The future of public health

This article considers the strong public health response to the COVID-19 pandemic, while recognising that the system must be strengthened moving forwards. It provides an overview of the challenges facing public health today including widening social inequalities, increasingly squeezed health and social care budgets, changes to the public health landscape, and recovery from COVID-19.

Maggie Rae[1]

Jamie Carruthers[2]

Author details can be found at the end of this article

Correspondence to:
Maggie Rae;
president@fph.org.uk

The spotlight shines on public health

Recent events have placed public health in the spotlight, arguably more than ever before. During the COVID-19 pandemic, public health officials deployed strong and intensive strategies to combat the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Alongside this, work continues in numerous areas, including tackling health inequalities, understanding and combatting the health impacts of climate change, and embedding public health into all areas of government policy. Now is the time to focus on public health.

Investing in public health

The business case for a robust public health system is very clear. In order to continue delivering high quality health promotion and disease prevention, public health must be properly resourced to respond to the ever-changing needs of the public.

Since 2015, the public health budget in England has been cut by 24% in real terms per capita (Finch et al, 2021), while the NHS's core budget has increased by 1% over the same period (The King's Fund, 2022). This is despite local authority-commissioned public health interventions delivering three to four times the value of NHS interventions in terms of additional years of good health per pound invested (Martin et al, 2020). Several government reports have noted the value of health prevention, including a 2019 publication which explored making the public more active participants in their own preventative healthcare over the following decade (Cabinet Office and Department of Health and Social Care, 2019).

Prevention is the best cure

Preventative medicine is well understood and acknowledged across medical specialities as a bedrock of healthcare. Public health clinicians are key players in planning and commissioning targeted preventative strategies at a local and national level. Prevention is embedded within the NHS Long Term Plan at a national level, targeting risk factors for morbidity that include smoking, alcohol consumption and obesity. At a local level, these programmes are tailored by directors of public health and their teams, and deployed alongside a wide range of other initiatives.

Many risk factors for poor health are on the rise as a result of the COVID-19 pandemic, increasing costs of living and other factors. These include child and adult obesity, poverty and sedentary behaviour, all of which lead to a reduction in quality of life, increased morbidity and, ultimately, mortality. For public health teams to deliver on these challenges, the government must reverse recent budget cuts and offer proper resourcing for the public health system.

Another preventative challenge is the impact of climate change. Forecasts by organisations, including the World Health Organization, show that climate change will impact the health of populations across the globe. In the UK, a large body of work has been initiated by the Faculty of Public Health and others to increase understanding of the health risks of climate change and to begin work to mitigate and prevent these risks. Health prevention efforts around climate change will undoubtedly continue to expand over the coming years.

How to cite this article:
Rae M, Carruthers J. The future of public health. Br J Hosp Med. 2022. https://doi.org/10.12968/hmed.2022.0228

Public health constantly evolves

Modern public health was greatly developed by the 1988 report by the Committee of the Inquiry into the future development of the public health function chaired by Sir Donald Acheson (Acheson, 1988). This report recommended the creation of directors of public health within local authorities and defined the term 'public health' which is still used today.

The structure and delivery of public health has changed significantly since the 1980s; its role is much expanded and integrated into the NHS, local authorities and government. However, to function effectively, the public health system requires an engaged public in addition to a strong infrastructure overseen by trained clinicians. This was proposed by Derek Wanless in his 2002 report on the long-term trends affecting the health service (Wanless, 2002). Not only was engagement of the public central to his recommendations, but he also forecast that the long-term cost of running the NHS would be significantly lower if such engagement was achieved. Public engagement is, and will continue to be, central to health and social care. Moving out of the COVID-19 pandemic, it is essential that momentum is maintained after the public were so actively engaged with public health during the pandemic.

A key priority for healthcare commissioning is transitioning from the current demand-led service to a needs-led one. The existing system is under unprecedented pressure, in part as a consequence of the COVID-19 pandemic, but also from trends in patient needs and allocation of funding. Much of the work by the NHS is done in response to the immediate demands of patients, but this reduces the system's ability to account for changing needs within the population. This leads to an overstretched service where resources are not optimally allocated based on the new status quo of patient needs.

Is change already afoot?

Over the past several decades, the public health system has proven its ability to adapt and evolve to match the needs facing it. No more sudden change in needs came than in 2020 with the advent of the COVID-19 pandemic. Overnight, public health clinicians began a major incident response and over the coming months worked to manage infection outbreaks, implement legally enforced isolation measures, advise government on rapidly changing evidence and implement a national vaccination programme.

Entering the sixth decade after the founding of the Faculty of Public Health, there is a clear priority for the health and care system to rebuild and refocus following the COVID-19 pandemic. Several key areas of health prevention and protection have been set back by the pandemic, with rising levels of poverty leading to a myriad of health concerns for disadvantaged communities. Public health teams need proper funding to tackle this rise in ill-health, rather than the budget cuts they have been presented with (Finch et al, 2021). Without this funding, disadvantaged communities will continue to face poor health and the inequalities exacerbated by the COVID-19 pandemic are likely to widen even further. This rise in ill-health will in turn lead to mounting costs borne by health and social care services into the future – it is vital to invest in prevention now.

Improving outcomes through integration of care

Integration of services is core to modern health and social care delivery in the UK. An integrated model has been adopted in various forms for several decades, with public health teams incorporated at various points within the evolving systems. Integrated care systems, a part of the NHS Long Term Plan, provide an opportunity for public health to further embed its work, ensuring that expertise is most effectively directed and used for health protection and disease prevention.

All healthcare specialities must engage with public health efforts. Universal collaboration on disease prevention and health protection is a key principle of an effective health system, and it is likely that levels of integration will increase moving forwards. The universality of this collaborative ideology means that other stakeholders, including allied health professionals and non-medical groups, must be fully involved in the process. Increasing integration is not an easy task, but remains crucial for effective delivery of care.

Key points

- NHS budget cuts disproportionately affect public health despite the value of health prevention measures.
- Key areas of health protection and disease prevention have been set back by the COVID-19 pandemic, but this must be reversed quickly.
- Healthcare commissioning must become needs-led to meet pressures on the system.
- Integration of care provides an opportunity to embed public health more firmly and increase effectiveness of preventative strategies.

Building back better

This article has discussed several challenges and opportunities facing the public health system over coming years. These opportunities cover a variety of areas, creating an additional challenge in strategising on how to address them. Leadership within the speciality, coordinated by the Faculty of Public Health, is at the centre of this, as it has been for the past 50 years. The Faculty and its members continue to represent UK public health on the national and international stage.

The principles of Acheson's (1988) report must be revisited to drive better health for all, reduce health inequalities and empower the public to participate in their own health. Government must re-focus and invest in public health to reverse years of cuts and reinforce stretched services to enable the transition towards needs-led care commissioning. The COVID-19 pandemic has shown the importance of public health but also presented mounting challenges; funding and prioritisation are needed to address these going forward.

There is an opportunity to rebuild the health and care system, so it is fit for the future. Many factors, including those discussed in this article, must be accounted for in this rebuilt system. Alongside the risks presented by climate change, sustainability must be considered throughout; not least because healthcare is responsible for up to 5% of greenhouse gas emissions globally (Watts et al, 2019).

Much work has been done to reform the structure and delivery of public health over recent years, and this is a testament to the skill of public health clinicians across the UK. However, it is important not to become complacent about progress made; there is far more to be achieved.

Author details

[1]Faculty of Public Health, London, UK

[2]Leicester Medical School, College of Life Sciences, University of Leicester, Leicester, UK

References

Acheson D. Public health in England. The report of the committee of inquiry into the future development of the public health function. London: The Stationery Office; 1988

Cabinet Office and Department of Health and Social Care. Advancing our health: prevention in the 2020s. London: The Stationery Office; 2019

Finch D, Marshall L, Bunbury S. Why greater investment in the public health grant should be a priority. London: The Health Foundation; 2021

Martin S, Lomas J, Claxton K. Is an ounce of prevention worth a pound of cure? a cross-sectional study of the impact of English public health grant on mortality and morbidity. BMJ Open. 2020;10(10):e036411. https://doi.org/10.1136/bmjopen-2019-036411

The King's Fund. The NHS budget and how it has changed. 2022. https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/nhs-budget (accessed 10 May 2022)

Wanless D. Securing our future health: taking a long-term view. Final report. London: HM Treasury; 2002

Watts N, Amann M, Arnell N et al. The 2019 report of the lancet countdown on health and climate change: ensuring that the health of a child born today is not defined by a changing climate. Lancet. 2019;394(10211):1836–1878. https://doi.org/10.1016/S0140-6736(19)32596-6