

# TOGETHER

A vision of whole person care for a 21st century  
health and care service

Edited by Andy Burnham MP

The logo consists of a solid black square. Inside the square, the words "FABIAN" and "SOCIETY" are stacked vertically in a white, bold, sans-serif font.

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## 5 | THE PUBLIC HEALTH CHALLENGE

Gabriel Scally

*The NHS will be overwhelmed by growing demands for healthcare unless prevention becomes a priority. But improving public health is often long term, leaving the agenda at risk from short-termism and the silo mentality of Whitehall departments. However, there are rock-solid arguments why investment in public health action – from smoking to tackling the housing crisis to creating a new culture of food and drink – will deliver for the public purse.*

**I**t was Cicero who wrote ‘*Salus populi suprema lex esto*’: the health of the people should be the supreme law. It would be a pretty good slogan for a government that wants to tackle some of the major public health problems that face the population. Dealing effectively with health inequalities, obesity, alcohol abuse and tobacco requires a firm and focussed approach across government if progress is to be made. The balancing of competing interests, many of them driven by the profit motive, while putting the interests of the public first, is a task that only a Labour government seems capable of achieving.

The payback would be enormous. A healthier population means a lower burden on the taxpayer from healthcare costs and sickness benefits and it also means lower costs on business from sickness absence and incapacity. Much more importantly, it gives people happier, longer lives with less

impairment through immobility and pain. This isn't something that can be achieved by individual effort; it can only be achieved through the organised efforts of society with leadership and support from across government.

Labour can look back on a record of significant achievement on some major public health issues when they were last in office. Helping hundreds of thousands of people addicted to illegal substances get the treatment they needed through joint action and dedicated funding by the Department of Health and the Home Office did a huge amount to reduce violent and acquisitive crime on our streets. It also improved immeasurably the lives of substance abusers and their families. Cutting teenage pregnancy was also the target of a major cross-government programme. Although it was slow to get going, in the latter years of Labour's time in office, thanks to modest but well-targeted investment in contraceptive services, it did achieve substantial reduction in the pregnancy rate. Similarly, the hugely popular 'healthy schools' programme was enormously effective in getting schools to realise that improving the health of their pupils could be a major contribution to improving educational attainment.

More mixed was the Labour record on tackling the long-standing issues of tobacco and alcohol, as well as the growing problem of obesity. Although there were some legislative achievements on environmental tobacco smoke and promotion of tobacco products, they sometimes appeared to be the acts of a government wary of being accused of promoting a 'nanny state'.

It was the work of the late Derek Wanless that finally, in the latter part of Labour's time in power, looked as if it changed the game. He graphically pointed out that unless we spent much more effort and resources on preventing illness we would be completely unable to afford the growing costs of an obese and ageing population, burdened by the pending epidemic of non-communicable diseases such as diabetes and stroke.

However, government caution about leading sharply focussed action on the root causes of ill-health led to large sums being poured into centrally-driven social marketing campaigns. It is much easier for the Department of Health to run advertisements suggesting to people what they should do, for example take more exercise, than make the cross-government changes in planning policy and infrastructure spend that would make it easier and safer for children to walk and cycle to and from their schools.

Within a few months of the coalition coming into power in 2010 it was clear that they would abolish the National Treatment Agency for Substance Misuse and shut down both the Teenage Pregnancy Unit and the healthy schools programme. The miserable record of the Lib Dems and Tories on public health is well illustrated by their vacillation on standardised packaging of tobacco and minimum pricing of alcohol. Such spinelessness can't be a surprise given their much trumpeted 'responsibility deal' which puts industry interests firmly in the driving seat when it comes to steering government policy in several fields of major public health concern. Even more humiliating for the coalition is the abject failure of their much-vaunted cabinet sub-committee on public health, abolished when ministers from many Whitehall departments ignored it completely and didn't bother attending its meetings.

## **Lessons learnt**

We can learn several valuable lessons for the future from the varying experience of recent governments. Great progress can be made through having a focussed approach, dedicated staff, an adequate and protected budget and a delivery chain that reaches into and supports communities across the country. Where cross-Whitehall commitment and resourcing is put in place it can be very effective, but getting inter-departmental buy-in is not at all

easy to achieve. The financial pressures of urgent health-care needs can lead to the neglect of prevention and the siphoning off of funds from public health programmes. It isn't possible to change the health of the population without offending at least some of the vested interests that make profit out of some of the things that make us unhealthy. Spending on social marketing or unevidenced 'screening' programmes is seductive because it gives the instant appearance of doing something, but can be both ineffective (perhaps even damaging) and wasteful of time and resources. Investing in improving health is for the long term; judgements about investment must take that into account.

Building these lessons into a programme for a future government isn't an easy task. The nature of the mission of improving public health is often long term and the benefits are usually gained maximally by future generations. A good example of this is smoking. The incidence of lung cancer in women continues to rise, reflecting smoking patterns in the 60s and 70s rather than today's reduced levels of smoking. It therefore requires a breadth of approach that is perhaps best worked out in opposition so that the framework of what is to be done is broadly agreed in advance. Otherwise short termism and the silo mentality of Whitehall departments may well, yet again, intervene and stymie drive and innovation.

### **Improving health at a time of austerity**

It would be great if, for once since the 19th century, there was to be substantial and consistent investment in the public health system and programmes. But, realistically, public health will not be exempt from the 'laser focused' approach to public spending. But there are rock-solid arguments why investment in public health action will deliver for the public purse.



Smoking, still the biggest public health issue we face, is a case in point. If you want to put money back into the pockets of some of the least well off people in the country, helping them stop smoking is a surefire winner. Only about 20 per cent of the adult population smoke but it isn't evenly distributed in society. More than twice the proportion of people in routine and manual occupations smoke compared to those in professional occupations. If someone who smokes 20 cigarettes a day quits, that is more than £2,500 he or she will have to spend on other things each year. We know that active tobacco control programmes can convince people to quit and that they put millions of pounds a year back into some of our most disadvantaged communities all over the country.

Tackling the housing crisis will undoubtedly be a priority for an incoming Labour government and some elements of the action needed could be tailored jointly with the NHS to help avoid the deaths of more than 200 elderly people every day during the winter months. It isn't just the avoidable deaths. For every death there may be up to eight other hospital admissions with respiratory and cardiovascular problems. Helping people stay in their own home instead of care homes and hospitals should be a central common objective of health and housing policies.

### **Newly remade cities**

The need for more and better quality housing driven by population growth and increased longevity will feed the pace of urbanisation. When we put the recession behind us, the job creation that will be necessary will create a disruptive dynamic in our cities and place a premium on their recasting themselves as places that people want to live and businesses want to develop. Rethinking the way in which people and goods move about in order to enhance mobility and reduce carbon emissions and pollution will give us the opportunity to create healthy, livable cities.

At the present time, our cities are killing us. Not only because of poor housing standards but also through other public health problems such as air pollution. At least 24,000 premature deaths every year are attributable to air pollution. The quality of the air we breathe is of course worse in our cities and up to 70 per cent of that pollution is attributable to road transport. We should be actively remaking our cities as places where modern approaches to walking, cycling and efficient and clean public transport reduce pollution substantially. Modern livable cities would also help us do more about the health of our children. At present 38 per cent of primary school children travel to school by car. Making it safe for every child to walk or cycle to and from school should be a key priority.

### **A new culture of food and drink**

Our system of feeding ourselves is riven with problems from top to bottom. There is a crisis on the land as farming incomes are squeezed by the supermarkets and agribusiness drives further intensification and high carbon input agricultural practices. We have throwbacks to Victorian times as foodbanks and charity are relied upon to feed hundreds of thousands whilst food is wasted elsewhere in enormous quantities. At the consumer end of the supply chain there is a crisis of confidence fuelled both by scandals involving food adulteration and the continued promotion of processed foodstuffs high in fat, salt and sugar. If we are to save ourselves from a tidal wave of obesity and chronic disease such as diabetes then a new relationship between the population and the food we eat must be forged.

Change is possible and should be built on increasing agricultural output in the UK with a concentration on levels of fruit and vegetable production by sustainable means. The shortening of supply chains and support for local food hubs and markets would increase margins for

producers and value for consumers. The use of public spending in areas such as the NHS and education sectors to support the use of healthy, locally-produced food would provide security for suppliers and improve what is often a poor food offer to patients, students and staff. Practical education about food should be a priority in schools.

The benefits of helping huge numbers of people by achieving substantial reductions in serious diseases such as cancer and diabetes are far too great to repeat the mistake of thinking that a few expensive television advertisements are going to cure an ailing food culture. The dynamic implementation of an imaginative cross-sector approach is long overdue.

### **A public health system that can deliver on reducing ill-health and inequality**

The NHS will be overwhelmed by growing demands for health care unless prevention becomes a priority for action. The transfer of public health responsibilities to local government is a progressive step, despite the timing of this major change being far from helpful given the huge cuts being made in budgets. But in the future, with a move to whole person care and integrated services, the opportunity will arise for public health to assume a broader role at a local level. The actions of the coalition have, however, weakened what was a world class public health service. There are now many more people working in public health as part of central government than in all the local authorities in England put together. The independent and authoritative regionally-based Public Health Observatories have been abolished and the role of local directors of public health downgraded in many places. The absence of strategies, plans and targets to improve the health of the country is without precedent, as is the absence of a strong public health voice close to the centre of government.

The rebuilding of a system that can protect us from infectious diseases and other hazards as well as providing the drive to tackle the burden of preventable non-communicable disease will be a vital task. The role of non-governmental organisations will be of great importance in this work, alongside the further development of public health understanding and expertise across all parts of civil society.

## **Conclusion**

Much was achieved under the last Labour government in learning what we need to do to reduce the unacceptable burden of early death and chronic disease that falls on our least well-off citizens. Putting into place actions to decisively reduce inequality must be a priority right across government. The prize – helping people live longer, happier, more economically and socially productive lives – is a prize worth having.