

Public Health England Annual Conference 2019



Prioritising public health

Public Health England's (PHE's) Chief Executive, Duncan Selby, opened the PHE annual conference with an upbeat message—the argument for prevention has been won, England will see the first increase in government spending on public health for several years and the government's support for prevention is evident from its recent 'Advancing Our Health' green paper. The Secretary of State for Health and Social Care, Matt Hancock, reiterated this new commitment to public health, and praised policies such as the soft drinks sugar levy, but also made clear that this government's vision is for "personalised prevention"—efficiently delivering individual-level interventions using big data and genomics.

Infectious diseases

Chris Whitty (Department of Health and Social Care) provided insights into recent infectious disease trends in the UK. He reported that antimicrobial resistance is growing in England, but at a slower rate than many comparator countries, suggesting that control measures are having some success. He also cautioned that the UK should expect to see the greatest increases in burden of infectious diseases among the growing number of citizens aged older than 80 years, who have higher susceptibility to infection and to its exacerbating impacts on non-communicable diseases. Sharon Peacock, Director of the National Infection Service, presented PHE's new 5-year infectious disease strategy. The strategy notes 12 emerging infectious disease threats for England, including pandemic flu, Ebola, and, most recently, monkeypox, and other concerning issues like rising sexually transmitted infection rates and health inequalities. PHE's strategic priorities to tackle these will include greater use of emerging genomic and data technologies to improve disease prediction and detection.

Gambling

Tim Millar, the UK Gambling Commissioner, affirmed that gambling harms are a public health issue for which individuals, industry, and regulators share responsibility. A recent report from the Commission, which found that UK adolescents engage in gambling more than smoking, drug taking, or drinking, highlights the urgent need for research into this emerging public health issue. Liddy Goyder (University of Sheffield) and Margarete Regan (PHE) presented literature reviews and stakeholder consultations to assess the available evidence on risk factors for and interventions to treat gambling addiction. The reviews found that overall the evidence on gambling harms is severely lacking. The majority of trials identified were small, individual-level interventions—evidence on screening, the comorbidities of gambling addictions, and interventions to reduce relapse are particularly lacking.

E-cigarettes and smoking cessation

Katie Myers-Smith (Queen Mary University London) presented the results of a recent randomised trial, which reported a quit rate of 18% at 12 months using e-cigarettes compared with 10% using nicotine replacement therapy (NRT) in a cohort of 886 UK adults. Small-scale trials have been taking place in local authorities with some of the most deprived communities and recalcitrant smoking rates in England. Kuiama Thompson (Rochdale Borough Council) reported a trial in Salford that provided e-cigarettes to 1000 residents via stop smoking centres and pharmacies. 62% (616) of participants who remained in the study after 4 weeks had quit tobacco; the increase in quitting was highest in the lowest income quintile and cost per quit was lower than for

NRT. Sarah Nunn and Donna Porter (Essex County Council) reported a trial in Essex done via commercial vape stores that achieved 1236 quits, which were maintained at 12-month follow up by >90% of the study participants and reduced Essex County Council's public health spend by £135 960. Despite controversies and recent reports of a potential link with respiratory illnesses in the USA, PHE's advice remains that e-cigarettes are 95% less harmful than smoking tobacco.

Linking research with policy

Susan Griffin (University of York) asked why research evidence in favour of public health and prevention has not translated into health spending. Griffin compared four studies evaluating the outcomes of investments in public health interventions with three evaluations of primary or secondary care health technologies. The figures show that public health measures were significantly more cost-effective, improved health up to 3 times faster, and achieved greater reductions in health inequality compared with treatment. Despite such evidence, she argued, protecting frontline treatment budgets and investing in changing individual behaviours might be politically easier because of societal or political preferences and lobbying from industry against taxes or new regulations. Anne Ludbrook (University of Aberdeen) argued that current spending is worsening health inequalities and that when economic analyses account for the wider benefits to gross domestic products, tax income, and public order, population-level interventions might prove to be cost saving.

John Carson

Copyright © The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.

The Public Health England Annual Conference 2019 was held in Warwick, UK, on Sept 10–11, 2019.

For more on the **Public Health England Annual Conference 2019** see <https://www.phe-events.org.uk/hpa/frontend/reg/thome.csp?pageID=356560&eventID=829&traceRedir=2>

For the **PHE infectious diseases strategy** see <https://www.gov.uk/government/publications/phe-infectious-diseases-strategy>

For more on the **UK Gambling Commission** see <https://www.gamblingcommission.gov.uk/pdf/survey-data/young-people-and-gambling-2018-report.pdf>