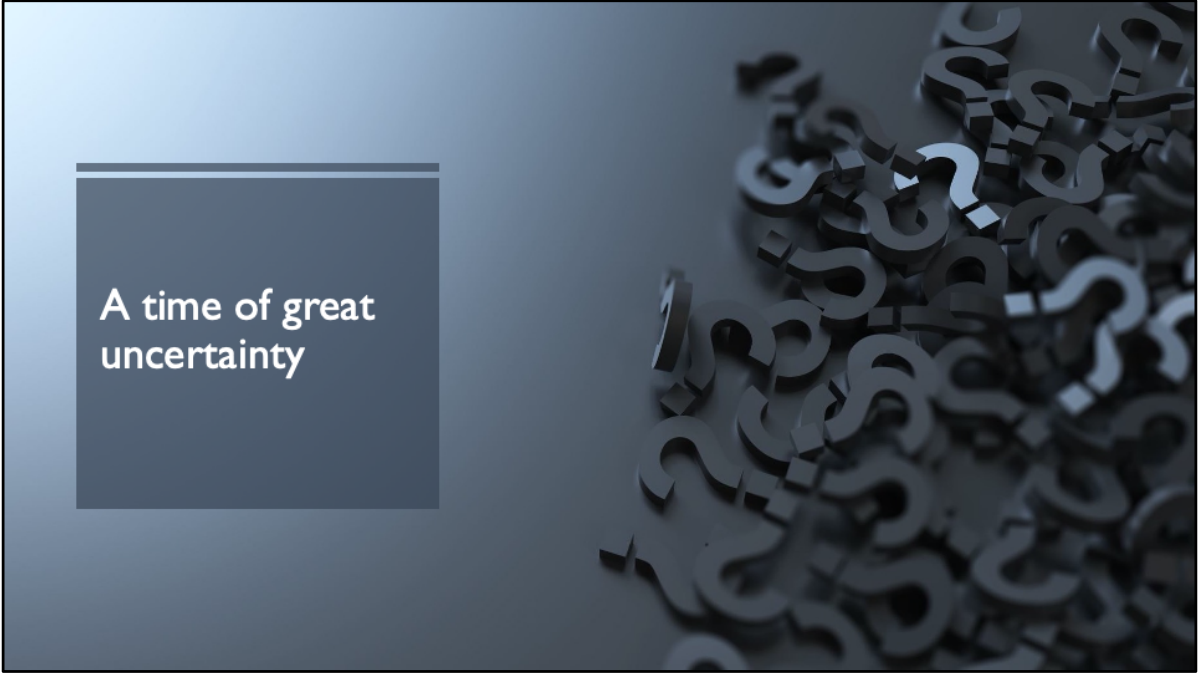




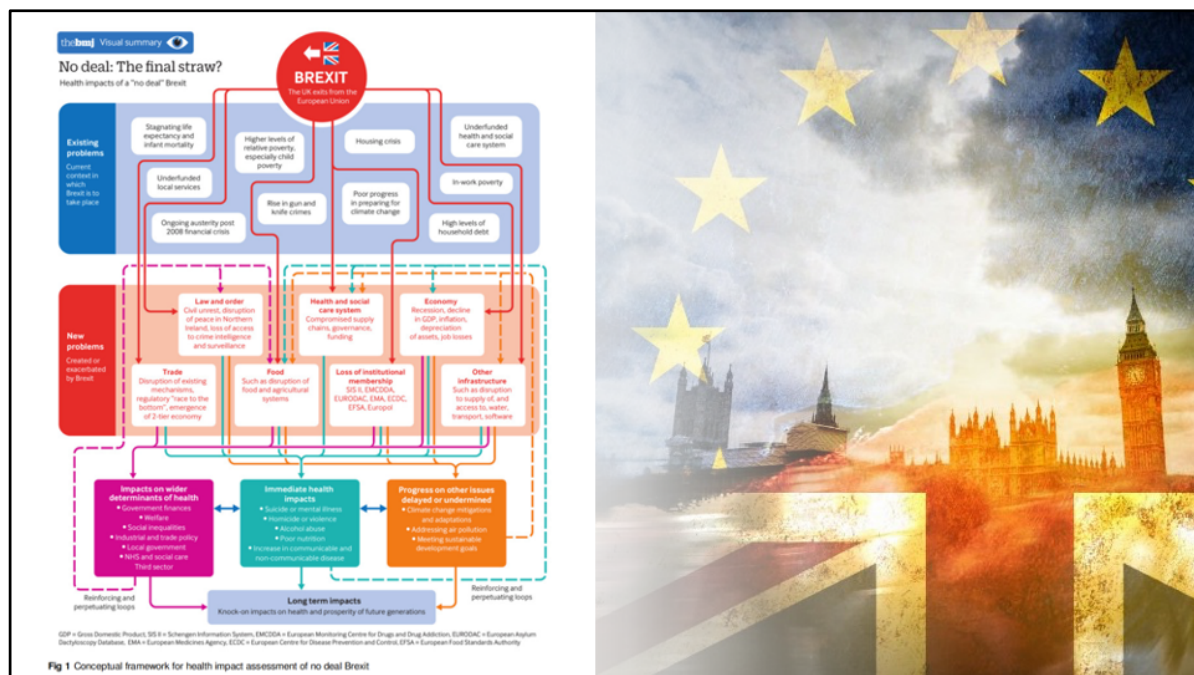
I will be touching on some of the wider implications of this next phase of Brexit particularly from a public health perspective, drawing from some work Tammy, Tim and myself did with other colleagues at the end of last year which explored some of the potential direct and indirect health impacts of a no deal Brexit and also served as a call for health to feature more prominently in the Brexit debate as post the referendum health tended to fall off the Brexit agenda.

I think it is important to emphasise that Brexit, in any form, is a form of major social change and transition and has, and will continue to have, major impacts on people's lives and the wider determinants of health. Public health has a role in keeping health on the agenda at times of transition and at the heart of policy debates and implementation.



A time of great
uncertainty

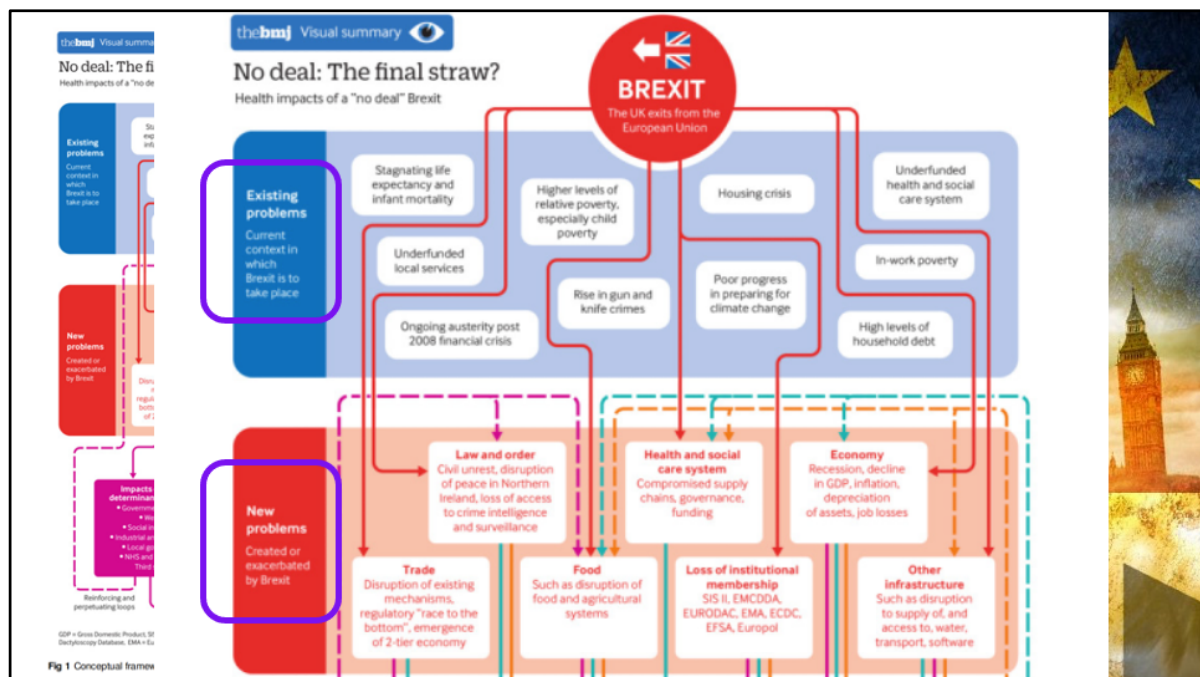
As we emphasised last year, we are all working in the context of great uncertainty, and obviously this is even more so in the context of the pandemic. It is challenging given that policy can change from day to day, as does the information available. This has implications for planning but also for people's mental health and sources of support and resilience.



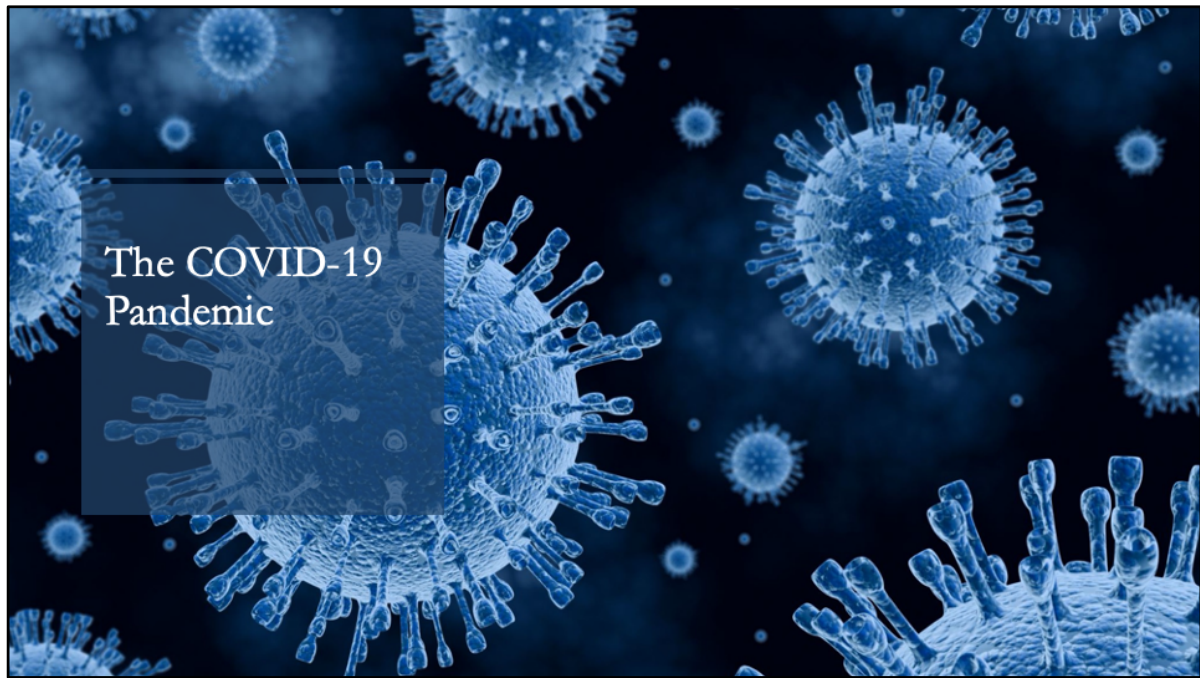
In undertaking our work we explored a number of areas that were likely to be impacted upon by a no deal Brexit, and I would like to highlight that Public Health Wales also conducted a very comprehensive health impact assessment of Brexit which is a great resource and there have also been two assessments conducted pre-covid-19 on the specific impacts for the NHS.

It is also important to emphasise that “no deal” does not just relate to the situation that would apply from the 1st of January onwards but also the shock of a rapid transition in which many things happen at once with largely unpredictable consequences that could, if negotiations had succeeded, have been avoided. I would also like to emphasise that analyses show that a poor or weak deal is only marginally better than a no deal and similarly risks having far sweeping negative impacts on the economy.

A no deal is likely to impact in multiple ways such as through disruptions to systems of trade, the economy, institutional memberships as well as to the health and social care and food systems, as well as leading to a risk of civil unrest, for example in NI, or due to food shortages, all of which have direct and indirect implications for public health.



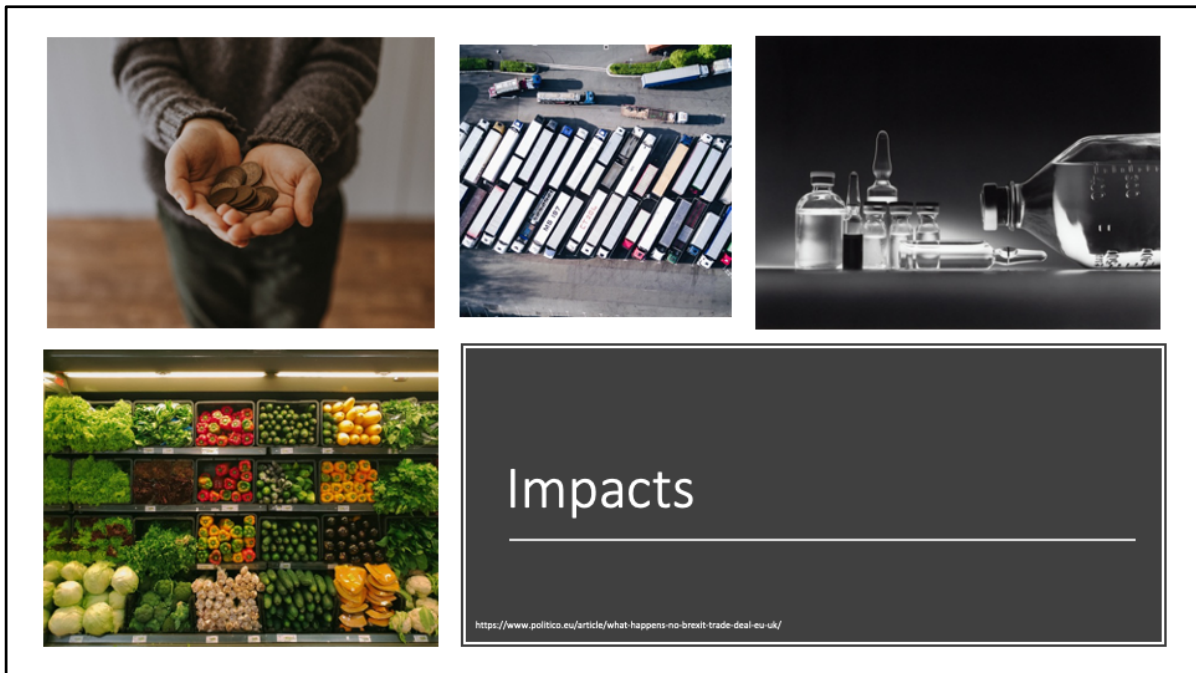
It is very important to realise the different context in which we are now working and what we saw as potential “new” problems this time last year, have become “current” problems



The covid-19 pandemic has had profound impacts including on the economy, the health and social care systems, we have seen our food systems ration certain items, and many businesses are concerned for their future viability and 1000s have lost or fear for their jobs.



So we are now faced with a likely dual challenge of managing the pandemic, while preparing for and navigating a no deal Brexit.



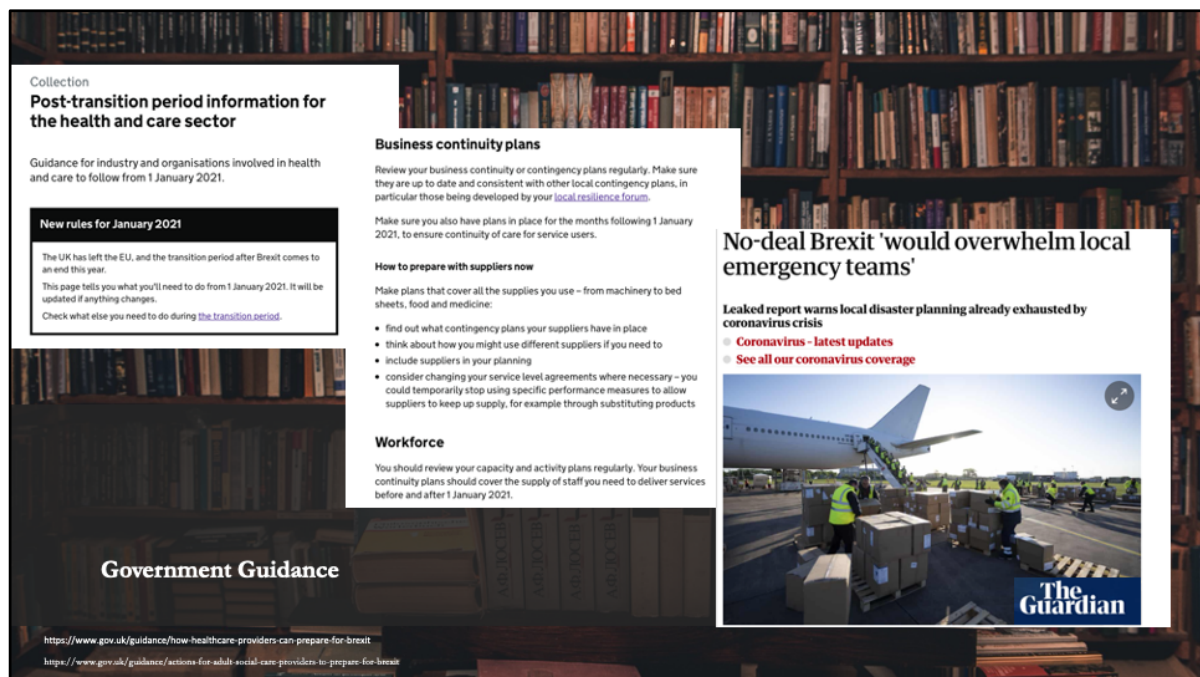
Returning to some of the impacts, at a local level, it is critical to think about what a no deal may mean for our communities. A no deal means that Great Britain is no longer part of the single market or customs union as of 1st January 2021. In contrast, in many respects, Northern Ireland will remain within both. Trading with the EU as well as other countries for whom we have not established a trade deal with would then be guided by WTO rules and imports would be subject to import tariffs as set out in the UK's Global Tariff Schedule.

The cost of tariffs and delays at the borders due to new customs checks are likely to affect most sectors of the economy, with delays and price increases experienced by consumers, and some business may even fold as a result. Furthermore, government figures reveal that most businesses are not prepared for a no deal.

This has implications for people's livelihoods which is a central concern for public health. Food supply chains will be effected and Tim will be going into more detail about this, so just to say that from a public health point of view it is essential to consider how price increases on food and potential job losses in agriculture will impact on the most deprived in our communities and with what knock on effects, e.g. do people forego heating to buy food? Poor diets and housing conditions may lead to

more illness at a time when the health system is already overwhelmed from COVID-19. Which brings me to medicines. While there is much focus on supply chains and delays at borders may impact on the transport of medicines for example, regulatory alignment is also an issue. No deal likely means that a deal on mutual recognition on good manufacturing practice and batch testing is not in place resulting in additional checks on medicines moving across the borders, with possible delays of four to six weeks as medicines are re-tested. The Medicines and Healthcare products Regulatory Agency will assume responsibility for all medicines regulation in the U.K. from 1st January, and although they have published guidance in relation to the post-transition period, industry has raised concerns that more detail is needed to help them navigate the practicalities of implementing the guidance due to the complex nature of medicines' regulation.

I am not discussing the particular arrangements for Northern Ireland. And although the situation on the island of Ireland was largely settled in the Withdrawal Agreement, the UK has indicated its intention to breach the agreement and break international law. Should the UK uphold the Withdrawal Agreement, it is likely that much of the food and medicines sold in Northern Ireland will come from Ireland, but the situation is especially unclear and, the UK government has yet to provide detailed practical guidance.



There are also guidelines that are directed at those who provide health and social care, with guidelines available for the local authorities and the NHS on how to prepare for the end of the transition period, which among other aspects, stresses the importance of coordinating with your local resilience forum and having business contingency plans in place that are regularly updated, rehearsed and align with the planning of the local resilience forum.

A concern here is whether organisations like NHS hospitals and local authorities have the capacity to be undertaking such work in addition to managing the pandemic, and local resilience forums have already been working tirelessly in their efforts to address the pandemic. But it will be critical to consider how the learning and experience of having to prioritise and work together can be harnessed to prepare for potential impacts of a no deal and how this can be woven into actions that are already being taken for COVID-19. There is a lot to consider and joint working across multiple sectors is going to be key, as it continues to be in the pandemic.

Public morale



And I would like to finalise my talk by drawing your attention to a few issues that often get overlooked but are critical at all times, particularly during times of crisis and this pertains to public morale, which is intricately linked to mental health, and the importance of community engagement and involvement. We know from literature on world war II and other events that maintaining public morale is key, and is likely to be affected by the worsening situation unravelling in our lack of control of viral spread and prospects of future lockdowns and disruption to events like Christmas. Even the most recent flu pandemic preparedness plans drafted in 2011 stated that “Large public gatherings or crowded events where people may be in close proximity are an important indicator of ‘normality’ and may help maintain public morale during a pandemic.” But of course this is not possible in the current context.



Transparent and clear communication is important for maintaining trust and moral and local authorities and public health teams are important sources of information for their local communities, as well as other partners such as the healthcare sector and emergencies services. This is especially important in a situation where a recent survey suggests that less than half of British citizens trust the government as a source of information about the pandemic.

The public health community also needs to continue to document the adverse health effects of Brexit, consistent with its duty to undertake health impact assessments. It will also be important for the Faculty to maintain its own informal lines of communication with the European institutions and we are fortunate that a few of our Fellows including Martin McKee, Josep Figueras, Mike Catchpole, Walter Ricciardi & **Natasha Azzopardi-Muscat** are heavily involved with the European Commission, ECDC, and as senior officials in other governments.



And finally, the WHO has stressed the importance of community participation in fighting the pandemic, and I think it is key to preparing for and navigating a no deal Brexit as well – they must be at the heart of our planning and our doing, as it is their lives and health that will be effected in both the short and long term while we simultaneously continue to ask individuals and communities to make huge sacrifices in supporting the public health response to the pandemic.