

***Healthy Lives, Healthy People* – MSC response to the White Paper**

The Medical Schools Council is the authoritative voice of the UK's 31 undergraduate Medical Schools. Council welcomes the proposal in *Healthy Lives, Healthy People* for the NIHR School for Public Health Research and the NIHR Policy Research Unit on Behaviour and Health. It is essential that the UK preserves its leading, cutting edge international role in epidemiology and public health research and this accords well with other NIHR initiatives. We welcome the proposed roles for the Chief Medical Officer who we believe should also have a seat on the NHS Commissioning Board.

We are however concerned by the lack of an evidence base to the proposals and the lack of vision for how the system might work in practice. The scale and speed of the proposed changes are of deep concern. The consultation seems not to recognise the interdependence of health protection, health promotion and service delivery. Public Health outcomes and the impact of interventions must be assessed and monitored in just the same way as fiscal issues. Evaluation and regional coordination are imperative. NICE Guidelines need to be adopted rather than attempting to guess at what might work best locally. With fragmentation both between Public Health England and Local Authorities, and between the health service and Local Authorities, there is a serious danger that skills and expertise will be lost and that governance issues will arise which could prevent the effective commissioning of, for example, sexual health services or community nurses. It will be vital to retain an interface with the NHS around Terms and Conditions and pensions if one is to encourage doctors into Public Health. A critical mass is required for surveillance, monitoring and evaluation and the proposed atomisation of Public Health skills will result in needless duplication and will reduce the ability to disseminate and learn from good practice. The loss of data is as worrying as the loss of expertise as it may no longer be possible to measure trends. Information collection and information flows must be maintained in order to inform policy. Population health data are required from cradle to grave with intelligent input and interpretation at all points.

Available evidence shows that in the public health arena it is policy measures such as legislation and taxation that have produced the greatest change – clean water, improved housing, bans on smoking, compulsory seat belt usage, smokeless fuels etc. 'Nudging' individuals as suggested in the White Paper is unlikely to produce the required scale of change and may result in further widening of social inequalities in health related behaviours and related disease outcomes. It has been shown that the cost to the NHS around smoking related diseases is some £2.7 bn annually. Obesity costs £4.2 bn, hip fractures £1.4 bn, alcohol misuse £2.7 bn. This £11 billion dwarfs the ring fenced £5billion budget proposed for Public Health England – welcome though this is, and assuming that existing services, such as sexual health or school nurses would not have to come from this budget..

Public Health England must be independent from the Department of Health, perhaps as a NHS Special Health Authority or an executive agency. We are puzzled as to how it might run in shadow form from 1 April 2011 given that this consultation closes on 31 March. The pace of change is too fast. However, when PH England is created it needs to employ staff on NHS Terms and Conditions and must be adequately resourced to provide effective, expert advice to local teams. Directors of Public Health in Local Authorities must be senior and independent. It is of concern that a research culture and evidence based decision making is not a Local Authority

strength. Public Health professionals must be educated to a common standard, set by the Faculty of Public Health. Clinicians must be regulated by the GMC and non-clinicians by the HPC with consistent standards and tighter fitness to practise processes. More consideration is also required to ensure that education and training in Public Health is promoted throughout all clinical undergraduate and postgraduate courses, in turn raising concerns about the maintenance of strength in both teaching and research in the discipline. A strong academic base linked to HEIs is required to foster these elements. It is encouraging that Medical Schools are starting to develop Masters programmes in Public Health for intercalating medical students.

MSC believes that a dramatic and proactive change is required. Government needs to influence the production and sale of food, drinks and tobacco to change patterns of consumption in the community in the interests of public health. Education is essential but it is not an issue that can be left totally to personal choice. The latter receives too great an emphasis in the White Paper: effective regulation and selective taxation are also needed.

Evidence based interventions should be adopted such as have been well documented by NICE, for example:

NICE public health guidance:

- 8 Promoting and creating built or natural environments that encourage and support physical activity
- 13 Intervention guidance on workplace health promotion with reference to physical activity
- 17 Promoting physical activity, active play and sport for pre-school and school-age children and young people in family, pre-school, school and community settings
- 25 Prevention of cardiovascular disease at the population level

The preventive measures are straightforward and should include proactive interventions on

- smoking (plain packs, no displays, increased tax)
- exercise (eg. free folding bicycles for schoolchildren with safer cycle lanes),
- fluoridation of public tap water supplies
- significantly increased tax on alcohol
- diet, for example:
 - (i) food outlets to show the calorie contents of meals, and the salt, sugar and saturated fat content;
 - (ii) An excise tax on salt, sugar, saturated fat and alcohol in ready to consume foods – the rate determined by a Public Health Authority (like the Bank of England regulates the interest rate);
 - (iii) ban trans fatty acids;
 - (iv) fortification of flour with folic acid

From a Medical School perspective, tomorrow's doctors need to understand the relative contribution of medicine and other interventions to human health. They need to consider populations as well as the individual in front of them as stated in *Aspiring to Excellence*. It is suggested that the MSC could usefully work with the GMC to revamp the public health curriculum and align it with global health issues.

Improvement science is helping to deliver effective interventions and it is vital that the different approaches are integrated and joined up. For example, in designing protocols for the treatment of stroke, initiatives to ensure healthy diets, blood pressure monitoring and control before a stroke occurs need as much weight as rapid thrombolysis and effective rehabilitation after the event.

Finally, if Public Health England is to embrace the Health Protection Agency – how will the Government obtain independent public health advice?