The Association of Directors of Public Health

Health Bill: Call for evidence

Background

The Health Bill was introduced in the King's Speech to parliament (as the NHS Modernisation Bill) on 13th May 2026. It had its second reading on 1st June 2026, and the Public Bill Committee has now opened its call for evidence.

The Bill focuses on structural change, with its main purpose being to abolish NHS England (NHSE) and transfer its functions to either Integrated Care Boards (ICBs) or the Department of Health and Social Care (DHSC), including transferring some powers directly to the Secretary of State for Health and Social Care (SoS).

Key provisions

- Abolition of NHSE and transfer of its functions.
- Expansion of the SoS's powers over commissioning, performance, and resource allocation.
- Changes to the statutory duties and role of ICBs.
- Creation of a single patient record and changes to data governance.
- Abolition of Healthwatch and establishment of a new patient voice function.
- Merging of the Health Services Safety Investigations Body into the Care Quality Commission.

ADPH response

The role of the Secretary of State

We welcome the Government's ambition for a cross-Government mission to tackle health inequalities.

- **However, we believe that the Secretary of State's duties in relation to health inequalities should be strengthened and that all ministers should be under a duty to consider how policies they enact might contribute to or reduce health inequalities.**

The role of local authorities

Only a small proportion of our health and wellbeing – just 10-20% – is determined by access to traditional health services. The remainder is shaped by the economic, social, and environmental conditions in which we live, including housing, education, income, and transport.

These wider determinants of our health are managed by local government, which has a detailed understanding of local populations and considerable expertise and experience in convening a wide range of partners to support place-based services and care.

Health and Wellbeing Boards

Health and Wellbeing Boards (HWBs) are statutory, local authority-led forums. Their purpose is to bring together NHS, public health and local government to work together to improve the health and wellbeing of the local population.

Directors of Public Health

In England, Directors of Public Health (DsPH) sit in local authorities and have statutory responsibility for the health and wellbeing of their population. They provide system leadership across the three domains of public health: health protection, health improvement, and healthcare public health.

They are key strategic partners in delivering meaningful and measurable improvements in population health outcomes and are uniquely placed to lead local prevention efforts and tackle health inequalities.

- **Given the statutory nature of both DsPH and HWBs, it is essential that the Health Bill adequately references their roles and that, as the Bill is implemented, new structures and arrangements align with these existing statutory arrangements to support effective joint working and avoid duplication.**

The Bill also contains some direct changes to DPH provisions. The most significant change is a new statutory duty to obtain the views of users and potential users on what services are needed, experience of services, standards, and how services could and should be improved.

- **While this maybe a helpful exercise, implementation will require additional resources, or there is a risk that the burden of carrying out these consultations will take resource away from an already stretched local authority (LA) public health function.**

ICBs

As of 1st April 2026, many ICBs are working across larger geographic footprints. More mergers and changes of boundaries will take effect on 1st April 2027.

- **While this change is needed to deliver cost efficiencies, it runs contrary to the move to devolve more power to local areas – a contradiction that is compounded by the Bill's provision of new powers for the SoS.**
- **Changes in boundaries and lack of co-terminosity with local government structures will inevitably cause confusion and disruption to existing partnerships.**

Although the Bill requires strategic mayoral authority representation on ICBs, it removes the requirement for local authority representation on ICBs.

- **This overlooks the important role local authorities, who are experts in place-based delivery, have in health and wellbeing and risks decisions being made that fail to reflect differences between places and communities.**
- **Strategic authorities, like ICBs, cover large geographical footprints and, while they play an important role in setting strategic direction, they are not involved in the day-to-day operational detail of local need and delivery.**
- **It is therefore important that local authority PH representation on ICBs is mandatory and ICBs should be required to consult the DPH before any reconfiguration with material population health implications.**

Neighbourhood health

The Bill introduces Neighbourhood Health Plans as a new joint planning mechanism.

- **It is not clear how these relate to the existing Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies and therefore risks confusion and duplication with existing mechanisms.**
- **If current mechanisms are replaced, there is concern that, over time, the focus of HWBs will be moved away from determinants, prevention, and inequalities to health and care service planning, undermining the statutory purpose of HWBs.**

The Bill also states that the neighbourhood health plan duty is vested in 'the responsible local authority and each of its partner ICBs' which should 'set out how needs are to be met by the exercise of their functions'.

- **The Bill does not explicitly name the DPH as having a central role in this duty, and there is no statutory link between the neighbourhood health plan and commissioning. Without this link being formalised, there is a significant risk that local authorities and the DPH – and the knowledge they have about local need – could be omitted from the plan and/or commissioning duties.**

Summary

Any new legislation must complement and support, not undermine, the statutory function of both the Health and Wellbeing Board and the Director of Public Health, who is responsible for the health and wellbeing of local residents in their area.

While we support the Government's ambition to move towards a place-based model of delivering – and promoting – health and wellbeing, the Health Bill's provisions do not take adequate account of the role local government, or the Director of Public Health, play in achieving it.

We acknowledge that non-legislative mechanisms can help support navigating some aspects of the NHSE reforms, but the local system leadership role of Directors of Public Health must be formalised in the Bill in order to ensure its effectiveness.