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Covid-19: Public health response should be “local by default,” say leaders

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The vital relationships forged between national and local government, local public health teams, and the communities they serve must not be squandered post-pandemic, health leaders have warned.

Speaking at the launch of UCL’s new Health of the Public school—which aims to bring together researchers from multiple disciplines to work on improving health¹—leaders stressed that it took a long time for the central government to recognise the value of a locally led response to the pandemic, and warned against wasting the progress made.

Jeanette de Gruchy, president of the Association of Directors of Public Health, said, “Over the past year we have learnt countless lessons, but one which I hope will stick with us is how we are much more effective when we can talk with our communities rather than at them. We need a public health response that is local by default.”

The UK government has been criticised over many of its centrally controlled and led systems for dealing with the pandemic, from the test and trace system² to the provision of food parcels for vulnerable people told to shield.³

De Gruchy, who is director of public health in Tameside, said that the positive steps that the government has made away from the “dominant approach of simply handing decisions down to councils with a ‘Made in Westminster’ label” to a more co-produced or collaborative relationship need to be preserved and built on. “There is a risk that they might disappear and we’ll go back to the previous ways that we did things. That will be a real loss,” she warned.

Covid has not been an equaliser

While some commentators have deemed covid-19 an equaliser because anyone could get it, health leaders have said that that’s far from true.

“Covid has been another siren call about the inequality scarring modern Britain. We’ve seen that the poorest and the most vulnerable in our society, including those from black and minority ethnic communities who have been most at risk, have experienced the most impact negatively,” said De Gruchy. “Recovery can’t just be about going back to normal, we need to think about the kind of society and economy we want to live in.”

To do this, government policy that “fundamentally prevents ill health and aims to improve the social determinants of health” through investing in good housing, early years education, and services that meet local community needs is crucial, she said.

As part of this, better provision of resources for local councils will be required. Local councils have faced a decade of funding cuts from central government, forcing them to choose between vital services such as housing and social care.⁴

Health promotion

According to Anne Johnson, co-director of the Health of the Public school, the government’s new Office for Health Promotion could play a pivotal role, if those in power listen to the likes of Michael Marmot—UCL Institute of Health Equity director and author of the Marmot review—and accept that public health should be a cross government activity.

The government announced the new office in March 2021. It will sit within the Department of Health and Social Care and lead work across government to promote good health and prevent illness. It will focus on matters such as obesity and mental health.

Johnson said details of the office have not yet been set out but stressed the importance of other government departments—including those of education, environment, and transport, as well as local government—being involved.

She called on those working in public health to make their voices heard and to encourage a multidisciplinary approach that tackles social determinants and inequalities, while not pitting health and the economy against each other. Instead, it should be recognised that a “strong economy leads to good health and good health leads to functioning economies.”

Next generation of public health practitioners

With public health in the spotlight, and its importance now more widely understood, there is an opportunity to grow and diversify the public health community, said Kevin Fenton, London regional director of Public Health England.

Speaking at the launch, Fenton said, “Not many people knew who epidemiologists were before this pandemic, but I bet everybody now has a favourite epidemiologist, whether on the news or on Twitter.”

He said that serious thought should be put into how the “next generation of the public health family” can be developed. “The wider skills that need to be brought to how systems work, whether operational, academic, or policy, and how we support that development, including diversity and inclusion, is critical.”

1 UCL. Health of the public. 2021. www.ucl.ac.uk/health-of-public.

2 Iacobucci G. Covid-19: Is local contact tracing the answer? *BMJ* 2020;370:m3248. doi: 10.1136/bmj.m3248 pmid: 32816820

- 3 Mahase E. Covid-19: Government's shielding scheme failed thousands of clinically extremely vulnerable people, say MPs. *BMJ* 2021;373:n1033. doi: 10.1136/bmj.n1033 pmid: 33879475
- 4 Iacobucci G. Budget cuts force local councils into "narrow" focus on social care, warns watchdog. *BMJ* 2018;360:k1113. doi: 10.1136/bmj.k1113 pmid: 29519884