

Action on the Resolutions of the Public Health Medicine Conference 2021

Revised 27 May 2022

14	<p><i>MOTION by the Conference Agenda Committee:</i></p> <p>That this conference notes the establishment of the UK Health Security Agency (UKHSA) and the Office for Health promotion (OHP) and calls on the Secretary of State, the Department for Health and Social Care and CMO to ensure the new organisations:</p> <ul style="list-style-type: none"> (i) Are set up as part of the NHS and as NHS Special Health Authorities; (ii) Enable staff to work seamlessly with other public health organisations at local and regional level in England, and with national public health organisations in Wales, Northern Ireland and Scotland; (iii) Employ public health specialist staff on NHS equivalent consultant contracts; (iv) Ensure easy movement of staff without detriment to terms and conditions, pay, pensions and continuity of service between the new organisations, local authorities, integrated care systems, the NHS and national public health organisations in the devolved administrations; (v) Deliver an effective appraisal and revalidation system covering all public health specialists, hosted by UKHSA or OHP; (vi) Continue to deliver high-quality training placements and education for specialty registrars in public health and associated specialties; (vii) Uphold the contractual right of consultant staff to advise, speak and publish on matters of public health interest without fear or favour; (viii) Undertake to adapt and update the PHE code of conduct to reflect the needs of staff working under both GMC code and the civil service code. (ix) Invest in Healthcare Public Health expertise and training for those from Public Health and other medical specialties.
	<p><i>Resolution informed the Committee's, the LNCs and wider Association's engagement with PHE and its successor bodies and the Local Government Association, lobbying on the public health workforce, training and appraisal and the position on contracts for public health specialists from backgrounds other than medicine.</i></p> <p><i>A paper was prepared for the Professional Regulation Committee on the implications for the profession and the BMA of having specialists not from medical backgrounds on the registration of public health doctors. Consideration also of the implications of the extension of medical and dental terms and conditions to these specialists (which has long been BMA policy), and what role these groups should play within the BMA.</i></p>
15	<p><i>MOTION by PHMC Executive:</i></p> <p>That this conference calls upon UKHSA, OHP and NHSE/I to recognise BMA for the purposes of collective negotiation and to set up regular formal consultative meetings</p>

	between the organisations, trade unions and professional associations including BMA and other public health representative and professional bodies.
	<i>Resolution informed the Committee's engagement with UKHSA, OHP and NHSE/I. BMA Member Relations made aware of the policy.</i>
18	<p><i>MOTION by the Conference Agenda Committee:</i> That this conference calls for a public enquiry into the COVID pandemic:</p> <ul style="list-style-type: none"> (i) to be initiated as soon as possible (ii) To include a full evaluation of the strengths and weaknesses of the public health system in England, the fitness of purpose of its health protection systems, and the impact of the progressive loss of medical expertise; (iii) With the widest possible remit, including Government decision making and advisory structures, procurement, vaccine development, vaccine delivery, lockdown measures and timing, PPE, public health delivery structures, investment in track and trace, protective measures for vulnerable people and communities, management of outgoing and incoming travellers (iv) With the ability to make recommendations for the planning, preparation and investment towards managing the next pandemic and so that lessons can be learned and rectified under UKHSA and OHP.
	<i>Resolution informed the Committee's lobbying within the BMA on support for a public inquiry and input into the BMA's initial lessons learned exercise. The resolution was passed to the BMA project manager for the lessons learned exercise for information and discussed with manager of the policy team.</i>
19	<p><i>MOTION by Welsh Public Health Medicine Committee:</i> That this Conference notes that the coronavirus pandemic has demonstrated the essential role of care home workers and how existing poor pay and working conditions of these carers can contribute to mortality and morbidity among some of the most vulnerable in our society. Conference, therefore, calls on the governments of the four UK nations to urgently review and improve pay and conditions for care home workers to reflect their essential role.</p>
	<p><i>Shared the resolution with the Committee for Community Care for their views on how best to take it forward. Sent it to the SPA for CCC who shared it with the officers of the Committee. Policy team working on issue with the CCC.</i></p> <p><i>At the time of writing the final edits were being done to a briefing paper for CCC which includes recommendations re funding of social care and workforce. Includes calls to: ensure social care workers are paid the Real Living Wage as a minimum, backed by a long-term workforce funding plan and introduce a standard work contract and improved training opportunities for social care staff.</i></p>
21	<i>MOTION by the Conference Agenda Committee:</i>

	<p>That this Conference notes that the 2012 BMA publication Healthy transport = healthy lives contained clear information about the impact of transport on physical activity, pollution, deprivation, health inequalities and climate change.</p> <p>Conference further notes that the pandemic era worsens many aspects of health (such as deconditioning, isolation and exacerbating health inequalities) and believes that regular exercise, especially outdoors, can improve many of these issues. Conference, therefore, calls for:</p> <ul style="list-style-type: none"> (i) increased promotion of active travel to support social distancing, reducing deconditioning and improving mental and physical health, which means promoting cycle lanes and environments for walking; (ii) increased access to open spaces for people to exercise; (iii) support for car-free areas around schools and safe active travel for children to get to school; (iv) all NHS estates to have good cycle storage facilities and promote active travel for staff, patients and visitors; (v) government subsidy for electric-cars to be applied to electric-cycles. (vi) the BMA to update and re-release the report on the health impact of transport.
	<p><i>Meetings have been held on the resolution with the BMA's Population Health policy team to identify whether it would be possible to update the report on the health impact of transport. It was to factor into their work on Transport and related ARM resolution.</i></p> <p><i>The resolution informed the Committee's engagement with the Partnership for Active Travel, Transport & Health of the UK Council of the Transport & Health Science Group and Richard Jarvis' activity in this area and PH representatives to Regional Councils.</i></p> <p><i>The Committee asked about re-releasing the report referred to in the motion on the website or a link to the library copy as a resource whilst recognising it is dated.</i></p> <p><i>Highlighted a 2019 BMA report on increasing physical activity which includes a recommendation to increase per capita budgets for active travel, green space and leisure spaces, physical activity in schools and role of NHS as anchor institution - https://www.bma.org.uk/media/2104/bma-physical-activity-briefing-get-move-on-oct-19-v2.pdf. The policy team is also looking at transport as part of its wider work on climate change (including Greener NHS).</i></p>
22	<p>MOTION by Northern Ireland Public Health:</p> <p>That this conference notes that public transport costs continue to rise each year, this is a disincentive to greater public transport use and calls on the Northern Ireland Assembly to ensure that annual public transport fare increases are not above the level of inflation and do not result in fares that are more expensive than the cost of driving the route.</p>

	<i>Shared with the secretariat in BMA Northern Ireland and the policy team. Informed the Committee's engagement with the Partnership for Active Travel, Transport & Health of the UK Council of the Transport & Health Science Group.</i>
24	<p><i>MOTION by Conference Agenda Committee:</i> That this Conference demands that:</p> <ul style="list-style-type: none"> (i) The UK Government support and fund a process to refer those who committed genocide and crimes against humanity to the ICC Chief Prosecutor so that they do not enjoy impunity if they managed to command armed organisations or control state apparatus. (ii) The UK Government refers General Min Aung Hlaing and the members of the State Administrative Council (SAC) of Burma to the Chief Prosecutor of the International Criminal Court (ICC) for the genocide of the Rohingya, crimes against humanity on the civilians and war crimes. (iii) When the ICC issues an arrest warrant or indicts them, the UK government, working with its allies, provides effective means to arrest them and brought them before the ICC. <p style="text-align: right;">[PASSED AS REFERENCE]</p>
	<i>Referred to the Committee for consideration.</i>
25	<p><i>MOTION by North East England Public Health:</i> That this meeting recognises the impact of plastic waste on the health and wellbeing of the population, and that:</p> <ul style="list-style-type: none"> (i) NHS organisations should be encouraged to reduce consumption of single-use items and increase recycling; (ii) washing machine manufactures should be encouraged to incorporate filters in their products to reduce microplastic pollution. (iii) the hospitality sector should be encouraged to reduce use of single-use items including small bath and shower gel bottles. (iv) the BMJ should examine the practicalities of switching plastic covers to a compostable starch-based alternative.
	<p><i>Met with the BMA's Population Health policy team to identify whether the resolution supports or enhances existing policy and how best to take it forward.</i></p> <p><i>BMJ is now using paper covers.</i></p> <p><i>It is similar to an ARM resolution which has generated plans to do work with the Greener NHS team. Noted that there is a wider issue regarding trust laundry facilities.</i></p> <p><i>In an update for the ARM it has been noted that the BMA supports improved recycling in NHS facilities. However, calling on Government to introduce new legislation may not</i></p>

	<p>(ii) Welfare reforms introduced since 2010 by the UK Government are damaging the health of the public. Conference, therefore, calls on the BMA:</p> <p>(iii) To lobby the UK Government to undo welfare policies causing harm and develop welfare policies that protect and promote health;</p> <p>(iv) To lobby all governments in the UK to implement a Health in All Policies approach to policy making</p>
	<p><i>Informed Committee and BMA lobbying on the issue and discussed with the BMA's Population Health policy team to agree how it fits with existing BMA policy on welfare reform and to consider how best to take it forward.</i></p> <p><i>Policy Team has ongoing work on this most recently regarding health inequalities and COVID. Include in lobbying on wellbeing of future generations bill and part of the President's project.</i></p> <p><i>(iv) is already BMA policy. Lobby as and when we can. Margaret Douglas in Scotland done a lot of work on this and would be happy to work with us on this. Discussed at the meeting of the PHMC on 26 January.</i></p> <p><i>President's project 2021-22 shaping up to have a strong focus on the economic case for change and how a focus on some key levers for decision making including Green Book, Social Value Act and calls to move beyond GDP as sole measure of success.</i></p>
30	<p><i>MOTION by the Conference Agenda Committee:</i></p> <p>That this conference notes that an individual's ongoing health is programmed in their early years with good health in childhood and the avoidance of adverse childhood experiences reducing ill health – both physical and mental – for the rest of life.</p> <p>(i) Conference further notes that childhood poverty is closely associated with poorer health, adverse experiences and with being less able to contribute towards society.</p> <p>(ii) Conference, therefore, believes that reducing childhood poverty is a wonderful investment both in future health, and future productivity and welcomes the commitment of the Scottish Government to reduce child poverty.</p> <p>Conference therefore calls upon the UK government to prioritise tackling childhood poverty, and improving services for children and young people; the BMA to lobby the UK Government to use policy levers to reduce child poverty in the UK.</p>
	<p><i>Inform Committee and BMA lobbying on the Government's proposed 'levelling up' agenda, working with the BMA's Population Health policy team.</i></p> <p><i>Part of wider work on health inequalities, children's services and welfare reform. Inform response to the Scottish government consultation on poverty.</i></p> <p><i>President's project focussed on the importance of a life course approach. Much of our work on mitigating inequalities as a result of covid plus financial insecurity, austerity has drawn out the particular impact on children and young people.</i></p>

33	<p><i>Motion by London Public Health:</i></p> <p>That this Conference notes that gambling is a major cause of psychological distress and that there are an estimated 2.5 million problem and at-risk gamblers in the UK.</p> <p>This Conference calls for:</p> <ul style="list-style-type: none"> (i) Better regulation of the gambling industry is needed especially in on-line advertising (ii) The Gambling Commission to work with the BMA to produce a recommended set of evidence-based regulations to reduce the health problems related to gambling.
	<p><i>Identified members of the Committee who could work on this policy, aiming to produce at least some outline proposals that the Gambling Commission could consider. Work with the Population Health policy team to clarify existing BMA policy in this area.</i></p> <p><i>Being led by Ellis Friedman on behalf of PHMC and Henrietta Bowden Jones for BoS who met initially on 16 December. This led to a more detailed motion going to the 2022 Conference and which is also on the ARM agenda.</i></p>