Supplementary written evidence submitted by Ruth Speare (PHP0116)

- Very glad front line staff able to contribute, much of what has been said by others seems to present perhaps a more corporate view which often seems to bear little relation to reality felt by many trying to deliver public health work. While it does seem to be working well in some areas (Marmot outcomes etc) this probably does not reflect everyone’s experience, evidenced by reductions in public health staff numbers and downgrading of responsibilities and roles.

- The public health advocacy role was touched upon but needs further attention. We have many concerns about this being effectively silenced both locally (due to a lack of seniority of Directors of Public Health and freedom to speak) and nationally where we feel Public Health England are conspicuous by their absence in debates relating to pertinent public health issues.

- There are real concerns about our recommendations and communications, based on evidence and population need as well as cost-effectiveness, being filtered by political leaders diminishing our independence as advocates for the population's health.

- It is critical that services for the most vulnerable are protected and there is real risk in the new structures coupled with cuts that they will be. This is not only unfair BUT economically unsound. Inequality impacts on the health of everyone. Public health is about evidence and equality but also about using money wisely, investing in those things that deliver the best health and wellbeing per pound as well as the best monetary outcome for the system. Investment in these services brings a return on that investment in later savings due to reduced healthcare costs, social care costs and wider societal cost.

19 May 2016