
 - have the capacity to utilise a range of technologies.
3. It is essential that form follows function in the design of a system, rather than the other way around. We are concerned that the proposed structural changes have been drawn up without sufficient attention to the functions they are designed to deliver. This could inadvertently harm the ability of the public health system to undertake its core functions.
4. The Wellcome Trust, the Medical Research Council and the Economic and Social Research Council held a joint workshop on 1 March 2011 that brought together public health practitioners and researchers. The aims of the workshop were to discuss the implications of the White Paper and to discuss how evidence can be effectively translated into policy and practice in the new system. The discussions at the workshop have informed our response and a report of the workshop will be published shortly.
5. The main messages of our response are as follows:
 - the proposed loss of independence of key functions currently undertaken by the Health Protection Agency will seriously compromise the provision and use of evidence for policy and practice;
 - if Public Health England is embedded within the Department of Health, it will undermine the ability of the new organisation to undertake research and attract research funding from other organisations. To overcome these difficulties, we suggest that the functions of HPA are retained at arm's-length from the Department of Health;

- research plays a vital role in informing the evidence base for public health interventions. It is essential that research, evaluation and the use of evidence are embedded in the public health system;
- the fragmentation of public health services across local authorities may make it more difficult to deliver evidence-based services and to provide a coordinated national approach to public health;
- we support the proposal that Public Health England will act as a central repository for public health data in England. In order to maximise the use of this resource it will be important that this is supported by appropriate mechanisms to facilitate access to these data for research.

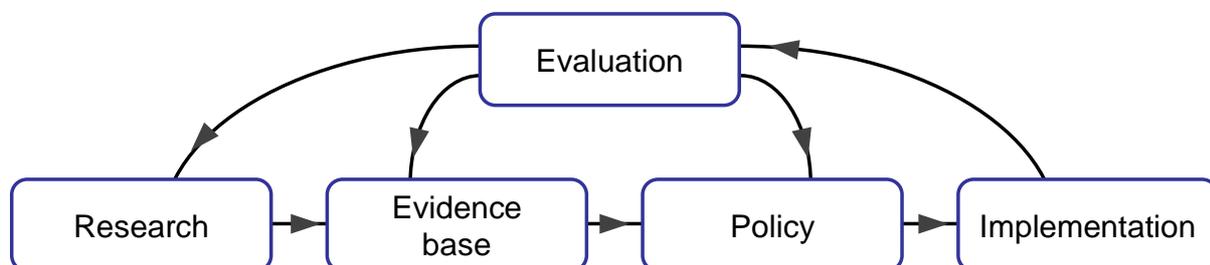
Providing independent advice to Ministers

6. An essential requirement of the public health system is that it can provide the Government with independent advice on health protection issues, including appropriate emergency responses. This function is currently provided by the Health Protection Agency (HPA) and under the current proposals, the functions of the HPA will be brought into Public Health England (PHE) within the Department of Health. We consider that bringing the main source of health protection advice within the Department will undermine the ability of the system to provide independent advice - either perceived or actual - on what, at times, will include contentious issues.
7. To overcome this concern, we suggest that the functions of HPA are retained at arm's-length from the Department of Health, for example as a Special Health Authority or Executive Agency.

Supporting research and evidence in public health

8. A flow of information between the different stakeholders in public health is essential to inform policy and practice. This is shown in schematic form in figure 1. In the past, the public health system has not fully capitalised on the benefits of research and in order to rectify this situation in the future, organisational structures that support research and the use of evidence should be considered at the outset of any reforms. It is important that the reforms take the opportunity to ensure that research is fully embedded within the system to enable evidence to be translated into improved public health outcomes.
9. A wide range of research can inform public health policy, including epidemiological research; trials and natural experiments; health services research; social science research; bioethics research; historical research; and environmental health research. It will be a particular challenge to ensure that the research framework for public health appropriately addresses the full range of potential studies and that mechanisms are put in place to facilitate the uptake of these different kinds of research.

Fig. 1: The relationships between research and evidence in public health



10. We fully support the view stated in the White Paper on the importance of taking an evidence-based approach to interventions. This sentiment must be supported by mechanisms to promote public health research and the uptake of research findings, which are essential to inform and implement the evidence base. It is not clear that public health policy is currently being developed through an evidence-based approach, for example the emphasis on 'nudging' rather than regulatory approaches does not appear to have a firm base in evidence.
11. Currently, the HPA employs a large number of researchers and one of the measures of success for the HPA is that a large proportion of its research programme attracts funding from external sources, including the research councils, the National Institute for Health Research (NIHR) and the Wellcome Trust. The Wellcome Trust and the HPA have had a number of productive research collaborations, including a study on applying new technologies to the investigation of microbial transmission¹ and work on influenza, such as the mechanisms of severe acute influenza consortium (MOSAIC).² Under the proposals set out in the White Paper, the research functions of the HPA would be brought within the Department of Health. We are concerned that this approach is likely to severely limit the sources of research funding for the proposed Public Health England because of funders' eligibility criteria. Retaining the research functions of the HPA at arm's-length from the Department of Health, as discussed in paragraph 7, would alleviate this concern.
12. The Trust welcomes the proposals to develop public health research including an NIHR School for Public Health Research and a new Policy Research Unit on Behaviour and Health. While these developments will help to strengthen public health research in England, we are concerned that steps such as these will not be sufficient to embed research within the new system. In order to achieve this, further coordination between public health practitioners and researchers will be required and can be supported through a range of mechanisms including the use of incentives and improved education and training. A public health research network, based on the clinical research network model, would be one mechanism to coordinate research across and provide an interface with public health practitioners and other relevant networks, such as the Primary Care Research Network.

Making effective use of public health data

13. Data from surveillance and research is a key resource to inform the effective provision of public health services and interventions. We welcome the role for PHE in providing a single repository for data on the population's health, which will be used to inform commissioning decisions. We support the emphasis placed on the need for developing a specialist workforce for data analysis and a single, accessible and authoritative web-based evidence system, in order to maximise the benefits of the resource. The proposals lack some clarity on how the handling of data and evidence will work in practice and it will be important that local authorities are given sufficient support to utilise these data effectively.
14. The data held within PHE will provide a rich resource for public health research. In order to capitalise on this, mechanisms must be in place to facilitate access to these data for research, while maintaining appropriate safeguards for individuals' data. Further information on our views on the use of health data in research is included in our response to 'An Information Revolution'.³
15. The outcomes framework should be underpinned by the best available evidence on the significant indicators of population health and will need to evolve over time as the evidence base is developed.

¹ <http://www.ndm.ox.ac.uk/principal-investigators/researcher/derrick-crook>

² http://www3.imperial.ac.uk/newsandeventspggrp/imperialcollege/newssummary/news_12-11-2009-11-26-59?newsid=77242

³ http://www.wellcome.ac.uk/stellent/groups/corporatesite/@policy_communications/documents/web_docume nt/wtvm049559.pdf

Taking a nationally coordinated view

16. While some public health issues and solutions may be specific to a local area, it is important that there is national oversight and coordination to ensure quality and consistency across the public health system. We are concerned that proposals for the commissioning of public health services across local authorities may make it difficult to deliver evidence-based services. The communication and subsequent uptake of research outputs are likely to become more difficult as commissioning areas become more fragmented. Furthermore, local authorities do not have experience in managing public health services and are likely to have even more limited experience in commissioning research; assessing evidence; or the adoption of appropriate research findings. It is important that mechanisms are put in place to assist local authorities in their role in delivering evidence based interventions. This is particularly important given that Public Health Observatories, which currently function at the regional level and supply locally-relevant information, are to be brought within PHE, removing a regional tier that could otherwise support local authorities in their use of evidence.

Providing a seamless approach to prevention and treatment of ill-health

17. It is important that the responsibilities of different components of any health system, including health and public health services, are clear to ensure accountability. However, it is also important to take a joined-up view to ensure that these functions are coordinated. Public health practice spans three domains: health promotion and improvement; health protection; and improvement of health services.⁴ It is therefore important to take a holistic view of public health to ensure that essential functions are not neglected. We appreciate that major reforms to the National Health Service are currently being debated in the Health and Social Care Bill, but it is important that the role for public health in improving health services is fully considered alongside any reforms to the system. Health services research must also be embedded in the system, along with other types of research.

18. The health reforms attempt to draw a distinction between prevention and treatment, dividing these between the NHS and PHE. However, such a distinction is not always clear and attempting to divide these functions between the NHS and PHE may be difficult. For example, the remit of the HPA currently covers both prevention and treatment and therefore there is potential for overlap between the role of PHE and the NHS in these areas, or for some functions to fall between a gap in services.

A modern public health service

19. It is essential that the public health system is flexible and responsive to ensure that the system is fit for purpose and can adapt to the opportunities provided by emerging technologies, such as genomics and integrated information systems. New technologies have the potential to drive efficiencies and offer great promise to improve public health, for example the application of genomics in tracing and monitoring healthcare acquired infections in hospitals.⁵ The system will need to support the uptake of new technologies through dialogue with research and development communities and the capacity to identify potential opportunities.

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⁴ http://www.fph.org.uk/what_is_public_health

⁵ <http://www.wellcome.ac.uk/News/2010/News/WTX058278.htm>