Realising an election manifesto for public health in the UK

People living in the UK are now bracing themselves for 12 weeks of intensive campaigning ahead of the 2015 general election on May 7. In previous elections, political parties concentrated on so-called swing seats since the first-past-the-post system, coupled with the dominance of two large parties, meant that outcomes in many parts of the country could be predicted with a high degree of certainty. Which party actually achieved power came down to a few undecided voters in a small number of constituencies. Now, for the first time in decades, the outcome in many “safe” seats is unpredictable. Voters who might not have been visited by candidates for many years can expect a queue on their doorsteps, each peddling their political party’s manifesto. Many of the policies that they advocate will have implications for public health. What might those committed to better population health hope to see?

Several specific things need to be done to improve population health in the UK. The most important are set out in Start Well, Live Better,1 the manifesto from the Faculty of Public Health, the UK’s professional body for specialists in public health. The Faculty’s manifesto proposes 12 measures in four broad categories that each addresses a major health problem with an evidence-based response.

The first important category highlighted by the Faculty of Public Health is child health. It notes how the UK performs extremely poorly in child health,2 and calls for policies, such as increased investment in parenting support, breastfeeding, and early years play and education, that give “every child a good start in life” and prepare young people better for the challenges of adolescence and adulthood. This includes implementing the report of a cross-party group that emphasised the need for concerted actions to improve the life chances of children during the first 1001 critical days of life,1 alongside strengthening education in essential life skills, including on sex and relationships and reinstating at least 2 h per week of physical activity in school.

Second, the Faculty of Public Health recognises that voluntary agreements with industry have failed, including the Department of Health’s now discredited Public Health Responsibility Deal.1 Instead, it is prudent to recall that legislation and fiscal measures have been most effective in tackling tobacco and harmful drinking by acting on the three main commercial determinants of consumption: price, availability, and marketing.3 This principle is extended to the newest threat, cheap calorie-dense (junk) food. Hence, the Faculty of Public Health calls for restrictions on advertising food high in sugar, salt, and fat to children, as well as for minimum unit pricing for alcohol, and one measure that should, hopefully, be already achieved by polling day, standardised packaging of cigarettes.

Third, the Faculty of Public Health demands that people be helped to live healthier lives. This involves making healthy choices the easier choices. To do so it calls for fair living conditions to ensure that those in work receive a living wage and do not need to top up their income from state benefits (which is essentially a subsidy for poor employers). It reiterates the importance of a National Health Service free at the point of use and funded through general taxation to help people live healthier lives.

Fourth, climate change and obesity are two of the greatest public health challenges. National action is needed to tackle the global challenge of climate change, including a zero-carbon energy system and investment in public transport and active transport. Getting people out of cars would provide the cobenefit of reducing levels of obesity.

All these measures pit people against power, and many of them confront powerful vested interests which feature among lists of some donors to political parties, on both the left and the right. Most mainstream politicians understand the serious reputational risk of associating with the tobacco industry, yet some backbench Members of Parliament, including a few who have spoken against standardised cigarette packaging, still, remarkably, seem willing to accept hospitality from the tobacco industry.6 However, consorting with the junk food and alcohol industries, even when they adopt similar tactics to the tobacco industry, still seems to be viewed as acceptable.

Given this power imbalance, we believe that there are two other things that could help realise the Faculty of Public Health’s vision for the future of public health in the UK. The UK, like other European countries, has engaged in a massive experiment in austerity during the past 5 years.7 The Coalition Government’s radical economic policies, to cut budgets in the name of austerity, have been justified by little more than the claim that “there is
In fact, as US President Barack Obama’s economic stimulus package showed, there are alternatives to austerity, and ones that growing numbers of Europeans in Greece, Spain, and elsewhere, are calling for. Alternatives to austerity are also being proposed by political leaders in the UK, including the Scottish National Party, the Green Party, and the National Health Action Party. Now it is time to review the results of that experiment, and assess the impact of austerity not only on the economy but also on health. The Scottish Government has recently appointed the former Chief Medical Officer, Harry Burns, to its Council of Economic Advisers, a group whose other members include the Nobel Laureate Joseph Stiglitz. A similar UK-wide body, bringing together economists and health experts, would offer an opportunity to learn lessons from the economic and welfare policies adopted in the past 5 years. After all, if politicians are convinced that austerity is a good idea, they surely should have nothing to fear.

The last Labour Government commissioned Michael Marmot to undertake a comprehensive and highly influential study of the social determinants of health. Yet as the Faculty of Public Health’s list of priorities shows, patterns of health are increasingly determined by large corporations, such as those producing food, alcohol, and tobacco and those which cherry-pick profitable areas of health-care provision. A new government Commission could look at the commercial determinants of health, seeking to understand both the positive contributions that corporations make, such as increasing access to healthy foods, and also the negative ones, such as their ability to abuse what is often near monopoly power, capture regulators, and undermine employees’ rights.

Taken together, these measures to promote public health could generate a new approach to the political economy of health in the UK. This could improve population health now and in the long term, helping us to avoid making the same mistakes again. Finally, these measures may just help make what once seemed impossible realisable in our lifetimes.

* Martin McKee, David Stuckler
European Centre on Health of Societies in Transition, London School of Hygiene & Tropical Medicine, London WC1H 9SH, UK (MM); and Department of Sociology, University of Oxford, Oxford, UK (DS)
martin.mckee@lshtm.ac.uk

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ISAT: equipoise in treatment of ruptured cerebral aneurysms?

In The Lancet, the ISAT investigators present their 10 year follow-up data on treatment for ruptured cerebral aneurysms. Andrew Molyneux and other members of the group are to be congratulated on this monumental trial, which firmly established endovascular therapy as a valid treatment for aneurysms in subarachnoid haemorrhage. ISAT was a randomised controlled trial that aimed to compare neurosurgical clipping with endovascular therapy in the management of ruptured aneurysms. Of 9959 patients with subarachnoid haemorrhage, investigators randomised 2143 patients (predominantly those with a good grade) with 1073 patients in the endovascular group and 1070 patients allocated to clipping. The primary