THE PUBLIC HEALTH SERVICE WE NEED

Public Health - Meaning

In this Briefing *Public Health Service* refers to that part of health services aimed at preventing illness and improving health and wellbeing.

It's important to make that clarification because some people, when speaking or writing about health services, use *Public Health Service* in the wider sense of the whole of a publicly-owned health service such as the NHS, both preventive and treatment services.

The need for a low incidence strategy to stop the Covid pandemic

A 'low incidence strategy' means aiming to keep new cases down to as small a number as possible and making this aim the basis of all policies to address the Covid pandemic.

The Covid virus is different from most other known viruses in two key ways. First, it mutates very fast. This means that allowing everyone to catch the virus in order to build up population (or 'herd') immunity just doesn't work, because the virus keeps changing and every few months a change happens which evades the immunity people have built in response to a previous infection.

The second difference is that the Covid virus is highly infectious, to the extent that even people without symptoms can readily pass the virus on. This means that in order to achieve low incidence we need a range of precautions which if taken together can reduce cross-infection effectively.

How we can return to low incidence

We now know much more about how the virus spreads than we did at the beginning of the pandemic. As a result we no longer need lockdowns. In particular we know that the virus spreads mainly through aerosols, rather than larger droplets or from touching surfaces – see the Briefing on Masks on this website at https://covidactionscotland.files.wordpress.com/2022/08/masks-briefing-3.pdf
and the cartoon video at https://covidactionscotland.org/2022/08/08/the-quest-of-the-virosols/

The list of precautions, or 'mitigations', all of which need to be taken seriously in order to reduce the number of new cases and keep that number low, can be summarised as:

- Meet outdoors as much as possible
- Wear effective masks as much as possible in all indoor settings
- Keep at least two metres away from other people
- Ventilation
- Air filtration
- A free and readily available test and trace service
- Supported isolation, both economic and social, for ten days after a first positive test

- All businesses, third sector organisations and public sector organisations to sign up to the Covid Safety Pledge (https://covidactionscotland.org/2022/07/03/sign-up-to-the-covid-safety-pledge/)
- Free testing, and free and readily available quarantine for positive cases at all points of entry to a country/region/Green Zone
- Vaccination

This is a tall order in the current context in Scotland, where the Government has given up all efforts to control spread. But it's the only way to put an end to the pandemic and to learn how to react to future virus pandemics. If we can't get all this right immediately it's what we have to strive towards. It helps to remember that every case of prevented virus spread counts, depriving the virus of one more opportunity to mutate.

Financial support for people asked to self-isolate has become even more important with the cost of living crisis. Financial support should be easy to apply for and based on trust, generosity and appreciation for a voluntary act of solidarity with community and workplace. If it's one more 'benefit' based on grudge, disrespect and a daunting application process it will fail.

The only alternative to a low incidence strategy is more Covid deaths; more Long Covid; more exhausted hospital services; more nightmarish outbreaks in care homes; more educational interruptions in schools, universities and colleges; more work absences; increasing inequality because high Covid incidence disproportionately hits those who are most economically, physically and socially deprived; more damage to the economy; continuing disruption to our daily lives; and the possibility of a variant which causes more severe illness always round the corner.

Investment in the Public Health Service

As infectious diseases became less common through the 20th Century, and new medical technologies and drugs emerged, investment in Public Health Services (prevention of disease) dropped while investment in Medical Services (investigation and treatment) increased. This trend has accelerated over the past 40 years as a result of neoliberal policies, culminating in the 2013 Health and Social Care Act – simply because investigating and treating disease tends to be more financially profitable than preventing it.

The big exception to this tendency is vaccines, which are extremely profitable, especially if multiple doses are required. With Covid, however, as has been pointed out on this website, "we have a virus that has been left free to thrive, mutate and develop on a global scale. It is mutating so fast that the effectiveness of new vaccines will be limited because by the time they are available the virus will have had time to evolve in new ways (https://covidactionscotland.org/2022/08/23/covid-forgotten-by-governments-but-not-gone/).

Staffing and Pay

Information about Public Health workers in Scotland is securely buried in the bureaucracy of the new organisation *Public Health Scotland*. But it seems there are very few public health workers involved in the Covid epidemic – most 'Public Health Practitioners' appear to be specialists in issues such as teenage pregnancy, smoking, drug abuse, and nutrition. To get any sense of pay and staffing levels for NHS workers in Scotland in general it's necessary to consider the nurses and midwives, of whom there were (at 31st March this year) 65,201 (whole time equivalents), whose average age was 44,

while £232.2 million had been spent on Bank staff over the previous year (https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/07-june-2022-workforce/). That nurses and midwives are not paid enough and that there are too few of them is clear from the fact that the Royal College of Nursing is about to ballot its members on strike action after years of struggle with governments (https://www.health.org.uk/publications/long-reads/where-next-for-nhs-nurses-pay; https://www.rcn.org.uk/Get-Involved/Campaign-with-us/Fair-Pay-for-Nursing).

In keeping with the neoliberal strategy to shrink the state, the emphasis for improving health services continues to be on reorganisation rather than increasing staff numbers and pay. This isn't about shortage of state money, it's a political choice. It's certain that the NHS needs more staff if the epidemic in Scotland is to be brought under control. And given the importance of the work, Public Health workers, along with all NHS workers, certainly need to be better paid. If the Government wants to find out how many staff are needed to run a low Covid incidence strategy in Scotland, and how much they should be paid, it should ask and listen to the current Health Service workers.

Locally based Environmental Health Practitioners / Community Health Workers

In 1854 it was through walking the streets from house to house and business to business that John Snow was able to establish the cause of the cholera outbreak in Soho, and then to control the epidemic. For generations – to some extent even right up to the Health and Social Care Act in 2013 – local public health workers were at the forefront of controlling epidemics, intimately familiar with the people living in their patch, and trusted by them. They identified new cases each day by walking their streets, gave immediate advice, and arranged whatever support each case needed to isolate. This method became known as 'shoe-leather epidemiology'.

Initially these public health workers were known as Inspectors of Nuisances. Over the years their name changed to Sanitary Inspectors, then to Public Health Inspectors, then to Environmental Health Officers, and most recently, as if the rest of us weren't confused already, to Environmental Health Practitioners (EHPs). Some EHPs are employed by Local Authorities, and in at least some Local Authority Areas these EHP's did a good job early in the pandemic in monitoring and inspecting for Covid – a better job than the UK central agencies (https://www.local.gov.uk/local-authority-covid-19-compliance-and-enforcement-good-practice-framework).
But Local Authorities are notoriously under-funded by Central Governments as part of their persistent neoliberal strategy, so there aren't enough EHPs and they aren't well enough paid (https://www.cieh.org/media/5249/cieh-workforce-survey-report-for-england.pdf).

Then there are the Public Analysts – the lab technicians who staff the Public Laboratories. Early in the pandemic the UK Government of course stepped in and used the private sector for testing and tracing, when public labs, who had the skills, could have taken on test and trace roles more quickly and effectively than start-up companies with no track record in the field.

An adequately resourced Public Health Service should include sufficient numbers of local public health workers employed by Local Authorities, as well as enough lab technicians to staff Public Laboratories. This was how epidemics used to be controlled successfully in Scotland, and it was how Cuba successfully controlled the Covid virus at the start of its epidemic (https://journals.sagepub.com/doi/full/10.1177/0141076820938582).

In Cuba the health workers who provide local preventive services also provide the primary care service. Locally based health workers, recruited from the communities they live in, who combine these functions are commonly employed by poorer countries. In most countries these workers are known as Community Health Workers. They are given more specific and shorter training than doctors and nurses. The trigger for this development has been state poverty, but often the results are markedly successful (https://www.who.int/publications/i/item/what-do-we-know-about-community-health-workers-a-systematic-review-of-existing-reviews).

It may seem a radical step for the NHS in Scotland to move in this direction, but given what we have learned from the Covid epidemic, and also the current crisis in primary care, with increasing reluctance by newly trained doctors to become General Practitioners, it's a radical step that deserves considering. One crucial need which local Community Health Workers could help to address is for the earlier diagnosis of cancer (https://www.publichealthscotland.scot/news/2022/april/cancer-incidence-in-scotland-to-december-2020/)

Most important of all in terms of preventing illness in general, would be to offer the public opportunities to learn more about illnesses - how to identify them, how to manage them, how to prevent them, and when to turn to experts for help. It's not enough to leave this to on-line information, which is sometimes confusing and often not seen by those most in need of it. To some extent this appears to be happening already as the NHS comes under greater and greater strain, forcing people to share experience and information with each other when they or a family member becomes ill. It could be said that one of the great failings of the NHS from the beginning was that it did not recognise the potential for people to share responsibility for their health with professionals. And this has become more and more a matter of them and us as UK and Scottish Governments persist with their ideological commitment to individual responsibility and victim-blaming in what they seed as health promotion. This ideology has undoubtedly influenced the Government's Covid policies.

Public Ownership

An accepted failing of the NHS is that it has become progressively more centralised and less democratic. Whatever the shape of a reformed Public Health Service, well-enough resourced and organised to achieve a reduction of new cases of Covid infection to a low level, it can only maintain this if the service is controlled locally by elected representatives of local workers and local people. For one recent take on this see https://www.nhsconfed.org/articles/we-must-walk-each-others-shoes-get-systems-working