Scally and colleagues’ editorial is a clear, concise analysis and call to action.1 As a former director of public health, retired since 2012, I recognise the decimation of the public health system that the authors describe. In recent months I have looked on with mounting horror as the realisation grew that many of the structures and mechanisms that worked so well during the swine flu pandemic are just not there. While “public health” is in the spotlight, actual public health expertise is being sidelined. It’s also clear that scientific advice is being filtered through another “R number”—resources. This was illustrated shockingingly by the advice being adapted to match the availability of personal protective equipment. Spending money well takes time, needs planning, is informed by the evidence, and requires the skill to mobilise and coordinate a range of organisations towards a common purpose. This is the essence of public health practice.

The bulk of the historic loss to public health funding has been people—our most valuable resource—trained, experienced professionals dedicated to protecting and improving health and reducing inequalities in our local community. Not just public health specialists like me but community health workers, ethnic health workers, school nurses, intelligence analysts, health protection nurses, health promotion specialists, and administrators. A whole generation of the public health workforce has been sacrificed to misguided efficiency savings. Meanwhile as the government let another contract go to yet another private company to recruit suitable staff for their “test, track, trace” project, we were told by Hancock in a recent daily briefing that this “new” function would be supported by “public health specialists” at a local level.

I sincerely hope that whatever is being devolved to local directors of public health includes recognition and long term resources, not just the responsibility and the blame.

Competing interests: None declared.

Full response at: https://www.bmj.com/content/369/bmj.m1932/rr-2.