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Local Public Health is as vital now as it has been for the past 200 years – and it's being sidelined

Infectious diseases of all kinds have been with us through human history. Infections spread easily in groups, with devastating effect. Containing and eradicating infection once it starts has long preoccupied human groups and their governments – at all levels.

It is well documented in the British Isles that, as medical knowledge advanced, local measures were taken to prevent and contain killer contagious diseases such as cholera, diphtheria, small pox, measles, scarlet fever. Before our system of local authorities and the NHS, these measures were resourced at the whim of the rich of a locality. Clean water sources and drainage in towns for prevention, fever or leper hospitals for containment, started in this way.

Vaccination against smallpox 1905

By the mid nineteenth century, these measures had become law. Local Boards of Health were authorised under the Public Health Act of 1848. However, the actual on-the-ground provision was left to the councils to decide, while some of the better authorities provided hospitals, staff, district nursing, practical support for families, this kind of cover was not uniformly provided. But all localities had the basic requirements in place - notification of infections to the local medical officer of health,

Infectious Disease Hospitals, environmental health provision for clean water and sewage disposal.

This was not the result of some radical movement; it was a common sense approach by conservative, and liberal alike. No-one – employers in town or country, rural or urban working men and women – wanted these diseases to spread. They were life threatening and livelihood threatening. The long list of public health legislation through the nineteenth and twentieth century in the UK, like this act from 1984, is testament to the importance given to this issue.

Local public health committees employed medical staff and erected well staffed isolation or fever hospitals, with ambulances and nurses to work with families to isolate infections as soon as they became known. The only way political differences between regions manifested themselves was that, in the more left wing (Liberal in the early days, Labour by the 1920s and 30s) areas, more money was put aside from the rates to pay for services and staff. In the more conservative areas, often the big rural counties, the emphasis was on harnessing voluntary help to assist the few paid staff employed. But the method was essentially the same.

Each area was equipped to contain contagion as it appeared: find (people often couldn't afford GPs but might take family members to a free dispensary, or to a district nurse); test through the local hospital laboratories; trace other possible carriers (family members, work and school mates); isolate (keep them either in isolation wards, or at home; support and observe family compliance, with more or less compassion depending on the locality. Here was the original and well established local Find Test Trace Isolation & Support (FTTIS). It has worked, more or less, in the UK, as a way of containing diseases from the mid nineteenth century to recent years. It is how infectious diseases, from TB to AIDS, measles to scarlet fever, cholera to diphtheria and polio, have been contained.

But since the 1990s, public health has been slowly defunded like the rest of the NHS and local government. This has led to the situation facing us last winter. We didn't have capacity to roll out local containment. The government had known that since the emergency exercise of 2012, which it had chosen to ignore. Public Health departments, environmental health departments, NHS organisations, were all cut to the bone.

Despite this lack of readiness, it would have been possible, in February 2020, to turn to local Directors of Public health to speedily rebuild their facilities. Resources could have been made available to local authorities and the NHS to make this possible. The Faculty of Public Health could have started recruitment and training for the longer term. There have been plenty of voices asking for this throughout 2020. Here is the editorial of *Public Health* in April 2020 (no. 182, 188-189):

> ***the need for early and sustained suppression measures in these settings will be crucial to blunt the severity of the pandemic and save lives… Key ingredients for an effective response appear to be the need for extensive testing, proactive contact tracing, an emphasis on home diagnosis and care and the monitoring and protection of health care and other essential staff...In common with other humanitarian crises, the consequences are pervasive, wide and varied and therefore require a response beyond a hospital or healthcare response. As a public health emergency, it is concerning that there is not a stronger public health lead and response.***

Of course, the 21st century brings with it extra problems when it comes to containing diseases. We live in a society always on the move, nationally and

internationally. This means it is very much more difficult to keep on top of disease transmission. Cooperation is needed across authorities and across national boundaries. But the fact remains that the need for local, public control in this pandemic, and all those which may follow, is vital. And yet we've ended up with a chaotic, centralised, privatised response, at a cost to the public purse of £22 Billion and rising. The reasons why we are in this state are arguably threefold.

First, the obvious response would have gone against the grain for Johnson's government. They are dismantling the NHS and local authorities as rapidly as they can. They would have needed to row back on their policy of shrinking the state to concur with the *Public Health* editorial above. It would have meant admitting that public services had an important part to play, and would have opened the gates to further questioning.

Second, any study of conservative thinking on private and public efficiency shows there is a very deeply held belief in "private is good" (quick, efficient (cheap) and effective (does things well)). This is the kind of belief that assumes any problems that arise are temporary issues, isolated failures.

This teflon-like resistance is very hard to break through, however strong the evidence. And the belief in "public is bad" is more and more sustainable, as the defunding of our public sector cuts deeper and deeper and public sector staff are left to cope as best they can. However brilliantly they perform, the context they are working in lets them down. Johnson's majority government clings adamantly to its pro-privatisation stance.

Third, this government believes in electronic solutions to health problems. Apps such as NHS Test&Trace, 'doctor at home', gismos installed in houses to

sound the alarm if people fall over, zoom consultations - these are the conservative solutions to most aspects of ongoing, chronic illness. Covid 19 has been an ideal moment for them (and the private companies that produce the electronic solutions) to showcase their success. The national, command and control outfit that NHSE has become took over from functioning local systems the buying and distribution of PPE, the finding and testing function, the call centre responsibility to tell people to stay at home, the various apps and centrally generated letters rolled out by a number of firms only too willing to oblige. Most of those entities have been spectacular failures.

There are some signs that the government is conceding, quietly, that some things may not be quite right. They have had to concede some ground to local public health, handing over data from the call centres to the local directors of public health as infection rates continued to soar. All localities where this has happened have demonstrated the spectacular success of the local 'add on' service. Compliance is high when your contact is a knock on the door or a local phone call, not a call centre. However, they haven't yet conceded that their method has failed.

Not enough of us know the proud history of Public Health – so we haven't called loudly enough on our MPs to make a stand for a local system. It's time we did. As any early twentieth century factory owner, school teacher, town councillor could have told us, speed at finding and isolating is essential to stopping outbreaks of disease. And that speed requires a spirit of compliance. This can only be achieved by fellow human beings, respected players in our communities – your GP, your councillor, your neighbours and families.

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