



# Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

## Faculty of Public Health (FPH) press release

### Remaining in the EU is in 'best interests of everyone's health and wellbeing'

#### Strict embargo: 00:00 Tuesday 7 June

The Faculty of Public Health (FPH) has today (Tuesday 7 June) published a report into the public health consequences of the UK's membership of the European Union and the upcoming referendum on June 23.

The report concludes that, on balance, remaining in the EU is the best option for everyone's health and wellbeing, based on the best available evidence.

Professor John Ashton, President of the Faculty of Public Health, said: "Public health is about analysing the best available evidence to make an informed judgement. Our independent report reflects that we have a lot of evidence about what the UK's membership of the EU means for public health, but very little about what the impact of leaving would be.

"The EU was established to reduce the risk of future wars in Europe through uniting countries politically and economically. The EU has secured lasting peace and stability – and protected those living in it from the significant threat that war and violence present to our health.

"Health is a key driver of long-term economic growth. The UK's membership of the EU has ensured continued protection for health, particularly from legislation on the environment and clean air, water, food and consumer product safety, and a flow of qualified workers for the NHS and other employers of health and social care workers.

"Through its strong social protections and worker rights, the EU has made a significant contribution to tackling the inequalities that lead to unequal societies, and which puts more pressure on our already overburdened health and welfare services.

"Just as our economy and society have become international, so have the threats to our health. Pandemics like 'flu, or water and airborne diseases and pollution, do not respect border controls. Our food and economic security, as well as the impact of climate change, cannot be controlled from within the UK alone.

"The UK has a strong leadership role for public health in Europe, for example on resistance to antibiotics. We all benefit from a pan-European approach to such a vital issue. Our analysis is that it is better for the UK to remain a team player within Europe, where we benefit from shared intelligence, response and action.

“We agree that reform is needed within the EU to improve existing legislation. With a seat at the table, FPH believes that the UK has stronger, bloc wide, negotiating power.

“The UK is a net beneficiary from EU funding, including our excellent public health practice and research, which protects and improves health and helps make best use of the NHS’s resources.

“Our analysis suggests that it would almost certainly be detrimental to people’s health in the UK for us to leave the EU. Remaining in the EU would be in the best interests of everyone’s health and wellbeing. ”

ENDS

## **NOTES TO EDITORS**

The key messages and executive summary of the UK Faculty of Public Health’s Report on the Health-Related Consequences of the European Union Referendum follows below: the full report is available on request.

### **Views of FPH’s members on the referendum**

In a survey of FPH’s members in May 2016, we asked:

Do you feel it is in the best interests of everyone’s health and wellbeing for the UK to remain in or leave the EU?

Of the 154 members, who responded, 86.4% supported the UK remaining in the EU, while 13.6% were in favour of leaving.

### **About the Faculty of Public Health (FPH)**

FPH is committed to improving and protecting people’s mental and physical health and wellbeing. Our vision is for better health for all, where people are able to achieve their fullest potential for a healthy, fulfilling life through a fair and equitable society. We work to promote understanding of public health issues and to drive improvements in public health policy and practice.

As the leading professional body for public health specialists in the UK, our members are trained to the highest possible standards of public health competence and practice, as set by FPH. With 3,800 members, in the UK and internationally, we work to develop knowledge and understanding, and to promote excellence in the field of public health. For more than 40 years, we have been at the forefront of developing and expanding the public health workforce and profession.

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## **Key messages from the UK Faculty of Public Health Report on the Health-Related Consequences of the European Union Referendum**

1. The EU Referendum represents an important decision about the future of the country. The EU affects the major determinants of health, both directly and indirectly.
2. European legislation on environment, consumer safety, food quality, human rights and social policy has powerfully contributed to better UK health and wellbeing.
3. The EU has a political commitment to supporting innovation and research for health. The EU provides substantial funding: UK public health researchers do well, competitively winning far more funds than the UK initially pays into these programmes.
4. Some 10% of the UK's health and social care workforce are from the EEA countries. Addressing potential staff shortages amongst key healthcare workers is a benefit of the policy of freedom of movement of citizens.
5. The EU is the world's largest trading block and is globally the best practice regulator for other jurisdictions and industries. If the UK leaves the EU, it will take time and money to build up the institutions and skills required to deliver any regulatory responsibilities which are relocated from Brussels to the UK.
6. A third of the EU budget goes towards investing in poorer regions across the continent. This solidarity mechanism has been extremely valuable for the UK, supporting regional growth and jobs, tackling inequalities and building social capital. There is no guarantee that an independent UK would fill such regional funding gaps in future.
7. Decision-making in a community of 28 countries is cumbersome and slow. By going it alone, the UK might develop a more streamlined and efficient government more responsive to population needs and concerns.
8. If the political vision and political will both existed, the UK would be free to take bolder or faster action in favour of public health (when not constrained by the readiness of other countries).

On balance, the EU has had a positive impact on population health and health service provision. When fully engaged in the EU, the UK has potential to contribute through leadership and partner with other countries to achieve mutually beneficial goals.

### **Executive Summary**

This briefing considers the likely health consequences of leaving or remaining in the EU. European integration is a concept that emerged after the Second World War period as a means of creating interdependencies and connections between countries and thus reduce the risk of further conflict. Over time, the EU has evolved into a mechanism to stabilise and embed democratic governance during times of change. The peace dividend generated by the EU is a clear asset for the health and wellbeing of the people of Europe.

Population health is a subject of political choices, particularly addressing the social determinants of health such as economic and social opportunity, poverty, decent housing and employment. A healthy population is an asset, driving economic growth. Conversely, unequal societies have big gradients in mortality and morbidity across the population resulting in heavy demands for health and welfare services. Wellbeing is among the key objectives of the EU according to the Treaty on European Union. EU legislation, policies and funding programmes affect health determinants both directly and indirectly.

This briefing considers the likely situation of remaining in the EU compared with leaving the EU. It is assumed that a 'remain' vote will result in current arrangements staying as they are along with any known developments that are planned. It is assumed that a 'leave' vote would result in a complete separation. This may have an impact on the internal stability of other EU countries that have strong independence or regional movements (Spain, Italy, France, Belgium, and Germany) and this may trigger similar referenda in these countries, thereby undermining the overall stability of the EU.

Should the UK decide to leave the EU, some kind of relationship could be negotiated with it, particularly in terms of accessing the single market and other systems such as the European Centre for Disease Control (ECDC). However, there would be a cost associated with such arrangements. That may mean that the UK could potentially remain subject to much EU legislation and costs, but with no chance of influencing or amending them. It is unclear how such an arrangement would be better than the status quo, hence the assumption of complete separation as a consequence of a 'leave' vote.

Some of the proposed benefits of leaving the EU would be a reduction in the administrative and regulatory burden on businesses generated by EU legislation. The UK, together with 17 other countries, has called for specific EU targets on reducing the red tape burden<sup>i</sup>. This current Commission has a formal commitment to streamlining legislation, producing just 23 new legislative proposals in 2015 compared to an average of 130 annually in the preceding five years. Furthermore 80 pieces of pending legislation have been withdrawn and there is a Commission Vice-President with specific responsibility for Better Regulation<sup>ii</sup>.

The UK benefits currently from block EU-wide negotiating power in global trade agreements.<sup>iii</sup> It is hard to estimate the potential attractiveness of an independent UK for trade agreements, but key trading partners such as the US and Japan have stated that starting negotiations for a new bilateral agreement would not be a priority for them.<sup>iv</sup> <sup>v</sup> Furthermore, leaving the EU would require both time and significant civil service resources to negotiate new trade agreements to replace the EU agreements with third countries.<sup>vi</sup>

As a member of the World Trade Organization (WTO), the UK has already made commitments in terms of opening its market for products and services and public procurement. Some of these are a concern for public health (for example enhanced provisions of the Trade Related Aspects of Intellectual Property Rights Agreement, or private sector involvement in managing NHS services). Leaving the EU would not change this situation, because commitments made in the context of the WTO cannot be withdrawn without financial penalty.<sup>vii</sup>

Environmental legislation is almost entirely adopted at EU level and implemented nationally or locally. This is logical given the cross-border nature of pollution, climate change and related health threats. The UK benefits from these arrangements as on its own, the UK (or indeed most countries) does not have the capacity to effectively control many of the most important determinants of our current and future health, including pandemics, the environment, healthy sustainable food, and climate change. If the UK leaves the EU, attention would need to be given to how the UK could continue to be part of efforts to address these international issues.

A third of the EU budget is spent on supporting agriculture, some €27.8 billion are to be invested in UK farming by 2020. It is unclear if an independent UK government would choose to match this level of financial support. The UK imports more food from the EU than from the rest of the world. Being outside the EU could trigger the imposition of new tariffs on food stuffs which could increase the cost of imported foods.

Health and safety at work legislation is basically European; likewise legislation ensuring the safety of food, medicinal products and medical devices. The Social Chapter mandates generous maternity and paternity leave, guaranteed holidays, the 48h Working Time Directive; equal rights for part-time workers and protection against unfair dismissal. (All are powerful social determinants of health from which UK citizens have benefitted). Once outside the EU, the UK would be free to sacrifice them in the name of efficiency or austerity, or further develop these worker protections if the political will is present.

Many UK areas have benefited from EU Regional Policy funding, including Scotland, Wales, Northern England, Northern Ireland and Cornwall. This is valuable given the current devolution trends in regional and local authorities.

Access to the EU Single Market greatly benefits the UK life sciences sector. If the UK were outside the EU, UK influence on EU medicines and device regulation would be minimal. Free movement of health and science professionals within the EU currently benefits the UK health sector because of the enlarged pool of talent.

EU Registration and approval of pharmaceutical products is carried out by the European Medicines Agency (EMA) - based in London - benefits include efficiency and regulatory predictability. If the UK were no longer a member of EU, new medicines developed in the UK would be subject to approval processes both domestically and at EU level. That would add time and increased costs to regulatory processes.

The EU is a major source of research funding for UK health and public health researchers: the UK contributes 11% of the EU research budget and receives 16% of allocated funding, a substantial net benefit. Matching this level of funding from the national budget in the event of a 'leave' vote would be difficult and yet still not provide the kind of international collaboration opportunities that are so critical to innovative research.

**In conclusion, having objectively considered the best evidence available, a decision to remain in the EU would ensure continued protection for health, notably from legislation on clean air, water, safe food and consumer products, a flow of qualified workers for the NHS and funded opportunities for researchers to thrive in a dynamic scientific community.**

**In contrast, leaving the EU would, on balance, be likely to be detrimental to the health of the UK population, impede effective public health practice and act as a barrier to UK research.**

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<sup>i</sup> Department for Business, Innovation and Skills, HM Treasury, UK and 18 other EU countries call for business red tape reduction, November 2015, <http://bit.ly/1NxKfM9>

<sup>ii</sup> Minto, R. Brussels in the shadow of 'Better Regulation', The UK in a Changing Europe, August 2015, <http://bit.ly/1JcmMOC>

<sup>iii</sup> Keegan, W. The Guardian, Brexit would be a messy divorce, and very hard on the children, <http://bit.ly/1Vte2bQ>

<sup>iv</sup> Russia Today, 'Back of free trade queue': Brits slam Obama for 'threats' over Brexit, April 2016, <http://bit.ly/1Y2obwt>

<sup>v</sup> Reuters, Japan's Abe says Brexit would make UK less attractive for Japanese investors, May 2016, <http://reut.rs/1NkDQ7I>

<sup>vi</sup> BBC World Service, Reality Check: What trade benefits could UK keep if it left EU?, March 2016, <http://bbc.in/1PjmDfD>

<sup>vii</sup> CBI, The Norway Option, <http://bit.ly/1QmPQmW>