



Berkshire

davidoliver372@googlemail.com Follow

David on Twitter @mancunianmedic

Cite this as: *BMJ* 2021;373:n1004<http://dx.doi.org/10.1136/bmj.n1004>

Published: 21 April 2021

ACUTE PERSPECTIVE

David Oliver: Renaming government agencies won't improve population health

David Oliver *consultant in geriatrics and acute general medicine*

Just how committed is the government to improving the health of the population through prevention policy? Merely renaming government agencies is certainly no meaningful solution.

In August 2020 England's secretary of state for health, Matt Hancock, announced that Public Health England (PHE), an executive agency of the Department of Health and Social Care, was to be scrapped and replaced by a new organisation, the National Institute for Health Protection, to be fully operational by spring 2021.^{1,2}

On 24 March this year the government announced that the body would be launched as the newly renamed UK Health Security Agency.³ Under direct ministerial control, its main purpose would be to protect the country from future health threats and improve pandemic preparedness.

On 29 March the health department's website then announced the creation of a new Office for Health Promotion to "drive improvements of the nation's health."⁴ This will be a new office within the civil service department, accountable directly to ministers.

Only nine years after PHE's creation here we are again, with more redrawing of the organogram, rebranding of organisations, and reallocation of roles.⁵

Scrapping PHE in the middle of a pandemic response looks like blame shifting: from ministers to officials and government advisers. Renaming agencies and employing many of the same people won't intrinsically improve pandemic preparedness or health protection, any more than scrapping the Health Protection Agency did in 2012, to make way for PHE. We will still need better planning and preparedness, and more agile, proactive, and reactive responses to threats, whatever we call the agency responsible.

And what of the Office for Health Promotion? The choice of the term "health promotion," as opposed to, say, "health improvement" or "health inequalities," is telling. The World Health Organization's definition of health promotion focuses heavily on health literacy, choice, and behaviour of individuals. But WHO also discusses the need for health to be a central line of government policy across all agencies and for policies that prevent avoidable illness or injury.⁶ These include healthy cities and pricing and tax policy on food, drink, and tobacco. The examples highlighted on the UK government's website focus on individual lifestyle changes rather than the wider environment.

Hancock's 2018 *Prevention is Better than Cure* document was based on the same ideology, with a major focus on individual agency and not wider socioeconomic determinants of health or inequalities.^{7,8} The recent Sewell report on structural racism bypassed much established evidence on health and healthcare inequalities among ethnic minorities and pushed responsibility on to individuals and families.⁹⁻¹¹

I see no wider pledges from the government to restore serially cut public health grants, addiction services, or funding of local authorities, or to provide lasting solutions on social care. Nor am I convinced we will see any meaningful commitments on food or alcohol pricing policy and tax regimes in the face of pressure from lobbyists. And that's before I mention tackling wider socioeconomic determinants of health, including income, housing, employment, or systemic social disparities in access to healthcare, screening, or vaccination.

Something must be done to improve population health and tackle health inequalities. But I doubt that that "something" is this. Especially not from a government that, deep down, believes that responsibility for health lies primarily with individuals and not with government agencies, public policy, public spending, or tougher regulation of industry.

Competing interests: See bmj.com/about-bmj/freelance-contributors.

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Department of Health and Social Care. Government creates new National Institute for Health Protection. 18 Aug 2020. <https://www.gov.uk/government/news/government-creates-new-national-institute-for-health-protection>.
- 2 House of Commons Library. Establishing the National Institute for Health Protection. 17 Feb 2021. <https://commonslibrary.parliament.uk/establishing-the-national-institute-for-health-protection>.
- 3 Department of Health and Social Care. New UK Health Security Agency to lead response to future health threats. 24 Mar 2021. <https://www.gov.uk/government/news/new-uk-health-security-agency-to-lead-response-to-future-health-threats>.
- 4 Department of Health and Social Care. New Office for Health Promotion to drive improvement of nation's health. 29 Mar 2021. <https://www.gov.uk/government/news/new-office-for-health-promotion-to-drive-improvement-of-nations-health>.
- 5 Buck D. Public health reform: a whole-government priority? King's Fund. 1 Apr 2021. <https://www.kingsfund.org.uk/blog/2021/04/public-health-reform-whole-government-priority>.
- 6 World Health Organization. Health promotion. https://www.who.int/health-topics/health-promotion#tab=tab_1.
- 7 Oliver D. David Oliver: Is Matt Hancock really prioritising prevention over cure? *BMJ* 2018;363:k4712. doi: 10.1136/bmj.k4712 pmid: 30425055
- 8 Department of Health and Social Care. Prevention is better than cure—Matt Hancock's speech to IANPHI. 5 Nov 2018. <https://www.gov.uk/government/speeches/prevention-is-better-than-cure-matt-hancocks-speech-to-ianphi>.

- 9 Bamrah JS, Chakravorty I, Singhal P, Grover J, Menon G, Mehta R. The Sewell report risks turning the clock back on the fight against racism in the UK. *BMJ Opinion*. 12 Apr 2021. <https://blogs.bmj.com/bmj/2021/04/12/the-sewell-report-risks-turning-the-clock-back-on-the-fight-against-racism-in-the-uk/>.
- 10 Razai MS, Majeed A, Esmail A. Structural racism is a fundamental cause and driver of ethnic disparities in health. *BMJ Opinion*. 31 Mar 2021. <https://blogs.bmj.com/bmj/2021/03/31/structural-racism-is-a-fundamental-cause-and-driver-of-ethnic-disparities-in-health>.
- 11 Iacobucci G. Healthcare leaders reject "damaging" denial that institutional racism exists. *BMJ* 2021;373:n911. doi: 10.1136/bmj.n911 pmid: 33827784