CHOOSING HEALTH OR LOSING HEALTH?

"Persistent socio-economic inequalities in the UK, combined with a greater severity of market failures affecting lower socio-economic groups, seem to have contributed to significant inequalities in health outcomes which, unless tackled, will present a significant barrier to many in society becoming "fully engaged".

Derek Wanless (2004) 'Securing Good health for the Whole Population'

ukpha
voice of the public health movement

UK Public Health Association response to the White Paper "Choosing Health – making healthy choices easier"

Choosing Health - Losing Health?

UK Public Health Association response to the White Paper "Choosing Health – making healthy choices easier"

Executive summary

We welcome the white paper for its commitment to action to improve health and to avoid the fate of previous attempts to do so. There are positive aspects of the proposals which we fully support. However, we believe the White Paper will only 'make a real difference' as it intends if a number of serious weaknesses are addressed as its implementation proceeds.

The UKPHA is a multidisciplinary membership organisation, whose members share a common commitment to promoting the public's health. We assess the White Paper against each of the UKPHA's key priorities.

Combating health inequalities

- There should be a refocusing on addressing underlying health determinants, with stronger measures put forward to lift people out of poverty.
- Implementing a strategy to address mental health problems should be made an integral part of the Government's aim to tackle inequalities in health.
- There should be a recognition that choice is a spurious, and largely irrelevant, concept in public health and that health education will make a negligible, and possibly harmful, difference to health status and inequalities.
- Efforts should be made to act on best evidence, to make better use of current staff and resources, and to make creative connections across issues and government departments, seeking cost effective win-win solutions to health inequalities.

Promoting sustainable development

- There must be central Government leadership and integral local authority involvement to sustain improvements
- Changes to the workforce should learn from, and build on, other recent and current work
- All public sector workplaces should be examples of 'healthy' environments
- Initiatives should be properly piloted and evaluated before being adopted nationally.
- The training and capacity building essential for partnership working should be identified as a specific auditable requirement within the public sector

Challenging anti health forces.

- The Government needs to play industry at its own game, and adopt a sophisticated level of social marketing
- Legislation should be introduced to control advertising to children
- The smoking ban should be applied to all work places, so that all hospitality industry employees are equally protected from the harmful actions of others.
- Education in schools should be planned with positive health in mind and in particular school meals should be regulated for health.

For all our misgivings and concerns, there is much to welcome and be positive about in the White Paper. It signals a reassuring shift in focus towards greater health promotion and protection by the health services. There are a number of proposals that could have a positive health impact.

Introduction

The UK Public Health Association welcomes the White Paper for its commitment to action to improve health and avoid the fate of previous unsuccessful initiatives. It puts good health centre stage in regard to the policy agenda and begins to address some of the barriers which hamper individual health and well-being. To that extent it offers real opportunities for a significant change of direction in the management and delivery of health promotion and health, as distinct from health care, services. However, our response considers whether the White Paper will in practice 'make a real difference' as it intends. Will it help achieve the 'fully engaged scenario' to which the government is committed? We conclude that the hope must be that it will, but only if a number of serious weaknesses are addressed as its implementation proceeds.

Three principles underpin the public health White Paper, Choosing Health: Making healthier choices easier:

- informed choice
- personalisation
- working together

Though important, we doubt whether they are the most critical issues in addressing the poor state of the public's health and the widening health gap.

The UKPHA is a multidisciplinary membership organisation, whose members share a common commitment to promoting the public's health. Its three key priorities are:

- combating health inequalities
- promoting sustainable development
- challenging anti health forces

We assess the White Paper against each of these priorities.

Combating Health Inequalities

White Paper recognition of health inequalities

We welcome the White Paper's acknowledgement of the 'need to focus specifically on tackling inequalities in health'. This is in line with a clear commitment made by the Government since coming to power in 1997 in a number of reports and policy statements culminating in the Department of Health's 2003 report, Tackling Health Inequalities: A Programme for Action. We would regard tackling inequalities a more important principle than promoting informed choice and are disappointed that it is not cited as such by the White Paper.

Tackling health inequalities by promoting choice

In contrast to these earlier reports, which emphasised the importance of the wider social and structural determinants of health, the Government's approach to tackling health inequalities has shifted – and, in our view, in the wrong direction. The White Paper aims to reduce health inequalities, not by tackling the wider determinants, but by promoting choice. While accepting that 'such inequalities are not acceptable', it states: 'Our fundamental aim must be to create a society where more people, particularly those in disadvantaged groups or areas, are encouraged and enabled to make healthier choices'.

The relevance of choice in public health

We welcome the recognition given in the white paper to the legitimate role of government in creating healthier

environments and shifting social norms in order to support individuals and protect the health of vulnerable groups. However, we fundamentally disagree with the portrayal of personal choice as the key issue for improved public health and the focus within the white paper on individuals as consumers, and not as citizens.

What does choice mean in public health?

Public health is principally about organising society for the good of the population's health; at this level of concern, it is no more a matter of individual choice than the weather.

Many individuals cannot choose whether or not they have sufficient income to live in warm safe housing and eat healthy food. They cannot choose to walk or cycle when both pedestrian and cycle routes are often neither safe nor pleasant and dominated by the needs of the car. Those who suffer the worst health inequalities cannot choose to enjoy the benefits of local safe green spaces to pursue healthy outdoor activities or to breathe clean fresh air.

Even when choice can be exercised, consumer decisions are profoundly affected and influenced by the powerful and all pervasive impact of the advertising and promotional activities of the food and drink industry, which is driven by the need to increase sales and maximize shareholder value rather than to promote the public's health.

Public health is principally about organising society for the good of the population's health; at this level of concern, it is no more a matter of individual choice than the weather.

Other Government interventions on inequalities

The Government's progress on improving social justice, defined as 'a fair distribution of advantages across society', leaves much to be desired. The pro-New Labour think tank, IPPR[1], reports a mixed picture in its recent social justice audit. The economy has grown, the nation is healthier, living longer, and experiencing less crime than a decade ago. But inequalities in disposable income have slightly increased since 1997, wealth distribution has continued to get more unequal in the last decade, the rich have continued to get richer, progress on the gender pay gap has been slight, intergenerational social mobility appears to have declined, the poorest people continue to be more likely to suffer from crime, and deprived communities suffer the worst effects of environmental degradation.

Although the UK has moved from its ignominious position of having the worst child poverty in the EU, to being rated 11th out of 15, it is, as the IPPR reports, still the case that in 2001, 23% of children in Britain were living in households earning below 60% of median income, compared with just 5% in Denmark. Furthermore, the alleviation of poverty should target not only children but also pensioners, and childless, lowly paid adults.

Populism rather than good governance?

The public consultation preceding the White Paper has been selectively drawn upon to support the Government's stance. On close inspection, the outcomes of some questions contradict the outcomes of others (e.g. compare: 'Three quarters of respondents…agreed that the Government should prevent people from doing things that put the health of others at risk' with the contradictory statement: 'only 20% of people choose "no smoking allowed anywhere" [in pubs]'). The Government's partial smoking ban carries out the wishes expressed in the second statement, but overrules the view expressed in the first. The Government appears to have opted for the route that it perceives will attract less negative 'nanny state' press coverage. It has put media advantage before good governance.

Old fashioned health education

We question whether this is in fact a public health White Paper at all in the widest sense of the term. It smacks of an old fashioned, medically dominated, health education approach that fell into disrepute some years ago because it has been seen to be completely ineffective. In 1976 a similar policy document 'Prevention and Health - Everybody's Business' [2] (subtitled a Reassessment of Public and Personal Health) was published based on the principle that "we need to interest individuals, communities and society as a whole in the idea that prevention is better than cure". The failure of Preventing Health to bring about the changes, both within the NHS and society in general, necessary to achieve the improved personal and public health it claimed to seek has never been fully investigated or learnt from and yet here we are again going over similar ground. Choosing Health puts most of the responsibility onto the individual, whilst, paradoxically, recognising that many disadvantaged individuals cannot respond positively to health education messages, because of circumstances beyond their control. The White Paper is not aiming to change their circumstances, but to help them cope better with their continuing disadvantage through a mix of education, advice, and personal support in order (hopefully) to make informed lifestyle choices.

Although social marketing is referred to, and is an important strategy for promoting health in the 21st Century, to be effective it must promote a concept of public and individual health which is perceived and developed as an overall state of well-being and a balancing of the physical, emotional and spiritual. There is a real danger that health will be marketed and defined in terms of personal fitness, body imagery, and individual achievement.

Mental health

There is some limited reference to mental health in Choosing Health but little action proposed. This is despite the fact that the UK is a signatory to the WHO European Declaration on Mental Health and Action Plan. This was signed by all 52 member states at an historic meeting in Helsinki in mid-January 2005.[3] Mental health is an overarching issue connected to, and affected by, inequalities, and which is linked with all four of the major problems identified in the White Paper: obesity, sexual health, smoking and alcohol. A White Paper aiming to make a fundamental improvement to the nation's health should be setting out plans to address mental health problems, particularly as experienced by people in economically disadvantaged groups. Prof Richard Layard, Co-Director of the Centre for Economic Performance at the London School of Economics, has commented that if you wish to see an improvement in health and well being – and consequently people's ability to exercise more choice and control over their lives – society will need to invest heavily in mental health services. [4]

The UKPHA recommends that:

- There should be a refocusing on addressing underlying health determinants, with stronger measures put forward to lift people out of poverty.

- Implementing a strategy to address mental health problems should be made an integral part of the Government's aim to tackle inequalities in health.

- There should be a recognition that choice is a spurious, and largely irrelevant, concept in public health, and that whilst the UKPHA would not disagree with the possible marginal positive effects of many of the measures proposed, we maintain

There should be a refocusing on addressing underlying health determinants, with stronger measures put forward to lift people out of poverty.

Efforts should be made to act on best evidence, to make better use of current staff and resources, and to make creative connections across issues and government departments

that both the available evidence and experience show unequivocally that health education will make a negligible, and possibly harmful, difference to health status and inequalities.

- Efforts should be made to act on best evidence, to make better use of current staff and resources, and to make creative connections across issues and government departments, seeking cost effective win-win solutions to health inequalities. We cite, as an example, the tackling of fuel poverty. Through effective, subsidised and easily available insulation schemes the burden of ill health is reduced on those living in cold damp homes, their disposable income is increased and their quality of life improved. Simultaneously carbon emissions are reduced and long term financial benefits accrue to the Treasury through the reduction in costs to the NHS of treating the ill-health resulting from living in cold damp homes.

Promoting sustainable development

The principle of working in partnership to make health everybody's business is supported as this is essential to achieve UKPHA' s commitment to sustainable development. Again, we would have preferred to see partnership working as a major principle in the White Paper. The basis of the UKPHA' s commitment to promoting sustainable development is a recognition that good health is dependent upon achieving the social economic and environmental conditions which support healthy lifestyles. This has been acknowledged by the commitment of successive UK governments (in 1992 and again in 1997) to implementing Agenda 21, the UN Action Plan for sustainable development agreed at the Rio Earth Summit and by the World Health Organisation through the Healthy Cities initiative.

Sustainable development is an essential precursor for the achievement of good public health. As the 21st Century unfolds, it is clear that unsustainable development, resulting in environmental pollution and climate change, poses significant threats to the public's health. Toxic residues, polluted air and waterways as well as the changed disease patterns and extreme events associated with climate change are factors which have been given scant attention in the White Paper.

The Government should recognise that the health education measures put forward in Choosing Health will have little or no effect without a concerted effort to arrest the ever increasing degradation of the environment.

It verges on the naïve to talk of encouraging individuals and communities to enhance their health by becoming more active when the environment and infrastructure within which they live their daily lives offers no accessible, affordable and convenient public transport system and very little high quality outdoor space, in which physical activity or community interaction can naturally take place.

Given the significant interconnection of polices aimed at the promotion of the public's health, and those which are aimed at achieving sustainable development, we believe Choosing Health is too focused on the Department of Health and NHS as the primary locus of activity and drivers for change. The White Paper does not unequivocally assert that the state of the nation's health is dependent upon cross governmental joined up working which provides the context within which healthy choices can be made. A failure to address wider governmental responsibilities reinforces both a narrow view of health and the prevailing fragmentation of policy agendas and silo thinking.

Real opportunities exist both to re-invigorate neighbourhoods and

communities and to plan and develop new communities which are sustainable and health promoting. The new Spearhead Initiative and urban development programmes, such as the Thames Gateway, must be based on creating sustainable neighbourhoods and communities where the social, economic and environmental fabric supports and promotes health and well-being.

Need for leadership at Government level

To make the White Paper vision a sustainable reality, there has to be leadership from Government. This cannot effectively come from the Department of Health. Its culture and ethos are so interwoven with the NHS and its fate, that to expect the mindset to switch from health care to health on the scale required is asking a great deal. Since previous attempts have not succeeded, if history is any guide then it is unlikely that the future will be so different without a different approach. What is needed is a paradigm shift through the creation of a wholly new 'Landmark' cross governmental coordinating function to arch across departmental and ministerial silos in a way which allows public health to become a defining issue of our time.

Cabinet Minister

We believe there is a case for relocating the public health ministerial portfolio from the Department of Health to the Cabinet Office, thereby reflecting its cross-governmental nature. Regrettably, the White Paper has missed an opportunity to re-energise this post and remove it from the shadow of the NHS.

The CMO role

To support the Minister of Public Health in the Cabinet Office, we propose a system of dual accountability for the CMO so that the post's clinical responsibilities remain located in the Department of Health, with accountability to the Health Secretary, while its health responsibilities move to the Cabinet Office, to support the Minister for Public Health and be accountable to her or him. But this is only one possible option for a new approach. We think the time is right to consider the CMO's public health responsibilities in the light of the range and scope of challenges ahead. We therefore propose an independent review of the CMO's public health role and function, including an exploration of alternative ways of organising the function and its responsibilities.

Local authorities and community development underplayed

The impact of local authority services is greatly underplayed in the White Paper, despite the fact that local government may be regarded as the natural leader for public health. Local authorities control the majority of the services and environmental factors that affect people's day to day lives. Indeed within Agenda 21, chapter 28, it is acknowledged that "As the level of governance closest to the people, local authorities play a critical role in educating, mobilising and responding to the public to promote sustainable development".

Branding the White Paper as a Department of Health/NHS production risks alienating local government because it is regarded, and tends to see itself, as the junior partner to the NHS. Unfortunately, the White Paper simply reaffirms the power imbalance that has undermined rational argument of the location of public health since 1974 when the public health function was removed from local government and transferred to the NHS. We do not favour further organisational restructuring but do believe local government should at a minimum get equal billing with the NHS for its contribution to improving health

The impact of local authority services is greatly underplayed in the White Paper, despite the fact that local government may be regarded as the natural leader for public health

and tackling health inequalities.

Community development has a track record of success in empowering communities, and, thereby, individuals, and a strategic approach to health promotion recognises this. With the focus in the White Paper predominantly on individuals this may prove to be ineffective without the concomitant development and strengthening of community confidence and action.

Capacity and capability of the workforce

Choosing Health makes reference to new tasks for the public health workforce and, in Annex B, sets out the detail on roles, training and competence. We agree that it is desirable to review the workforce deployment, to reconsider what new skills are needed, and to make optimum use of what already exists.

Particular mention is made of the importance of partnership working and yet throughout the public sector there has been no real attempt made to tackle the cultural and inter-professional adjustments required to ensure effective partnership working. Despite the research evidence on what makes for effective partnerships, it does not appear to have been drawn upon to take forward the thinking on the subject or to modify practice. Too often partnerships are arbitrarily drawn together either as a response to a government edict or in the pursuit of partnership funding and the key players are either unable or unwilling genuinely to become more than the sum of their parts. Not only are these partnerships often ineffective when occurring between professionals, they can also be ineffectual and inappropriate when operating at the community level. Currently the Audit Commission undertakes a limited role in assessing the evidence and effectiveness of partnership working within organisational structures. There is however little to indicate that the training and capacity building essential for the development of 'fruitful' partnerships is identified as a specific requirement within public sector organisational management systems.

Community development has a track record of success in empowering communities, and, thereby, individuals, and a strategic approach to health promotion recognises this

New categories and definitions of the workforce

In an era when the need for evidence based policy and practice is recognised as being of paramount importance in public health interventions it is curious to see the proposal for the introduction of Health Trainers contained in the White Paper. We are not convinced that the proposal is either desirable or has been sufficiently thought through. The case for their introduction needs to be demonstrated.

We have serious misgivings about their role and responsibilities, insofar as these are described in the White Paper. Health trainers run the risk that, far from strengthening the public health workforce, they could paradoxically weaken it by creating another professional grouping with skills and boundaries to be developed and managed thereby adding to the already considerable and complex partnership challenge. We are not convinced of the need for such an army of helpers drawn from the community nor do we think a demand for this sort of intervention exists on a sufficient scale to warrant such an initiative. The idea may symbolise government's desire to be seen to be doing something but we think it is a costly distraction with minimal value. We question whether their introduction will give added value above strengthening the role of, say school nurses and health visitors, and promoting a true community development approach to these existing professionals' work. This would, of course, require attention to be given to their falling numbers, low morale and recruitment difficulties currently exacerbated by changes in training and the closure of the health visiting register.

Given the experience of health promotion within PCTs, we question whether it is realistic to expect PCTs to have the time, skills, or motivation to undertake the tasks envisaged in the White Paper. Again, we urge the involvement of local authorities and suggest that many of the initiatives contained in the White Paper might best be led from a local authority base or by a joint local authority/NHS team.

We are surprised that the term 'Community Matrons' is used (will male incumbents be so called?) given that 'nannying' is out of fashion. Is there not an inconsistency here? When the term Matron was in widespread use in the first half of the last century, it referred exclusively to hospital posts. There is a danger that its use in this context suggests a wish to bring institutional values to the community, which rather contradicts the idea of personalising services.

We further suggest that careful thought be given to the scope of the school nurse posts, and urge that expectations of what is achievable should be realistic and should be seen as part of an integrated public health workforce.

A healthy public sector

We welcome the specific mention of the NHS implementing good public health policies within its own organisation. However, we are concerned that the opportunity has not been taken to apply the same policies to all public sector workplaces.

Piloting before plunging

Choosing Health proposes and refers to many initiatives currently running or about to be set up. We hope that current pilots, such as the 'Spearhead PCTs', will be evaluated before decisions are taken on whether to mainstream them, and that new concepts, floated in the White Paper, such as Health Trainers, will be piloted before being rolled out nationally.

UKPHA recommends that:

- There is a need for central Government leadership and integral local authority involvement if these proposals are to be realised and sustained
- Overall public health must be distinguished from health improvement; the responsibility for the public's health should be removed from the silo of the NHS to a cross-governmental cabinet level sphere of influence and operation
- Changes to the workforce should learn from, and build on, other recent and current work, especially with regard to health promotion
- All public sector workplaces should be examples of 'healthy' environments
- Initiatives should be properly piloted and evaluated before being adopted nationally
- The training and capacity building essential for the partnership working which will underpin the successful implementation of the White Paper should be identified as a specific auditable requirement within public sector organisational management systems
- Public health should be recognized as a natural consequence of health promoting social, environmental and economic conditions and should therefore be a central integrating function of the government's new Sustainable Development Strategy

Public health should be recognized as a natural consequence of health promoting social, environmental and economic conditions

Challenging anti-health forces

Social marketing

We agree with the White Paper's statement on the need for creative social marketing techniques in promoting health. Whilst welcoming the co-operation of industry, as in the case of the Portman Group, we caution against assuming that it is always best for industry to be a partner especially where

successful intervention will inevitably run counter to short-term commercial interests. And where Government and industry do collaborate, the Government should be in the driving seat.

We note that the Department of Health intends to appoint an independent body to implement its marketing strategy. We suggest that this will be most effective if it is independent of industry and adopts the same sophisticated marketing techniques that are successful in industry.

We suggest that there would be widespread support for this, and cite the recent call from Alcohol Concern (www.alcoholconcern.co.uk) for Government to fund television and other advertising on excessive drinking.

There is a dichotomy here in approaches to marketing. When the Government seeks to influence people's behaviour, it is called nannying, but when big business does it, it is dressed up as offering choice. The consequence of this is firstly, a failure to properly regulate, or to protect and promote the public's health and secondly, the extension of the potential scope for market, and public, exploitation by industry.

Regulation

Curbing the relentless and sophisticated marketing of foods high in salt, fat and sugar to children is the single, immediate step that the government should take to protect children from unhealthy eating patterns. It is disappointing therefore that we must spend the next three years watching the inevitable failure of voluntary controls before the government is willing to introduce the necessary statutory legislation.

The proposals for smoking restrictions in workplaces and enclosed public places are a significant step forward for public health. We welcome the ban, but are seriously concerned that the anomalous exemption of some pubs and clubs will leave bar staff working in those premises unprotected from the health hazards of second hand smoke. This could also result in health inequalities being widened, as smoking only pubs will tend to be predominantly located in poor areas. We question the long time scale for the implementation of the proposals and strongly urge government to strengthen the restrictions to achieve a comprehensive ban in the shortest possible time.

It is also a matter of concern as to how the partial ban will be enforced, whether the responsibility will be passed to local councils and whether they will be given the necessary resources. Similarly, we would like to see a commitment to a tobacco control and prevention programme of the kind developed in California which aims to denormalise the acceptability of tobacco use in communities through a comprehensive programme of measures and education which includes revealing and countering the influence of the tobacco industry. We note the initiative in the North East of England to establish a Tobacco Control Office which draws on the Californian experience.

We welcome the move to revise school meal standards, and express the hope that this will result in unequivocal regulation which ensures that all pupils are provided with healthy food and drink at school. Ensuring that education is planned with positive health in mind will require co-operation between Government departments at the highest level to ensure a curriculum which not only develops healthy lifestyle choices from the earliest age but which inculcates a sophisticated understanding of the consumer society within which those choices operate, including the role, methods and influence of the advertising industry.

There is a dichotomy here in approaches to marketing. When the Government seeks to influence people's behaviour, it is called nannying, but when big business does it, it is dressed up as offering choice

UKPHA recommends that:

- For health messages to be successfully delivered, the Government needs to play industry at its own game, and adopt a sophisticated level of social marketing
- Legislation should be introduced to control advertising to children
- The smoking ban should be applied to all work places, so that all hospitality industry employees – who are typically on low pay, and so may be starting from a disadvantaged health standpoint – are equally protected from the harmful actions of others
- Education in schools should be planned with positive health in mind and in particular school meals should be regulated for health

Conclusion

Will Choosing Health 'make a real difference' as is hoped and intended? Will it help the nation to be, in Derek Wanless's famous phrase, more 'fully engaged'?

For all our misgivings and concerns, there is much to welcome and be positive about in the White Paper. It signals a reassuring shift in focus towards greater health promotion and protection by the health services. There are a number of proposals that could have a positive health impact, including the planned Local Area Agreements, greater co-operation between agencies, projects to increase physical activity, the partial smoking ban, standards for food in the public sector, the initiatives to make better use of professionals such as dentists and pharmacists, the focus on occupational health, the gearing up of the workforce, the approach to social marketing, and food labelling changes. But to ensure that these improvements are sustainable and effective, the government must provide sound leadership from within the Cabinet; apply principles of good governance rather than rule by inconsistent opinion polls and focus groups; it must also bring local authorities in as equal partners as a matter or some urgency if local government is not to be marginalised; build on existing workforce insights and conclusions, when developing new workforce initiatives; pilot and evaluate initiatives before extending them; grasp the principles of social marketing and take a strong lead on advertising to children and imposing a total smoking ban in work places, through legislation.

It is said that the White Paper marks the end of the beginning and that the journey to a state of improved health will proceed in myriad ways which cannot be entirely foreseen or predicted. We agree. But we regret that the White Paper is not more bullish about the enormity of the challenges ahead and about the actions needed to tackle them effectively. Sadly, too many punches are pulled to give confidence that the Government does really mean business this time round.

For all our misgivings and concerns, there is much to welcome and be positive about in the White Paper.

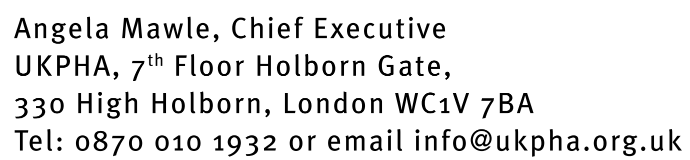
Footnotes

1 The State of the Nation – An Audit of Social Injustice, The Institute for Public Policy Research, London, 2004

2 Prevention and Health: Everybody's Business. A Reassessment of Public and Personal Health. A Consultative Document prepared jointly by the Health Departments of Great Britain and Northern Ireland. London ;HMSO

3 World Health Organisation European Ministerial Conference on Mental Health, 12-14 January 2005, Helsinki. Declaration on Mental Health Policy and Action Plan on Mental Health Policy

4 Richard Layard 'Happiness and Public Policy' Sustainable Development Commission Workshop, HM Treasury, 5th October 2004


Angela Mawle, Chief Executive
UKPHA, 7th Floor Holborn Gate,
330 High Holborn, London WC1V 7BA
Tel: 0870 010 1932 or email info@ukpha.org.uk