Our vision is to be a world-leading school of public and global health, working closely with partners in the UK and worldwide to address contemporary and future critical health challenges.
Forewords: Dame Sally Davies & Lord Crisp

The urgent challenges we now face in health can only be met by intelligent, co-ordinated responses informed by applied research that builds the evidence base for effective health practice focused on public need.

With the National Institute for Health Research, Policy Research Units, and other partnerships, we are developing a research infrastructure that taps into world-class academic resources.

The London School of Hygiene & Tropical Medicine is a key partner in these initiatives, with the common goal to understand and meet these challenges. Through its long-standing collaborative work with agencies including Public Health England, and its predecessor the Health Protection Agency, NICE, and other NHS and non-governmental health bodies, the School is making many vital contributions to public health in the UK and worldwide.

I am delighted to commend the work of the London School of Hygiene & Tropical Medicine across a wide range of expertise, from fundamental laboratory research in infectious diseases and studies of disease causation, through development and assessment of novel interventions and services, to advising on implementation in real life settings of interventions, service and system reforms, and evaluation that informs policy and practice.

All health systems around the world face similar challenges: whether they are the developed ones of the West or the rapidly expanding ones of India and China.

All need to confront the epidemic of non-communicable diseases; all are vulnerable to the same risks of global pandemics and the health impacts of social and environmental change; and all need to find the best ways to utilise new scientific knowledge and new technologies and engage their populations in health promotion and disease prevention.

The London School of Hygiene & Tropical Medicine has a pivotal role to play. It is extremely well regarded in health promotion and disease prevention.

Our mission is to improve health and health equity in the UK and worldwide; working in partnership to achieve excellence in public and global health research, education and translation of knowledge into policy and practice.
Health reform, services & systems improvement

The School leads a number of major research programmes designed to help improve the quality, organisation and management of health services and systems. This encompasses developing methods for assessing the quality of health care providers, evaluating the organisation and delivery of health care, and national and international policies on funding, workforce planning and governance.

**Economic assessments for NICE guidance**
The UK’s National Institute for Health and Clinical Excellence (NICE) was established in 1999 to provide robust and authoritative recommendations to the NHS on the use of a wider array of health care interventions and treatments. In collaboration with the National Collaborating Centre for Cancer, John Cairns and Alec Miners led a team responsible for the economic assessments contained within all of NICE cancer related guidelines, including those for prostate, early and advanced breast cancer. They continue to serve on the NICE Technology Appraisal Committee, which meets monthly to review evidence on the clinical and cost-effectiveness of health technologies, particularly new drugs. The guidance issued by the committee is vital both for the NHS and also a significant input to decision making in many other countries.

**Policy Research in Commissioning and the Healthcare System**
The new Policy Research Unit in Commissioning and the Healthcare System, a partnership between the School with the University of Manchester and the Centre for Health Services Studies at the University of Kent, led by Stephen Pochin and Pauline Allen, works with the Department of Health to inform the development of policy on commissioning, and how it can improve services and access, and increase effectiveness and respond better to patient needs. Current research programmes include an evaluation of the commissioning strategies and impact of Clinical Commissioning Groups, empirical research on the use of contractual mechanisms in commissioning, a review on clinical engagement in primary care commissioning. The Unit has also supported the Department of Health Commissioning Policy Group on policy development around Personal Health Budgets, and is exploring the relationship between primary care expenditure, outcomes and overall NHS expenditure, and investigating the use by commissioners of competition and co-operation as strategies in local health systems.

**Improving care through patient reported outcome measures**
How can we improve patient care before and after surgery? Nick Black and colleagues designed and developed a pioneering programme, the largest of its kind in the world, to collect and analyse patient-reported outcome measures (PROMs). At 250,000 patients undergoing a hip or knee replacement, hernia repair or varicose vein surgery in the NHS in England each year are asked to report their state of health before and after to determine the benefit.

School researchers are now analysing the data to understand and compare the performance of hospitals and make it useful for the public, clinicians, managers and policymakers.

**Reducing preventable hospital deaths**
There are almost 12,000 preventable deaths in hospital in England every year due to problems with care, however this is less than a third of the number previously thought. According to a recent study published in BMJ Quality and Safety, researchers Helen Hogan and Nick Black found the majority of poor care associated with preventable deaths was the result of poor monitoring of the patient’s condition, wrong diagnosis or errors in medication or fluid replacement. However, as only 5% of deaths in hospital are preventable, mortality rates are statistically inappropriate as an indicator of care quality, and this has implications for the way care quality is assessed in the NHS.

**National clinical audit: working with Royal Colleges**
The School’s Health Services Research and Policy Department has ongoing collaborations with several Royal Medical Colleges to examine the process and outcomes of care within the NHS. The Clinical Effectiveness Unit at the Royal College of Surgeons of England was established in 1998, while the collaboration with the Royal College of Obstetricians and Gynaecologists was established in 2006, to undertake projects as part of the Government’s National Clinical Audit and Patient Outcomes programme. For example, the Mastectomy and Breast Reconstruction audit recently found that one in five women treated in England between 2008-09 had breast reconstruction at the time of their mastectomy, compared to one in nine women in 2008. However, the proportion of women who underwent immediate reconstruction varied widely across different regions of England. A study on caesarean section rates among English NHS hospitals showed that most variation in these rates of caesarean section was associated with emergency caesarean section, which reflects that the variation is due to how hospitals respond to acute situations due to labour rather than the preferences of women.

Engagement and Voice in Commissioning

There is good evidence that patients, particularly those with long term conditions, benefit from involvement in their own care. The Engagement and Voice in Commissioning project is a 3-year study funded by the National Institute of Health Research to investigate how patients and the public are involved in local commissioning of services, and how health organisations, including Clinical Commissioning Groups, engage with service users and enable their voices to be heard. From 2010 to 2013, researchers worked with over 90 patient groups, commissioners, health care professionals and individual patients in three sites across England, focusing on diabetes, neurological conditions, and rheumatoid arthritis. The team found well-developed strategies and structures for Patient and Public Involvement, however these tend to be driven by the organisational agendas of commissioners and providers. The authors identified the need to acknowledge better expressive narratives of the patient experience alongside purposeful relations between commissioners and patients.

**Research on diversity of providers to NHS patients**
One of the key aspects of the Health and Social Care Act 2013 is the policy of broadening the types of provider of healthcare to NHS patients to include organisations which are not part of the NHS itself; and to encourage those organisations which remain in the NHS to increase their autonomy by becoming NHS foundation trusts.

Pauline Allen, working with colleagues at Bristol and Leeds Universities, is undertaking a series of studies funded by the National Institute for Health Research (NIHR) to examine the extent, nature and effects of increasing the diversity of providers. Their findings to date suggest that while NHS Foundation Trusts have been able to make service developments more quickly, participation by for-profit organisations has been low. Non-profit organisations including social enterprises have concentrated on particular sectors of care, such as community services and services for minority or marginalised groups.
Public health, lifestyle & environment

Health is profoundly affected by behavioural and environmental factors which operate at individual, community and population scales. While the extent to which health outcomes and inequalities are the result of societal pressures or personal choice is open to political debate, increasingly sedentary lifestyles, car use and over-nutrition have caused growth in obesity and related health problems.

The challenges are huge, yet there are interventions which are known to be effective, for example on tobacco, sugar, fat and alcohol reduction, and increased physical activity. Public health evaluations related to these, sexual health, the built environment and air quality, are regularly carried out at the School. In order to evaluate such complex social interventions, it is vital to ensure that methodologies are sound, and that the outcomes of local trials can be effectively scaled up.

What works in weight control?

The effectiveness of local interventions by GPs was recently demonstrated in the London Weight Loss programme. Kiran Rasedah and colleagues from the School worked in partnership with GPs and health centres to conduct a randomised controlled trial of a one-to-one lifestyle intervention delivered in UK general practice to overweight and obese patients. The txt2stop study examined the long-term effects of specially-designed mobile text messages on 5,800 volunteer participants, and confirmed reported cessation after six months by testing saliva.

Published in The Lancet, the study was named Research Paper of the Year by the Royal College of General Practitioners and Novartis, the Medical Research Council and Bupa Foundation Healthy Lives Prize. Free worked with the Department of Health to roll out the programme as a service to smokers across England, and since the launch of the service in January 2012, more than 50,000 people have received smoking cessation support. The results of the trial have led researchers in Sweden, USA, India and Italy, and the World Health Organization to develop local smoking cessation support programmes delivered by text message.

The Olympics and regeneration in East London

What is the long-term legacy for health of the London 2012 Games and associated urban regeneration? A major five-year project led by Steven Cummins with colleagues at Queen Mary, University of London and University of East London, will explore whether and how public health interventions for health and well-being among local residents have improved as a result of new facilities, job opportunities, transport infrastructure, green spaces and other improvements to promote healthy living.

Funded by NIHR, the Olympic and Regeneration in East London (ORIEL) project began in 2011, with researchers collecting baseline data from around 3,000 children aged 11-12 and their parents. Participants were followed up early in 2013, six months after the Games. Focusing on health, well-being, physical activity, socioeconomic factors and residents’ perceptions of the impact of local changes, the findings are being compared with data collected from nearby urban areas outside the Olympic regeneration zone. The participants will be followed up again early in 2014 and will form a cohort for a longitudinal study of how any socioeconomic and health impacts are sustained over time.

Transport and health

Increasing regular physical activity is a key public health goal. One strategy is to change the physical environment to encourage walking and cycling, requiring partnerships with the transport and urban planning sectors.

The School’s Partnership for Health Places (and Spaces) has recently worked on several high-profile studies for the World Health Organization on road traffic injury prevention, and for the UK Department for Health on accident prevention strategy. With Transport for London they have conducted these studies into road safety, focusing respectively on deprivation, minority ethnic groups, and evaluation of traffic calmed 20mph zones.

Other recent projects have included an international collaboration, funded by the Wellcome Trust, to provide evidence on the health effects of climate change mitigation for the 2050 UK Climate Change conference in Copenhagen and a study funded by Camden Primary Care Trust and Transport for London focused on cycle commuting.

On The Beax: What are the effects of free bus travel for older people and for young people on health and well-being? The Transport and Health group at the School, in collaboration with the Institute for Child Health and University of Leeds, has evaluated the impacts of the scheme on public health overall, the study found a range of positive effects on the wellbeing of both age groups through increased mobility, independence, social interaction and physical activity.

LANTERN study launched to shed light on safety: Many councils in England and Wales are switching off or dimming street lights at night in order to save money and energy, and reduce light pollution. The Transport and Health group is currently collecting and analysing data on locations of crimes and road traffic crashes across the country to provide evidence of the impact of reduced street light schemes on these important public health outcomes.

Air pollution linked to increased deaths following heart attacks

Patients recovering from heart attacks are less likely to survive if they live in an area with high levels of road traffic pollution.

Comparing air pollution data with the records of over 150,000 acute coronary patients in England and Wales, researchers Cathryn Tonne and Paul Wilkinson found that death rates after leaving hospital were higher among patients who lived in areas with increased exposure to particulate matter emissions from road traffic and industry.

Published in the European Heart Journal in Feb 2013, the results show that patients living in London had the highest exposure to air pollution levels, and that patients from poorer backgrounds were more at risk. Overall, they estimated that exposure accounts for 12% of early deaths among the group - around 4,900 people.

Walking and cycling: WHO health economic assessment tool (HEAT)

How can policy makers put a value on the health benefits of active travel? Economic evaluation is an important factor in the decision to fund any new transport scheme, but without good techniques for assessing the health benefits of cycling and walking, these are widely undervalued.

Harry Rutter and colleagues have developed a transparent, easy to use and reliable tool for transport planners and economists to properly incorporate the health benefits of walking and cycling into transport appraisals. The approach has been adopted by the UK Department of Transport in its official appraisal guidance, and it is being considered in a number of other countries including Sweden.

Drugs, alcohol and tobacco, past and present

Drug use and addiction, particularly alcohol and tobacco, have been with us throughout history and today pose major public health challenges worldwide. The School’s Centre for History in Public Health conducts influential work in this area and is currently involved in the wide-ranging EU Framework initiative on addiction. Virginia Berridge leads the Addiction through the Ages project, researching approaches to and concepts of addiction. In June 2013, the Centre is hosting an international conference on the history of alcohol and drugs at the School.

The History Centre also conducts research on public health and health services. A new Wellcome investigator award to Alex Mold focuses on the role of ‘the public’ in public health since World War II, while Martin Gorský is investigating The Wellcome Library’s significant historical archive of health and drug reports. The Centre runs a popular series of public health history walks and film screenings, and its research has various impacts on policy through briefings for local government, and nationally through evidence to the Parliamentary Committee on Health.
Infectious disease monitoring & control

While we have achieved great success in infectious disease control through improved hygiene, sanitation and widespread use of antibiotics, we are now experiencing the emergence of new resistant strains of bacteria, as well as the resurgent threat of pandemic viruses. The UK, and particularly its major cities, are now global, and increased movement of people, both through migration or tourism, is exposing more people to pathogens.

The School is a leading centre for research in infectious disease worldwide, and in London is engaged in a partnership with University College London to develop the new Bloomsbury Research Institute, a centre for translational research with a mission to seek new diagnostic tools, treatments and vaccines, and focus on hospital-acquired infections, which cause thousands of deaths and are a growing challenge to hospitals in the UK.

TB: evaluating effectiveness of BCG vaccines at population and immunological level

The BCG (Bacillus Calmette-Guerin) vaccine has been used to prevent Tuberculosis since 1921. Until autumn 2005, the BCG vaccine was routinely given to all 13-year old schoolchildren in the UK, and more recently it has been offered in infancy. However, it is not known how long the protection afforded by the BCG vaccine lasts, particularly in different age and population groups, hindering the development of evidence-based policies for immunisation.

Working with the Health Protection Agency, a team at the School, led by Laura Rodrigues and Punam Mangat, are conducting two national observational studies to evaluate how long the BCG vaccine given at either ages has an effect on preventing Ilheath.

They are also assessing factors affecting effectiveness of the delivery of BCG vaccine and have recently published in BMJ Open a survey of how BCG vaccine policy is working at the local level.

Hazel Doole and colleagues at the School’s immunology and infection department have been studying immune responses induced by BCG vaccination in the UK for over 15 years. Initially they compared immunity induced in UK adolescents with that induced by BCG in northern Malawi. Since 2005, BCG has been given to infants in areas with a rate of TB of 40/100,000. They found that vaccinated infants in two London boroughs (Redbridge and Waltham Forest) have much stronger T-cell responses following BCG vaccination than infants in Malawi.

This work is contributing to the global effort to develop biomarkers that could be used in TB vaccine trials and is funded by two EU research consortia. The group is also using patients being tested for helminth worm infestations in London to study how these infections might affect immunity to TB. Researchers are working with patients presenting to the Hospital for Tropical Diseases at University College Hospital both before and after treatment to see how these parasites induce regulatory T cells which have a negative impact on immunity to TB, but treatment allows recovery of these responses.

Visit our TB Centre website.
Non-communicable diseases: diagnosis & care

The increasing burden of non-communicable diseases such as cancers, cardiovascular disease, diabetes and mental illness, poses an enormous threat to populations and health systems across the globe. The School’s diverse expertise in non-communicable disease prevention and control was in 2012 brought together in the Centre for Global Non-Communicable Diseases, to strengthen and promote research contributing to health policy. The School also hosts the Cancer Research UK Cancer Survival Group, and within the Department of Social and Environmental Health Research, there is a programme of research examining effects of air pollution on cardiovascular disease outcomes, and elucidating environmental links between socio-economic factors and heart disease.

Factors affecting lung cancer survival
Lung cancer survival in the UK is lower than in six comparator countries, according to a new international study carried out by the Cancer Research UK Survival Group at the School. While Sweden had the highest rate of one-year survival from the most common form of the disease (non-small cell lung cancer) at 46%, the UK ranked lowest at just 30%.

The research, for the International Cancer Benchmarking Partnership, included over 57,000 patients, looking at their stage at diagnosis and what proportion of them lived for more than a year. The study suggests that late diagnosis contributes to low survival - only one in seven patients were diagnosed at the earliest stage of the disease in both the UK and Denmark, compared with one in five elsewhere. The group has recently found that late-stage breast cancer survival is also lower for women in the UK than other comparable countries, and there have been calls for an investigation into whether treatment meets international standards.

Dementia and quality of life: working with patients and carers
The estimated 800,000 people with dementia in England is expected to increase rapidly as the population ages. Until we can effectively prevent and treat dementia, there is a pressing need to determine the most effective and cost-effective ways of caring for people with dementia and their lay carers. From June 2013, Sarah Smith and Nick Black in the School’s Health Services Research & Policy Department, working with the Alzheimer’s Society, are leading a programme to develop ways of routinely assessing the quality of life of patients and their carers. Then, in two nationwide studies, they will evaluate memory assessment services (memory clinics) and the impact of stopping the use of anti-psychotic drugs, treatment that is no longer seen as appropriate.

Vitamin D to prevent morbidity and mortality
A growing body of evidence suggests that high doses of vitamin D decrease cancer incidence and mortality as well as cardiovascular mortality. Julian Peto and colleagues are initiating a randomised feasibility study of 1,600 people registered with a GP practice to precede a much larger VIDAL (Vitamin D and Longevity) Trial of 20,000 people aged 65-84. Outcome measures will be cause-specific mortality and cancer incidence, hospital admissions associated to flagging or tracing in national record systems, and reasons for any hospital admissions.

Dietary salt and cardiovascular disease
The number of people in England adding salt to food at the table fell by more than a quarter in five years, according to work by Alan Dangour and colleagues, published in the British Journal of Nutrition, Q1 2013. They found that since the campaign launched in 2003, the proportion of people reporting that they add salt at the table dropped from 32.5% to 23.2% in households and non-white ethnic groups. The researchers looked at salt intake from 1997-2007 in large nationally-representative samples of more than 6,000 adults living in England. They found that since the campaign launched in 2003, the proportion of people reporting that they add salt at the table dropped from 32.5% to 23.2% in the following five years. Women were less likely to add salt at the table, as were those from younger age groups, higher income households and non-white ethnic groups.
Sexual health, equality & access

With increasing rates of sexually transmitted infections, sexual activity and teenage pregnancies, understanding the factors shaping sexual behaviour is more important than ever for improving young people’s sexual health and wellbeing.

National Survey of Sexual Attitudes and Lifestyles

In the mid-1980s, little was known about the sexual attitudes and lifestyles of people in Britain. In 1987, Kaye Wellings and colleagues founded the National Survey of Sexual Attitudes and Lifestyles (Natsal). The first survey in 1990 provided data which were used to help predict and prevent further transmission of HIV in Britain. The second survey in 2000 looked at changes in behaviour over the previous decade and included a broader remit, exploring patterns and trends in reproductive health and including biomedical measures enabling estimates of the prevalence of Chlamydia in the population for the first time.

The third national survey, in 2010, conducted by the School in partnership with the National Centre for Social Research and University College London, and funded by the Medical Research Council, the Economic and Social Research Council and the Wellcome Trust, is considerably more ambitious. The sample spans an age range of 16-74, the study incorporates a qualitative component, and biomedical measures include not only testing for an expanded range of sexually-transmitted infections but also the measurement of testosterone in the general population, using a uniquely validated saliva assay. The first tranche of papers, published in December 2013, will be followed by a comprehensive dissemination strategy aimed at providing information with which to shape policy to improve sexual health.

Migration, trafficking & access to services

Thousands of people from all over the world are trafficked to the UK for forced sex work, domestic servitude, and labour in agriculture, manufacturing and service industries. Trafficked men, women and children frequently experience extreme physical, psychological and sexual violence and social marginalisation, and many suffer from acute and long-term health problems, and little is currently known about their healthcare needs, how they access NHS services and how to help healthcare professionals respond.

The Centre is working with partners from King’s College London’s Institute of Psychiatry and the South London and Maudsley NHS Foundation Trust on PROJECT (Provider Responses, Treatment and Care for Trafficked People), a major research programme on human trafficking funded by the Department of Health. This will provide evidence to inform the WHO-funded study in the UK explores the systematic and structural factors shaping treatment engagement, and points towards the delivery of hepatitis C treatment in drug and alcohol settings rather than hospitals, as a means of building trusting relationships between patients and providers.

Drug use and Hepatitis C

School researchers led by Tim Rhodes are investigating the prevention and treatment of hepatitis C in the UK. This has involved surveillance work in collaboration with N4P, but more substantially qualitative work with people who inject drugs and with young people in HIV treatment.

A key finding is that hepatitis C protective practices were motivated not necessarily by harm reduction messages or concerns about hepatitis C acquisition, but by more immediate pragmatic concerns, such as avoiding drug withdrawal and maintaining venous access and care. These findings signal the need for a shift in harm reduction research and intervention from a risk and deficit focus to one that attends to the pragmatic concerns and everyday practices of people who inject drugs which may have preventive effects.

A WHO-funded study in the UK explores the systematic and structural factors shaping treatment engagement, and points towards the delivery of hepatitis C treatment in drug and alcohol settings rather than hospitals, as a means of building trusting relationships between patients and providers.

HIV Prevention England, monitoring and evaluation

HIV Prevention England (Sigma Research) is one of six partners making up HIV Prevention England, funded by the Department of Health. It runs the Gay Men’s Sex Survey and Bass Line, two well-established periodic community surveys assessing the HIV prevention needs of gay men and African communities respectively. Sigma has also led the development of Making it Count and The Knowledge, the HIV prevention frameworks that have guided UK HIV prevention work with gay men and African communities in recent years.

Within HIV Prevention England, Sigma focuses on monitoring and evaluating activities carried out by 40 Local Delivery Partners. These range from random distribution and the placement of advertising to lobbying and local authority engagement. In some cases, it will be possible to analyse what works before and after intervention, and in other cases, behavioural surveys provide insights into how knowledge, attitudes and behaviour change as a result of these interventions.

The School is also a partner in the European Men who have Sex with Men (EMIS) a joint project of academic, governmental, non-governmental, and online media partners from 35 European countries to inform interventions for gay, bisexual, and other men who have sex with men, which generated the first-ever data on the distribution and the placement of advertising

Sex and health: what young people think and do

The listened project, conducted by Cinley Marston, Ruth Lewis and Kaye Wellings examines a broad range of practices, including mutual masturbation, oral sex, vaginal and anal intercourse. Based on interviews with 130 young men and women aged 16-18 in England, the study aims to understand where, when and with whom young people would expect different practices to occur, and what those practices mean to them.

The study’s findings show continuing inequities in sexual interactions between young men and women, with young women’s coercion into anal intercourse a particular problem. They also show how young people’s ideas about what practices are ‘risky’ are often at odds with those of health professionals. Young women, for example, often see vaginal intercourse as a less risky option, despite the higher likelihood of pregnancy and sexually-transmitted infections transmission.
Looking ahead: reform & innovation

Translational research on infectious diseases

The School is engaged in a major partnership with University College London to develop a world-leading centre for translational research on infectious diseases. With over 200 scientists currently working in translational and clinically applied infection research, the Partnership in Translational E-Health Research Institute is already one of the largest concentrations of infectious disease researchers in Europe.

The Institute’s mission is to seek new diagnostic tools, treatments and vaccines for pathogens ranging from the ‘big three killers’ HIV, TB and malaria, to neglected diseases including sleeping sickness, dengue fever and leishmaniasis, for which new diagnostics and treatments are urgently needed. It will also focus on the growing problem of hospital-acquired infections, which cause thousands of deaths in the UK and globally.

Electronic Healthcare Records revolutionising research

The increasing availability of Electronic Healthcare Records is revolutionising health research. The School has a diverse programme of work using the UK Clinical Practice Research Datalink, a large collection of primary care medical records, and other data such as Hospital Episode Statistics and Medicare data from the USA. Researchers led by Liam Smith and Harriet Forbes have used these records to show how statins, widely used cholesterol-lowering drugs, also reduce the risk of death among people with pneumonia. Listing medical records with temperature data, they demonstrated that a substantial short term risk of myocardial infarction is associated with colder outdoor temperatures. Ongoing work includes the long-term outcome of weight-loss surgery using Hospital Episode Statistics data, links between commonly prescribed drugs and cancer risk; and investigating the roles of temperature and pollution on exacerbations of chronic obstructive pulmonary disease.

The School is playing a key role in a new Centre for Health Service and Academic Partnership in Translational E-Health Research (CETHER), co-ordinated by UCL Partners to harness the power of computerised data to improve patient care and public health.

Climate change and health in the UK

The UK government has set specific targets for greenhouse gas emissions to lower the risk of dangerous climate change. Previous research at the School has shown that important health co-benefits could result from strategies targeting the domains of transport, built environment, and agriculture, for example through reduced fine particulate air pollution or a ‘low-carbon’ healthy diet.

A recent study assesses the full general equilibrium economy-wide macroeconomic effects of health co-benefits from three similar UK strategies to meet locally specific 2030 greenhouse gas emission targets. The method for measuring, exercised healthcare costs was published in The Lancet in 2012. Three scenarios were modeled: increased active travel in urban England and Wales, partial replacement of dietary saturated fat with polyunsaturates of plant origin and an assumed UKwide improvement in home insulation and ventilation control. For all scenarios, the macroeconomic effects of health co-benefits are positive. Overall, substantial savings on healthcare costs represent the main contributing factor (around £19 billion over 20 years). Increased labour supply also contributes positively.

Methodological research and innovation

If research is to be helpful for decision-making it is important that potential limitations with it are well understood. A recent ESRC study, led by Richard Grieve, aimed to extend current understanding of the relative merits of different analytical methods for reducing selection bias in health economic evaluations. Outputs have included a checklist for appraising alternative statistical approaches and workshops attended by researchers working in academia, the pharmaceutical industry and the governmental sector.

The future of public health

Public Health England (PHE) offers a real opportunity to integrate public health leadership for England at national level across all aspects of health. There has been strong leadership in a number of specific areas, but never before in a single organisation with a remit to advocate for change wherever it is needed. PHE will strengthen primary prevention and public health in England in respect of communicable diseases, environmental hazards, and long term chronic conditions. It will also help to address the underlying causes of ill health including social determinants, which are beyond the scope of traditional health services. We will therefore be working hard to support local government in its new responsibilities for local health leadership.

The London School of Hygiene & Tropical Medicine covers the full range of scientific disciplines relevant to public health, and we at PHE will draw on all these disciplines in our work, including basic epidemiology, molecular and social science, through to applied health services research, economics and behavioural science. Research within PHE will be anchored in academic environments as a means of ensuring peer review and expertise, ensuring our scientists are at the cutting edge of knowledge, as we continue to provide reference laboratory services for all major pathogens to the United Kingdom and, through our WHO Collaborating Centres, the world.

Operationally, PHE will bring together the expertise developed in surveillance, outbreak alert and response and chemical/nuclear safety with the challenges associated with promoting healthy lifestyles as a means of lengthening life without disability. Climate change and its effects are also a major concern, and the expertise of the School in this area will be vital.

Public Health England has a leading role within the wider public health system. It will share its expertise and evidence with its partners – particularly in local government, the NHS, Clinical Commissioning Groups, and the voluntary and community sector – and this offers even more opportunity for vital collaboration. We are proud that many of our scientists have academic appointments at the School, and our partnership projects will help ensure we build our capacity to meet the challenges ahead with confidence.

Support our work

For more information about supporting our work in the UK, please contact:

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