

How we make public health fit for the future

Good morning.

What a wonderful theatre. It's refreshing to be in a building where everything works – and everyone gets along.

They tell me that when the construction work here is completed, the new Warwick Arts Centre will have more space, more facilities, and be more accessible – essentially it will be: bigger, better and fit for the future.

Today, I'd like to talk to you about how we make public health fit for the future, what we need to do to build on our success – and we've had some huge successes that should be celebrated – but also the work we still need to do – the challenges and opportunities of the next decade.

Because I believe the 2020s is going to herald a fundamental shift in how we think of health, especially public health: proactive, predictive, personalised prevention – that's the future of public health.

And, I'd like to start with the story of a great British victory against the odds – don't worry this isn't about Brexit – it's the story behind Team GB's complete and utter domination of elite cycling.

Now, in 2002, the team had won just one solitary Olympic gold medal in its 76-year history.

But over the next decade, they won 8 gold medals at 3 Olympics – they transformed British cycling from an international laughing stock to world leaders – everyone wanted to imitate.

And they did it by the theory of marginal gains.

Team GB worked out that if you broke down all the constituent parts that go into elite cycling, if you can improve each one by just 1%, then add it all together: that's your margin of victory. That's how you achieve success.

Now, I use this example because the whole story of public health is one of marginal gains.

We've always been driven by the data. And we must continue to be driven by the data and make decisions based on evidence whether it's on sugar, vaccination or opioids – 3 things I will return to.

But the other reason I use the example of cycling is because public health is also made up of so many constituent parts: national government, local authorities, the NHS, employers, and, most importantly, individuals.

Of course, funding is important, and I will always fight for fair funding for

health and social care, and I will always fight for local government, like I did in the Spending Round, because nobody knows your communities, and their needs, better than you.

But public health is about so much more than just the public health grant: it's about the whole system working together, and travelling in the same direction.

Because the big stuff, the easier stuff, has been done: on smoking, on immunisation, on HIV – even on clean air.

The only way forward is one of marginal gains, gradual improvements, hard-fought progress. So many of you have played a role in achieving these gains.

Thanks to our concerted efforts on smoking – legislation and education – we now have one of the lowest smoking rates in Europe.

50 years ago, 1 in 2 adults smoked. Now, less than 1 in 6 adults smoke in England.

Yet, for the 14% of adults who do still smoke, it's the leading cause of illness and early death, and we know the less well-off you are, the more likely you are to smoke, exacerbating existing health inequalities.

So how do we get that 14% closer to zero?

Our [prevention green paper](#) has set an ambition for England to be smoke-free by 2030.

Ten years to get people to give up cigarettes or switch to less-harmful alternatives.

It's a big ask, but I'm confident we can do it – through a proactive approach to prevent young people from taking up smoking, and through personalised support to help persistent smokers kick the habit.

Personalised prevention: this must be the guiding principle of public health in the 2020s.

And to achieve it we must harness the predictive power of genomics, and the data-crunching power of AI so we can get to people before they have a problem, so we can prevent bad luck or bad choices leading to bad outcomes.

That's the reason we're going to review the NHS Health Check programme, not to scrap it or remove it, but to see how we can improve it, how we can use tech and data to target people more effectively. There has long been a debate about whether this programme is good value for money and what we are saying with this review is that we want to look at making sure the money we do spend is better targeted.

Now, of course, when it comes to clean air, that's a global challenge that requires a global response, and the UK has taken a global lead with the Clean Air Strategy we launched earlier this year: an ambitious, 25-year, cross-

government plan to improve our health by improving our environment.

But when it comes to the other 2 big public health challenges of the next decade – obesity and mental health – then personalisation, more targeted interventions and more tailored support is how we achieve those marginal gains.

It's how we succeed in our goal to help people live healthier, happier lives.

And this is how we do it: starting in childhood – actually even before a child is born, genomics and AI can help us diagnose and treat rare diseases while they are still in the womb, so they are born healthy.

We use predictive prevention to reach the parents who need help with infant feeding and nutrition.

We use opt-in data from smart devices and wearables to identify which children need more help with physical activity, which children may be at risk of mental health problems.

I know sometimes it sounds like I think technology and data is all that matters. But it only matters because we care about people. Better data and smarter tech can help us get to them faster, but tech can't replace people. Face to face, human interventions will always be the most effective way to help young people, particularly with those children not lucky enough to be born into safe and loving homes.

To give every child the best possible start in life we need to fundamentally change the way we think about health – it's not a problem to patch up when things go wrong. It's an asset, a foundation to build on, something to protect and nurture, something society must invest in for every child along with good housing, a strong economy, and well-paid work, because good health is what makes everything else in life possible.

When we have it, we take it for granted. But when we don't..

As Health Secretary, I've met with many parents of seriously ill children and it's clear there's nothing more painful than seeing your child in pain. But what's also at the forefront of those parents' minds is all the opportunities their child is going to miss out on as they grow up – all the normal things we take for granted.

If we can prevent ill health, if we can promote good health, then we give every child the chance to fulfil their potential in life.

That must be our goal.

That is both the challenge and the opportunity we face in public health over the next decade.

So strong action to take excess calories, salt and sugar out of our children's diets – like the successful sugar levy on soft drinks has done.

Strong action against manufacturers and advertisers so they can't bombard young brains with junk food messages.

Tough action against social media companies and tech firms to remove suicide and self-harm content, and tackle the spread of anti-vaccination propaganda.

And even tougher action to stop Britain's opioid crisis becoming any worse – and I don't use that word lightly. When 1 in 10 adults in England are on opioids, that's a crisis.

Of course, painkillers have an important role to play, but the first duty of public health must be to protect the public.

We can't afford to be complacent. We've all seen the devastation opioids have caused in America's heartland.

We can not let that happen here. It is our job to prevent this problem from escalating.

So I'm extremely grateful for the PHE inquiry. Your recommendations, your evidence on painkillers and anti-depressants will inform the actions we take to tackle this head-on.

The report published this week was very important and will mark a milestone in the attitude we take to over-medicalisation. The report was assured and based on evidence but also clear so that the public can understand. It backs up our own anecdotal evidence that there is a problem that must be tackled, and tackle it we will.

So all of those things taken together – children's diets, social media harms, anti-vax, opioids – should and are being led by national government, but that's not going to be enough.

We can't tax and legislate our way out of childhood obesity.

We certainly can't tax and legislate away the mental health problems our young people face.

They're part of the armoury, yes, but they're not a silver bullet.

Because at the heart of it we're talking about changing human behaviour. And if you want to change the way people act, then you need to understand the way people think.

The Department of Health and Social Care has polled people across the country on prevention, from all age groups, from all backgrounds, so we can understand what the great British public think, and what they expect from us.

And there were 2, clear, overriding messages:

1. the overwhelming majority of people believe the responsibility for their health lies with them – the individual, not the state. I think this is a

good thing and should underpin our approach – we must do more to empower people to look after their health

2. that our efforts on prevention must be focused on children

Sensible people, the British public – we should listen to them more often.

I think what it proves to me is that if there is nannying to be done, then let's do it really, really well, but as a child grows up, and transitions into adolescence and then adulthood, we must be crystal clear with them: they are active participants in their own health.

And that's exactly how we should treat them.

I do not like the phrase 'nanny state', like some critics say, but what I do like is an active state with active citizens.

So personalised prevention means the government, both local and national, working with the NHS, to put prevention at the heart of our decision-making.

And we want to hear from you: your experiences, your ideas – the consultation on the prevention green paper runs until next month.

Because for prevention to succeed, and improve the nation's health over the next decade, everyone has a contribution to make.

Making healthier choices for ourselves and our families – eating well, staying active, being smoke-free, and taking care of our mental health.

Laying the foundations for good health throughout our lives.

Investing in and building up that asset that will allow us to live happy, healthy, fulfilled lives.

Only by working together can we achieve this vision.

Only by treating health as a shared responsibility between an active state with active citizens.

All of the constituent parts: local authorities, national government, the NHS, communities, individuals, everybody in this room, everybody who believes in the power of public health, playing their part.

All of those marginal gains – that's the margin of victory.

That's how we move from dealing with the consequences of poor health to promoting the conditions for good health.

That's how we finally make the NHS a National Health Service rather than a National Hospital Service.

Because we're all on the same team.

We all want the same thing: a Team GB, that's there for everyone, where every child can grow up healthy, where everyone is treated like an individual.

That's the future of public health, and that's what I believe we can achieve if we work together.