Public health efforts are essential for the health of populations. Individuals' lifestyles and their environment pose various health threats, including obesity, infectious diseases, chronic diseases, and injuries. Prevention at a population level is often a more effective strategy than relying solely on individual treatment and cure. The impact of public health programmes on the decline of premature mortality is of a magnitude similar to the effect of individual health-care services, at far less cost. 

Yet, it is the interaction between public health and individual health-care services that determines ultimate population health, especially in ageing populations burdened by chronic diseases. 

The UK has been viewed internationally as a beacon in public health. Thus the criticisms from prominent experts about the government’s latest plans in England to reform the National Health Service (NHS)—to bring public health more under national government control—are important beyond English borders. In a Viewpoint in The Lancet, Martin McKee and colleagues3 are right to stress professional independence, while working within the context of government. They present an alternative model that makes a lot of sense. They propose a more coherent public health approach, combining, rather than segregating, national and local management. Their proposal focuses on the organisation of public health, but could gain power by more emphasis on the development of public health as a discipline, and professional interaction with individual health care. In our view, these factors will co-determine whether the proposal will make a difference in terms of health and health care in England. As it is now, there is the danger of structure building without innovation in the public health function.

Professional independence is important to maintain public credibility by building public health recommendations on best evidence and not political expediency.4 Public health officials also have a responsibility to advocate for the health of all the people, especially those most in need who often have little voice in matters politic. Policies adopted by government might have negative effects on a population’s health, which makes it all the more necessary that public health workers have some professional autonomy, irrespective of who employs them.

Richmond House, offices for the UK Department of Health
involves an active interplay between individual health-care and public health systems. Strategies such as community oriented primary care are needed to address the upstream causes of social inequities in health, and to foster intersectoral cooperation. Community oriented primary care requires strong local public health and primary care systems.

The debate on the reforms proposed in England also touches on the important issue of centralisation versus decentralisation: what should be decided and managed at the national (macro), subnational (meso), and local (micro) levels? The universal challenge for public health is to be involved in and support consistency between policies and actions at all levels. Delegation of authority, efficiencies of scale, a sense of ownership, available expertise, political and financial accountability, and interactions with other sectors of society are all important factors. More research is needed on the design of health systems that promote coordination, effectiveness, equity, and efficiency, as well as sustainability and innovation. The Health Council and Inspectorate of Healthcare in the Netherlands are examples of how this might be done. We look forward to the outcome of the debate in England, and hope that common ground can be found to advance the health of all.3

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