

The future of public health

One of America's most renowned Surgeons General, Everett Koop, once said:

Health care is vital to all of us, some of the time, but public health is vital to all of us all of the time.

If the last 6 months have taught us anything, surely they have taught us that no-one is untouched.

Public health is not narrow: public health comes from everything.

The air we breathe, the food we eat, how we protect ourselves and our communities from threats from afar.

The coronavirus pandemic has shone a light on our public health system, just as it has on so much of modern life.

And we have learned a lot – about this virus – about what has worked and what needs to change.

And about what we need, in order to be in the best possible position to fight COVID-19, to fight all infectious diseases, and prevent ill health now and long into the future.

Our nation's public health experts have delivered incredible work during this pandemic.

Just as they did in the response to Ebola, novichok and countless small outbreaks of diseases like norovirus and meningitis that no one ever hears about because our public health teams quietly and efficiently do their job day in, day out.

Over the past few months, we have seen some extraordinarily talented people working so hard to tackle coronavirus.

Our public health scientists were one of the first to sequence the genome of COVID-19 at Porton Down and Colindale, who created a diagnostic test for coronavirus at blistering speed, and who, working alongside local directors of Public Health, have given us the boots on the ground to investigate and quash outbreaks at a local level.

And the research, especially from Public Health England, has been some of the best that's been done into this novel disease, about which we of course knew nothing, just a few short months ago.

And I want to say this very directly to all of my colleagues in public health, colleagues at Public Health England, local directors of public health and their teams, contact tracers, diagnostics experts, epidemiologists,

infection control teams, and every single person who has contributed to this national effort.

You have been working round the clock since January.

You have done exceptional work and I am so proud of the part you have played in tackling this pandemic.

And with winter ahead, the life-saving work you are doing is more important than ever.

The changes that I am announcing today are designed entirely to strengthen our response.

To ensure that the system works, to help you do your vital work.

We are making the change now because we must do everything we can to fulfil our responsibilities to the public. To strengthen public health in the UK.

I take my responsibilities incredibly seriously to get this right. As Secretary of State, it is me who is accountable to Parliament for how the system operates.

And I want to make sure that we have the best possible system, having learned everything we've learned during this crisis so far.

The world has not seen a pandemic on this scale in modern times.

And while we have some of the best public health science in the world, including of course, the world's leading vaccine candidate and the world's only scientifically proven treatment for COVID-19, we did not go into this crisis with the capacity for a response to a once-in-a-century scale event.

For example, even though we have some of the best labs in the world, we couldn't call upon the large private sector diagnostics industry that some other countries were able to.

As a result, we've had to respond at an unprecedented rate.

To build our testing capacity at scale, to build a contact tracing system of a size never envisioned before and to boost our analytical capability, through the Joint Biosecurity Centre.

Alongside of course building the NHS capacity we needed, including through the Nightingale hospitals, again at a pace never seen before here, to make sure the NHS was never overwhelmed.

And so, to give ourselves the best chance of beating this virus – and of spotting and tackling other external health threats, now and in the future, we need to bring together the science and scale into one coherent whole.

So today I am announcing that we are forming a new organisation: the National Institute for Health Protection.

The National Institute for Health Protection will have a single and relentless mission: protecting people from external threats to this country's health.

External threats like biological weapons, pandemics, and of course infectious diseases of all kinds.

It will combine our world-class talent and science infrastructure with the growing response capability of NHS Test and Trace and the sophisticated analytical capability we are building in the Joint Biosecurity Centre.

Of course, these institutions work incredibly closely together already today.

But I want that integration to be seamless.

Crucially, it will be a national Institute that works very much locally, working with local directors of public health and their teams, who are the unsung heroes of health protection.

Their local insight and intelligence is a mission-critical part of our response.

The National Institute for Health Protection will also work closely with the devolved administrations, taking on existing UK-wide responsibilities, and supporting all 4 Chief Medical Officers with access to the best scientific and analytical advice.

By bringing these parts of the system together, we can get more than the sum of the parts.

And the mission is for a purpose. So we have a stronger, more joined-up response to protect people and the communities in which they live.

The NIHP will report directly to ministers, and support the clinical leadership of the Chief Medical Officers.

It will be dedicated – dedicated – to the investigation and prevention of infectious diseases and external health threats.

That will be its mission. It is conceived amid crisis but it will help maintain vigilance in the years to come.

Prevention

PHE of course have other incredibly important responsibilities – centred around health improvement – and these are absolutely vital too.

As the Prime Minister made abundantly clear with the launch of our Obesity Strategy last month, we are passionately committed to health improvement – the prevention agenda.

And of course the 2 are linked, protection and prevention: we've seen how conditions like obesity can increase the risk for those who have coronavirus.

Levelling up health inequalities and preventing ill health is a vital and a broad agenda.

It must be embedded right across government, across the NHS, in primary care, pharmacies, and in the work of every local authority.

So we will use this moment to consult widely on how we embed health improvement more deeply across the board, and I'll be saying more on this over the coming weeks.

This will in turn allow the National Institute for Health Protection to focus, focus, focus on the science and the scale needed for pandemic response, that mission.

We have been looking at best practice from all over the world. We want to build an institution that constantly strives to be the very best.

Role of the NIHP

Today, as I launch the new National Institute for Health Protection, I want to say 3 things that I believe are critical for this new institution to succeed.

About response, resilience, and about culture too.

Response

First, the immediate task of the NIHP is to pull together in one place the operational capabilities for the COVID response.

While we hold out bright hope for the success of brilliant scientists who are working day and night on a vaccine, no vaccine is guaranteed to succeed.

So, each day we must strengthen our response:

Drive up testing capacity, bring on new technologies, contact trace thousands to protect them and their communities, and analyse and understand this virus more and more and more.

So we have no time to lose.

To my brilliant colleagues at PHE, I want to thank you, each and every one of you, for the service you have provided and will continue to provide.

In particular I want to thank Duncan Selbie, who has led PHE with distinction for the last 7 years, and his senior management team.

I am delighted that Duncan will support PHE and the NIHP throughout this transition and continue his sterling work on behalf of the UK overseas.

And I want to welcome Michael Brodie, who has a wealth of experience and a brilliant track record of delivery, who will step up as interim Chief Executive during the transition.

From today, PHE, the JBC and NHS Test and Trace will operate under single leadership, reporting to Baroness Dido Harding, who will establish the NIHP, and undertake the global search for its future leadership.

And I have no doubt that under Baroness Harding, we will found the NIHP as a thriving mission-driven organisation.

We have a common mission. The greatest mission of any of our working lives.

And we have no time to lose in building the institution of the future.

Resilience and preparedness

Next, while of course we must focus on immediate response, so too must we improve resilience and preparedness, not just for coronavirus but for the next threat that lies around the corner.

We are living in an increasingly inter-connected world.

The UN projects that by 2050, over two-thirds of the global population will live in increasingly large, dense urban centres.

External threats to public health can emerge and spread quickly, and can reach our shores within days.

My single biggest fear is a novel flu, or another major health alert, hitting us right now, in the middle of this battle against the coronavirus pandemic.

Even once this crisis has passed – and it will pass – we need a disease control infrastructure that gives us the permanent standing capacity to respond as a nation, and the ability to scale up at pace.

One of the lessons, I believe, from the crisis is that we need an institution whose only job is to look out with constant vigilance to prepare for and respond to external health threats like pandemics.

So as well as bringing together our core pandemic response capabilities into one place, the NIHP will bring focus.

It's worth dwelling on this point for a moment.

The question of how to protect a country from risks that are infrequent, yet devastating, is not restricted to infection control.

Think of how we work to prevent terrorism, and protect financial stability, for instance.

Just as with pandemic preparedness, there can be years between major threats materialising, especially when things go well.

The public policy challenge is how to build a system that is resilient and stays alert for years on end – learning, preparing, ready.

We can learn from abroad, from countries like South Korea, and from Germany's

Robert Koch Institute, where their health protection agencies had a huge primary focus on pandemic response.

We will build the same focus here.

So we will ensure the NIHP has the strongest possible function for intelligence, data analytics and surveillance, and a standing capacity to act fast at scale.

So we can remain equal to any future threats.

Culture

The third thing I want to say is something about working culture.

The National Institute for Health Protection will succeed by building an institution with the most revered expertise, in a culture that is open, outward-looking, non-hierarchical, and embraces the potential of its whole team.

Getting this culture of rigour and speed, of expertise and inquisitiveness, of outward-looking confidence, is critical to success.

Over centuries our country has contributed so much to global public health, and the life chances it brings.

We're the home of Edward Jenner, who arguably saved more lives than anyone else in human history, with his pioneering vaccine for smallpox.

And John Snow, who just a few miles from here, used data in effectively one of the world's first contact tracing exercises, using epidemiological methods to help the world understand how infectious diseases like cholera really spread.

In fact John Snow's insight, that published highly specific local data, helps people tackle a contagious disease, is as vital today as it was in 1854.

We have incredible expertise in this country.

We need to support that expertise to flourish, in a way that meets the fast-moving demands of public health in the 21st century.

The creation of any new organisation provides a real opportunity to build and cement its culture.

This new Institute will focus on what works, bringing in ideas and expertise from wherever it can be found.

And it will support a culture of collaboration and change, shunning silos and unnecessary bureaucracy.

It will work seamlessly to harness the capabilities of academia and groundbreaking and innovative private companies with whom we must work so

closely to get the best result.

It will work hand in glove with the NHS, and it will use the most modern, cutting-edge digital and data analytics tools at its core.

These are the qualities that will allow us to deal not just with today's threats, but tomorrow's threats too.

Conclusion

The first responsibility of any government is the protection of its citizens.

And threats to public health are among the most important of all.

Because it is only if people feel safe and secure in the environment that they live in that they have the confidence to start a business, play an active part in their community, and enjoy all the incredible experiences that life has to offer.

Threats like this coronavirus pandemic can emerge anywhere, and at any time.

So we must be ready. Ready to beat this virus, and protect all of us, all of the time, over the years to come.