GOVERNMENT CHANGES AND PUBLIC HEALTH

Authors’ reply to Wight

Delan Devakumar clinical lecturer in public health¹, Kate L Mandeville specialty registrar in public health², Jennifer Hall specialty registrar in public health¹, Shailen Sutaria specialty registrar in public health³, Ingrid Wolfe clinical senior lecturer public health⁴

¹University College London, London WC1E 6JB, UK; ²London School of Hygiene and Tropical Medicine, London, UK; ³Queen Mary University of London, London, UK; ⁴King’s College London, London, UK

We welcome the important points made by Wight and other authors in response to our editorial.¹,² Reductions in public health budgets, disempowerment of directors of public health, and reported suspension of mandated services all underline the seriousness of the situation facing public health in England and other parts of the UK.²,³

In 2002, the Wanless report cautioned that securing good health for the whole population would require effective public health policy and widespread engagement with preventive measures.⁴ Without a skilled workforce, embedded in the heart of local decision making and equipped with a budget to tackle determinants of poor health, public health in England will be the hobbled version of this vision: valuable expertise sidelined rather than harnessed to tackle the disease burden of an ageing population.

A recent review of public health in Scotland recommended strengthening the public health function, including the director of public health role, to meet growing health challenges such as obesity and poor mental health.¹ We hope that the current House of Commons Health Committee inquiry into public health in England will reach similar conclusions.³

Competing interests: None declared.

1 Wight JP. Huge potential from putting public health into local government is being lost in the implementation. BMJ 2016;353:i2588.