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.

Sir Amyas Morse to lead independent review of the Loan Charge

Sir Amyas Morse, the former Comptroller and Auditor General and Chief Executive of the National Audit Office (NAO), will lead an independent review of the Loan Charge, the Financial Secretary to the Treasury, Jesse Norman, announced today (11 September 2019).

The review, commissioned by the Chancellor, Sajid Javid, will consider whether the policy is an appropriate way of dealing with disguised remuneration loan schemes used by individuals who entered directly into these schemes to avoid paying tax.

The disguised remuneration Loan Charge was introduced to tackle contrived schemes where a person's income is paid as a loan which does not have to be repaid.

Disguised remuneration loan schemes were used by tens of thousands of people, and concerns have been raised about the use of the Loan Charge as a way of drawing a line under these schemes. The government is clear that disguised remuneration schemes do not work and that their use is unfair to the 99.8 per cent of taxpayers who do not use them.

The Treasury has asked Sir Amyas Morse to report back by mid-November, giving taxpayers certainty ahead of the January Self Assessment deadline.

Financial Secretary to the Treasury Jesse Norman said:

> Everyone should pay their fair share of tax. These disguised remuneration schemes are highly contrived attempts to avoid tax, but it is right to consider if the Loan Charge is the appropriate way of tackling them.

> The Government fully appreciates the concerns expressed by individuals, campaigners, and MPs who have raised concerns about the Loan Charge, and the Chancellor has today appointed Sir Amyas Morse, former Comptroller and Auditor General and Chief Executive of the National Audit Office (NAO), to lead an independent review

of the policy.

Sir Amyas is known and respected across Parliament for his expertise and independence of mind. The Government looks forward to his report as it continues to tackle these and other tax avoidance schemes.

While the review is under way the Loan Charge remains in force. HM Revenue and Customs will set out in more detail today how the review will affect individuals involved.

The review will focus on the impact on those individuals who were using the schemes directly, reflecting the main concerns that have been raised by MPs and campaigners about the Loan Charge.

HMRC has been challenging the use of disguised remuneration loan schemes for more than 20 years, and the government introduced targeted anti-avoidance legislation in 2011 to shut them down.

But the schemes continued to proliferate, and with many users not disclosing their use of them as they were required to, the government announced the Loan Charge in 2016. That gave users three years to either repay the loan, settle the tax due with HMRC, or face an income tax charge on the stock of outstanding loans.

Further details on the review will be available shortly.

Senior clinicians' pensions: government asks for views on new proposals

A new consultation on proposals to give senior NHS doctors and nurses access to more flexible pensions has launched.

The new proposals include:

- giving clinicians the ability to choose a personalised pension growth level at the start of each tax year and pay correspondingly lower contributions – the level chosen would be a percentage of the normal scheme contribution in 10% increments, for example 50%, 30%, or 70% of the full accrual level.

- the option to fine-tune pension growth towards the end of the tax year when they are clearer on total earnings – this will allow them to ‘top-up’ their pension pot to the maximum amount without hitting their tapered annual allowance limit

- where an individual has a large increase in pensionable pay, phasing over a number of years the amount by which the new pay level contributes towards their pension – this smooths any spike in pension growth that can cause sudden pensions tax charges

The Department of Health and Social Care estimates that a third of consultants and GPs may be turning down extra shifts because of how the NHS Pension Scheme interacts with the wider pension tax rules.

The new proposals mean GPs and other senior clinicians have freedom to individually control how much their pension pot grows, allowing them to maximise the amount they can save without facing significant pension tax bills having breached limits on tax relief.

The department will also work with employers and staff representatives to develop a new tool to help clinicians tailor the new flexibilities to support their individual preferences, helping them to identify the best pensions approach to maximise their clinical work without facing large tax bills.

The department will work to introduce the new proposals in time for the start of the new tax year, subject to the consultation response.

Secretary of State for Health and Social Care Matt Hancock said:

> I love the NHS – and our new plan means every senior clinician will be able to carry out life-saving work for patients safe in the knowledge they have more control over their pension, their future and their retirement than at any other point in NHS history.
>
> Today we’re taking a decisive step in fixing this issue for good so patients can feel the impact in GP surgeries and hospitals across England and we are already helping hospitals ease the immediate burden with new advice on action which can be taken now.
>
> To make sure we get this right, however, it is vital we learn from the experiences of our dedicated frontline staff, so I urge them to have their say.

Danny Mortimer, Chief Executive of NHS Employers, said:

> We welcome this new consultation and the commitment from government to reform the scheme to address the impact of pension taxation on NHS staff, organisations and our patients. We support the

> introduction of greater flexibilities to allow members of the NHS Pension Scheme to better control the value of their pension growth and we believe this will have a positive impact on NHS service capacity and patient care.
>
> These new proposals helpfully acknowledge that more scheme flexibilities are needed, over and above the previously proposed 50:50 section, to help senior clinicians to manage their pension growth within the pension tax allowances.
>
> The consultation recognises the importance of the work of the Scheme Advisory Board, through which NHS Employers and our trade unions are leading the development of a recommendation on introducing scheme flexibilities for the benefit of all NHS staff. Employers continue to believe the greater scheme flexibilities are needed for all areas of our workforce.

Play area reopens in Wolverhampton after mine shaft is repaired

The play area in Ashmore Park, Wednesfield, had to be closed to allow repair work to be carried out on a 96 metre deep shaft that once served the former Ashmore Park Colliery.

The Coal Authority was called in by the City of Wolverhampton Council after it was discovered that snow had melted in a circular patch above the shaft, indicating that the fill within had settled to create an air pocket with an increased temperature.

Initial drilling investigations found a significant cavity in the top section of shaft, which made the decision on how to treat it safely more of a challenge.

Our engineers consulted a variety of other sources, including detailed abandonment plans for the colliery held in our archive and ground investigation reports provided by the council.

It was decided the safest way to carry out the works was to install a drilling platform to span the potential collapse zone and then treat the shaft by cementitious grouting.

The works, which were carried out by Soil Engineering Ltd and took a month to complete, began with the cavity being filled with 57 tonnes of gravel to minimise the risk of the shaft walls collapsing and give the drill rods something to drill through.

Then more than 200 tonnes of cement-based grout were used to create a 44 metre cementitious ‘plug’, making the shaft stable.

Coal Authority project manager James Walker said the repair proved to be an interesting project because of the engineering challenges found during the investigations. He added:

> It took time to make the repairs because we had to plan how to undertake the works safely. But the shaft is now safe and the potential for it to collapse in the future has been removed.

In this video Coal Authority engineer Katherine Halfpenny, who designed the solution, explains more about the work:

Mine shaft in Ashmore Park play area made safe

You can report a coal mine hazard to us 24 hours a day, 7 days a week on 01623 646 333.

Interim Joint Chief Social Worker for Adults announced

Lyn Romeo, the Chief Social Worker for Adults, will be taking a 12-month leave of absence for personal reasons from October. Fran Leddra and Mark Harvey will cover the post on a job-share basis.

Fran is currently Principal Social Worker and Strategic Lead of Safeguarding and Adult Social Care in Thurrock Council. Mark Harvey is Operations Director for adult disability services in Hertfordshire County Council. They will retain their current roles in local authorities, which will put them in a unique position to take on the role of Chief Social Worker.

Fran has worked in the social care sector for more than 30 years and is currently at Thurrock Council in a team that is recognised for making transformative changes. She is a strong advocate of safeguarding practice and building partnerships across the sector, ensuring the profession upholds its values and responsibilities.

Mark has over 25 years’ experience in the sector, starting as a care assistant in a learning disability residential unit. Throughout his career he has worked in local authorities and NHS trusts, predominantly in mental health and learning disability services.

Over the past few years he has been the Principal Social Worker for Hertfordshire and co-chair of the national Principal Social Workers (PSW)

network. He is now the operations director for adult disability services in Hertfordshire.

Fran Leddra, new joint Chief Social Worker for Adults, said:

> I’m delighted to be able to job-share the Chief Social Worker role with Mark Harvey and continue the work we do on a national platform.
>
> Mark and I have both held the co-chair role for the Principal Social Workers Network and this experience undoubtedly led us to apply for this secondment opportunity. With a challenging year ahead, we want to continue to drive forward the Chief Social Worker priorities and to ensure social work and social care is high on the political agenda.

Mark Harvey, new joint Chief Social Worker for Adults, said:

> To work alongside Fran as the Chief Social Worker is a fantastic opportunity and something I am immensely keen to bring my front-line experience to. The year ahead is likely to be one of significant change and opportunity. I am looking forward to continuing Lyn Romeo’s work to lead an approach that can embed social work at the core of DHSC’s work to achieve a better outcome for the people we serve.

Lyn Romeo, Chief Social Worker for Adults, said:

> As the first ever Chief Social Worker for Adults in the Department of Health and Social Care, I have been very privileged to have undertaken this role since September 2013. During this time social work has been repositioned as the key social care profession in working alongside people, carers and communities to ensure they get the support they need in the right way to enable them to have better safer and fulfilling lives.
>
> I am delighted that Fran Leddra and Mark Harvey will be the new chief social workers. I know they will do a fantastic job and am sure they will receive the support that I have enjoyed from the department and the wider sector.