

MAKING THE MOST OF BREXIT FOR THE HEALTH & WELLBEING OF THE UK PUBLIC

Lessons learned from the UK Public Health Network summit 14 October 2016

A. SUMMARY OF SPEAKERS

1. Political view

- Government(s) can only deliver on the health of the public if all service delivery is joined up as modern economies only work through integration.
- The focus should be on the functions of any new arrangements not the process. The market needs a set of rules to encourage and continue open exchange and create relationships across Europe with or without any new treaties.
- Core interest is in creating a more efficient economy - the vote to leave was a judgement on the failure to create a fairer society.

2. OECD view

- Although around 50% of UK trade is in the EU, it is unlikely to be weakened in a major way. Dropping the sugar quota is likely to lead to lower prices from 2017.
- UK will have significantly reduced influence on regulation but the EU has stifled innovation in taxation. The UK imposes much higher taxation on alcohol and tobacco than either the EU minimum or average.
- OECD predicts a decline of up to 20% in management quality which will affect productivity and ultimately public health capacity through perceived poorer employment prospects, rising tuition fees, a decline in EU student numbers and migration changes. Research Councils UK has the potential to attract wider investment in research.
- UK will need to remain part of existing surveillance on infectious disease.

3. Legal view

- Disputes over World Trade Organisation violations can last years with remedial action required in legislative change rather than monetary compensation.
- Disputes relating to public health include tobacco, pharmaceuticals, insurance services and environmental risks.
- Optimal health protections aren't always possible in trade treaties. The General Agreement on Trade & Tariffs can help protect human, animal and plant health. TTIP exceptions are worded only for tobacco and exclude other health determinants.
- The risk of lengthy disputes can be reduced through transparency, joint determinations with both parties accepting an issue as one of public health, sunset clauses to terminate a dispute after a specified time and an appellate tribunal.

4. Jurisdiction view

- Views from Northern Ireland raised concerns over the Good Friday agreement - now the subject of a legal challenge as it is felt to be predicated on EU membership.
- There is currently extensive all-Ireland research collaboration. This may change if there is a hard border with the Republic of Ireland as many researchers are anxious to remain within the EU.
- Northern Ireland has benefited from regional funding to build a new hospital and improve its primary care infrastructure.

B. SUMMARY OF NETWORK DISCUSSIONS

- Baseline protections are needed to cover: health & social care workforce, funding, research, and consumer protections.
- Research, workforce sustainability, medicines regulation, licensing & planning, taxation, and climate change all offer opportunities for public health to engage with government, stakeholders and the public.
- Opportunity to set out public health view of Brexit with a health in all trade policies approach.
- Better articulation that the public's health is about the economy is required, especially as evidence did not win the argument.
- Public health has lots in common with other stakeholders and needs to build these relationships.
- Brexit presents a very complex but a common agenda.

C. LESSONS LEARNED

- Successful economic growth has not delivered fair shares which led to the vote to leave the EU. The public health community needs to generate a national, public conversation on social justice and the levels of health wanted by the public.
- Medicine and scientific research requires international exchange of knowledge, ideas and practice.
- Many UK regulations already go beyond those of the EU, particularly in alcohol and tobacco.
- The public health community cannot be introverted. It must articulate health inequalities as well to the public as it does to itself.
- The public health community must act together to keep a UK-wide approach and develop relationships across government departments and the UK's parliaments. The Treasury in particular is open to conversations on protecting the economy.
- Alternative endpoints to Brexit have not been articulated, giving the public health community an opportunity to help shape the outcome.

D. ACTIONS

- Alignment on a value-based approach over Brexit.
- Capture the risks and opportunities to public health in a risk register.
- Request a backbench / Westminster Hall debate in Parliament and pursue meetings with ministers and government departments.
- Improve understanding of international trade laws by the public health community
- Build public health alliances across equivalent bodies in all 27 EU member states