An Advisory Committee on Public Health: covering topics NIHP doesn't

The Health Service Journal reports a body will be set up to cover the parts of Public Health England (PHE) that don't go to the National Institute for Health Protection (NIHP). Replicating the long-planned approach to screening that was designed after previous PHE missteps, what follows is a structure that would provide a better forum to cover those areas.

A new Advisory Committee on Public Health should examine any issue of concern to public health *that it feels is not sufficiently being addressed elsewhere.*

Whatever the new National Institute for Health Protection does, and however it chooses to spend resources, the Advisory Committee can take a view on public health in its entirety, and cover anything that is missing.

For example, it may be that NIHP does not see synthetic biology as a near-term risk compared with other threats; the Advisory Committee would be a mechanism by which areas of rapid evolution (but not necessarily imminent threat) could be monitored outside of the institutional hierarchy that then has to work out how to respond to them. Delivery would remain the obligation of the relevant bodies.

The terms of reference for the new Advisory Committee should be modelled on those of the Advisory Council on the Misuse of Drugs, and operate through standing subcommittees across themes (e.g. alcohol, tobacco, mental health, sexual health, drugs, etc.), as well as sub-national areas or priorities – and any other topic deemed relevant, on a SAGE-like model (e.g. SAGE social care). In practice, drugs will likely be handled by the same committee as the existing Advisory Council on Misuse of Drugs, which already has the statutory ability to report into DHSC.

NIHP will have to prioritise, and an Advisory Committee on Public Health can make its own assessments – which may differ around issues that may become the next 'black elephant', or where NIHP has multiple competing priorities. (For example, at-home STD testing is a postcode lottery which NIHP / NHST&T will not be a position to do anything about until NHS testing capacity is not completely devoted to pandemic response, despite the UK now having delivery capacities that PHE could never dream of...)

The Advisory Committee should also review the priorities of NIHP, and ensure that NIHP is delivering what is necessary – and where trade-offs have been or have to be made, to provide standing expertise to independently assess those choices and the reasons for them. It is unlikely, for example, that the public health priorities which underpin the highly successful 'Couch to 5K' app and services would sit well within NIHP, or the NHS, without having a strong external advocate for their continued (minimal) resourcing.

Public Health England oversaw a managed decline in public health; NIHP needs to avoid a repeat of this post-COVID.

Public health issues in Arden are different to those in Aylesbury, and there must be independent assessment of the wider effects of public health issues going unaddressed, because otherwise the NHS, NIHP, and other areas of government – including DWP (UC), social work, children's services and policing, not to mention A&E – will keep on having to pick up the pieces.

Any region wishing to replicate the Advisory Committee model could do so for their own localities, such as London, Greater Manchester, etc. Such an approach would compare favourably with PHE's Fingertips model, which provides a stack ranking of councils but *on each issue individually* – separated from each other, and not operationally prioritised – because PHE would not rank one issue over another when telling a council (or anyone else) which were most pressing in their area.

The best time to have reformed PHE was two to three years ago; the second best time is now. Baroness Harding's role in NHS Improvement gave her knowledge of NHS bodies that was necessary to begin to build NHSTT. Such knowledge continues to be necessary in order to successfully move those parts of PHE that are being moved into the NHS. That is not to say that everything will move; it plainly will not. But anything that *doesn't* move somewhere specific should be caught by the new Advisory Committee – whose format can evolve as institutional changes settle in.

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