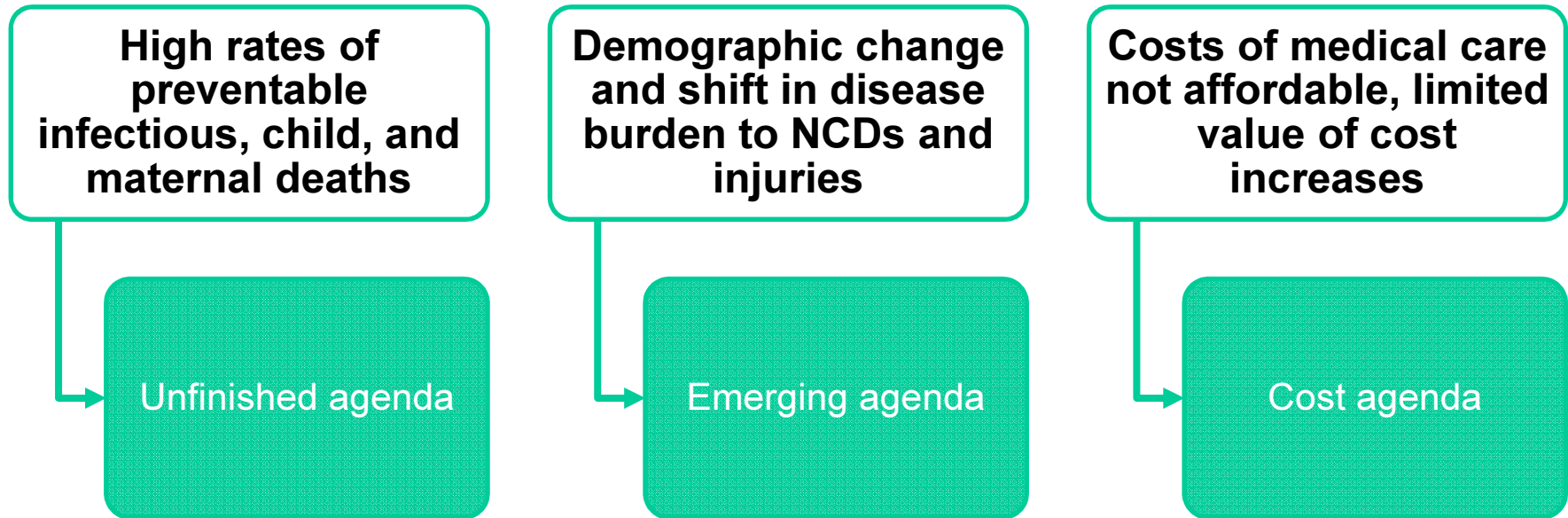


National and International Public Health

A Brief Update



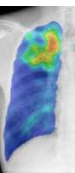
2015-2035: Three Domains of Health Challenges



Domain One: Communicable Disease Pandemics

(in comparison with WW2)

	Black Death	WW2	Spanish Flu	Swine Flu	Seasonal Flu	Ebola	Measles	T
)	1346-53	1939-45	1918-19	2009	Yearly	2014-15	Ongoing	Ongo
on(s)	Europe, N Africa	Europe, N Africa, N America	Europe, Asia, N.America	Worldwide	Worldwide	West Africa	Worldwide	World
s	100 million	50-80 million	50 million	284,000	250-500,000	11,310	114, 900 (2014)	1.49 (2014



Ebola

Total of 28,616 cases since July 2014 [West Africa]

10,000 survivors, 11,301 deaths

March 2016- public health emergency status lifted

June 2016- end of virus transmission in Guinea and Liberia

Note: lucky a) didn't make to Port Harcourt and

b) very poor human to human transmission.



Zika virus

- Vector borne virus – *Aedes aegypti* [dengue, yellow fever]
- 67 countries have reported Zika virus since 2015
- 17 countries have reported microcephaly associated with Zika virus



Why and what does it mean for us?

- Poverty, urbanisation & population growth and travel [first Ebola outbreak was 1976]
- Encroaching onto animal's 'territory'

UK

- Increase in rates of lyme disease and Brucella in UK, similarly pressure on arable land has driven campylobacter rates
- Are our national systems up to it – see recent commons select committee report

Global

- Lot of other organisms as bad as Ebola out there Hanta virus, Lassa fever, which to date have only caused localised outbreaks.

Domain Two: NCDs – Childhood Obesity Strategy

Challenge includes marketing messages- be 'happy' in charge of 'own choices'

'Start of a conversation not the final word'

Schools – food standards; physical activity - ? Focus on earlier years?

Previously announced levy on sugar content of drinks

Voluntary reformulation; marketing and price promotion not touched

2011 – PH Responsibility deal – little impact

Do we need to accelerate 'conversation' locally?

Domain Three: Select Committee Review of PH post 2013 Conclusions & Recommendations

Funding

Cuts to public health are a false economy. Further cuts to public health will threaten the future sustainability of NHS services if we fail to manage demand from preventable ill health.

We recommend that the Government sets out how changes to local government funding and the removal of ring fencing will be managed

Systematically improving public health and addressing unnecessary variation

The Government should set out clear milestones of what it expects public health spending to achieve, and by when.

Politics and evidence

Benchmarking standards for all local authorities' prescribed public health functions should be introduced, and provide reassurance that these functions are being maintained at an appropriate level.

Leadership for public health at a national level

Since Public Health England was established, the interface between it and the DH has lacked clarity.

We urge NHS England and PHE to clarify how the two organisations resources around public health support the local health system and not confuse it.

Access to data

Our inquiry has identified numerous problems with access to data for public health professionals, which is creating barriers to effective joint working.

Select Committee Review of PH post 2013

Conclusions & Recommendations II

The public health workforce

This is particularly important given the potential impact of reduced spending by councils on public health staffing. Barriers to workforce mobility must be removed, we are concerned that this issue has not been resolved three years after the transfer of public health responsibility to local authorities.

Health protection

More work needs to be done at a national level to support local areas to deliver a seamless and effective response to outbreaks and other health protection incidents.

Health in all policies

We urge the Government to good on its commitment to health in all policies, by enshrining health as a material consideration in planning and licensing law.

The role of the NHS in public health

The system of enhanced public health accountability must be extended into the NHS, forming part of a broader national strategy to systematically and demonstrably implement the radical upgrade in public health called for in the Five Year Forward View.

The NHS has an important role to play in prevention, and developing the skills of its workforce to deliver preventative advice as part of routine care is central to that.

Comments

- States some issues which are ongoing for three years but omits some systemic issues; fails to provide level of analysis to inform next steps.
- Report relies too heavily on individual commentary and too little on any independent review
- Rhetoric++ but reality is we have been here before.....
- Working with PHE to look at 'one service' with clear division of functions, tasks and skills.
- Same discussion about LGR – what functions are best performed at what population level etc.