

Excerpts related to Fracking

PHE was created as an “operationally autonomous executive agency” of the Department of Health on 1 April 2013, when responsibility for public health passed to local authorities. Its function is to “protect and improve the nation’s health and wellbeing, and reduce health inequalities” by providing government, local government, the NHS, public health professionals, and the public with “evidence-based professional, scientific and delivery expertise and advice.”^{1 2}

In the two and a half years since then, PHE has been embroiled in a series of controversies about the quality and credibility of advice it has issued on topics including fracking, NHS health checks, and the NHS Diabetes Prevention Programme, raising concerns about both its competence and its supposed independence (box). It has recently been in the firing line again, accused of bowing to political pressure by initially agreeing not to publish its review of measures to reduce sugar consumption.³

But it is the furore generated by its pronouncement in August that e-cigarettes “are around 95% safer than smoked tobacco” that crystallises these concerns into a single question: is PHE fit for purpose?

Fracking and other criticisms

To the astonishment of MPs and environmental groups alike, Public Health England’s priority on its formation was not to tackle one of the big bêtes noires of public health but to weigh-in on the debate over the government’s plans to encourage large scale extraction, or fracking, of shale oil and gas in the UK. In October 2013, PHE’s Centre for Radiation, Chemical and Environmental Hazards released a draft literature review of the impact of fracking, which concluded that the risks to public health were “low if operations are properly run and regulated.”³³

The conclusion remained unchanged in the final report, published in June 2014.³⁴ An editorial in The BMJ warned that while the review had been “rigorous in its presentation of the evidence” there were “problems with its conclusions ... Unfortunately, the conclusion that shale gas operations present a low risk to public health is not substantiated by the literature.”³⁵ The conclusion that Public Health England should have drawn was that “the public health impacts remain undetermined and that more environmental and public health studies are needed.”³⁵

To members of the House of Commons Health Committee, which took PHE’s leadership to task the following month, the decision to prioritise fracking over many more pressing public health issues seemed perverse. One of the committee members suggested that PHE, nominally independent, appeared to be serving the policy agenda of a government promoting the potential of fracking “to provide the UK with greater energy security, growth and jobs.”³⁶

Duncan Selbie, PHE’s chief executive, formerly head of Brighton and Sussex University Hospitals and the first director general of commissioning for the NHS, was given a rough ride when he gave evidence to the committee on 19 November 2013. It had been “hopelessly naive” for PHE to tackle fracking as and when it had, Barbara Keeley, the MP for Worsley and Eccles South, told him. There were “real concerns that there is not enough monitoring, in any sense, to tie in with what you have said [and] I found your report naive in the extreme.” There was, Selbie insisted, “thought given to

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this, and it was very carefully examined.” For Rosie Cooper, MP for West Lancashire, the issue placed a question mark over PHE’s “credibility. You are saying that you dealt with fracking as opposed to smoking, alcohol or a million other really important public health issues. Out of the blue, without your board deciding it, but because somebody somewhere whom you have not named decided to do it, you picked that one issue.” Perhaps, she added, PHE was “being helpful to the government’s agenda.”

Paul Cosford, PHE’s medical director and director for health protection, said the work on fracking was already under way under the auspices of the Health Protection Agency when PHE took over its role. It was not, he said, an accurate reflection of PHE’s priorities “to say that this was our highest priority, over and above smoking, alcohol, obesity and all the other public health harms. We are absolutely passionate about addressing those.” There was a further awkward moment during the committee’s questioning of Selbie that appeared to reinforce concerns that the organisation was not as autonomous as it ought to be. Asked to outline “any specific [government] policies that you believe are widening health inequalities,” Selbie declined, agreeing with a suggestion that to do so would be too controversial.³⁷ In its subsequent report, the committee expressed concern “that the chief executive of PHE should regard any public health issue as ‘too controversial’ to allow him to comment directly and believes that PHE should be able to address such matters without constraint.”

On fracking, the committee concluded it had been “unwise for PHE to follow through the work on shale gas extraction which had been initiated by [the Health Protection Agency] without first taking care to satisfy itself that this work reflected both the public health priorities of PHE and the research quality criteria embraced by the new organisation.”³⁸ Friends of the Earth, one of many organisations critical of fracking, said that PHE’s conclusions had been drawn “from what it admits is limited evidence”³⁹ and, as Physicians, Scientists and Engineers for Healthy Energy had pointed out, “lack of data is not an indication of an absence of harm.”⁴⁰

Elsewhere, public bodies had not been so quick to give fracking a clean bill of health. In November 2013, one month after PHE published its draft conclusions, the German government banned fracking until it was “clear that there are no health implications.”⁴¹ In the US, where the use of fracking is much more advanced than in Europe, scientists have warned that there is a “paucity of scientific evidence looking at the public health impact ... among those living in close proximity to shale gas drilling.” Society, concluded the authors of a paper published in the American Journal of Public Health in July 2013, had a responsibility “to study the potential for harm and to mandate policies and strengthen regulations to ensure that adverse effects to the public’s health are not an unfortunate consequence of an industry’s eagerness to capitalise on this new energy boom.”⁴² Furthermore, PHE’s reassurance in its evidence review that “in the UK strict regulatory requirements governing onshore oil and gas exploration already exist and shale gas extraction will be regulated within this framework” appeared complacent in the light of the European Commission’s cautionary observation that “Existing legislation in Europe is not fully equipped to tackle the resulting environmental impacts and risks” of a technology of which there was “very limited experience ... in the EU.”⁴³

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