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Mr Lansley's Public Health White Papers

Geof Rayner & Tim Lang

For *Primary Health Care*, December 2010

Andrew Lansley's White Paper, *Equity and Excellence: Liberating the NHS* has attracted a strange unity of opposition. On the left, Professor Harry Keen, writing in the *Financial Times* on 13 December, calls it "a totally untested and enormously destructive".¹ In effect, he says, it represents the "destructuring" of the NHS, causing disintegration and bureaucracy in its wake. On the right, the Civitas think tank says "there is little, if any, theoretical or empirical evidence" to suggest that it will lead to better commissioning and will almost certainly lead to a "dip in performance".² And the latest British Social Attitudes report reveals that public satisfaction about the NHS is at a thirty-year high.³ In narrowing their eyes and pushing down hard on the throttle, the government risks driving into a ditch.

But one should not confuse the NHS with the public health. The former provides a sickness safety net. The latter is about prevention. This division is important. Despite much despondency in the ranks of Primary Care Trusts, which are to be demolished and their functions handed over to GPs and local consortia, many in public health are quite positive. The Conservative party will be happy about this. It is rightly wary of attacking public health, remembering the flack from trying to bury the Black Report on health inequalities in 1979. Today, Sir Michael Marmot's health inequalities report has almost pride of place in Mr Lansley's White Paper.

But the core of *Healthy Lives, Healthy People: Our strategy for public health in England* is how it seeks to return the medical component of the public health function to local government, where it previously sat from the early beginnings of the public health system - until 1974. Frank Dobson, the first Secretary of State for Health under New Labour, took the same idea to fellow cabinet members but could find no support for it. We think this is a move which is right, but it's over the detail and ideology that we are nervous. Its effectiveness depends on resources (public health is to be ring-fenced, but local authorities are to be cut 10% this coming year, according to Eric Pickles, secretary of state for local government).⁴ And how can local authorities realistically get a grip of macro-economic drivers which, as Michael Marmot has shown, shape health at the local level?

¹ Prof Harry Keen, letter, *Financial Times*, December 13 2010, pg 10

² Sebastian Baird, James Gubby, Kieran Walshe, *NHS White Paper proposals for GP commissioning: does size matter?* Civitas, October 2010

³ Alison Park, John Curtice, Elizabeth Clery, Caroline Bryson (2010). *British Social Attitudes: the 27th Report*. London: Sage

⁴ CLG (2010). *The localism White Paper*, December. London: Dept for Communities and Local Government

Many public health campaigns, most notably *Change4Life*, have already been hit. No Smoking Day, established in 1984, has more than two decades of battle-tested evidence for its success. Ministerial intervention has just saved one-half of its grant, but for only one year. While we wait to see what ring-fencing actually means in practice, the general promise to protect public health looks to be melting somewhat.

Money is only partly what's wrong. The big flaw, we would argue, is philosophical and political. In *Healthy Lives Healthy People*, the word 'freedom' and its variants are used a total of 26 times and 'empowering' 17 times. 'Behaviour' is mentioned 50 times. While the White Paper acknowledges the resurgence of infectious disease, the second sentence of Mr Lansley's introduction makes it clear he believes today's health problems are "lifestyle-driven", caused 'within' people's lifestyles. Is this what public health is reduced to? A soft focus on individual change cannot make sense until there is simultaneous attention on structural factors which shape ill-health. Mr Lansley cannot seriously say that excessive salt and fat in the diet, or using cars not bikes, are actions which happen purely from choice.

What are *Healthy Lives*' recommendations for change? The new thinking is all about is behavioural science and 'Nudge' theory. 'Diktat', 'lectures' and 'nannies' are out, not that we ever noted them as in! They were equally banned under New Labour. The change is in tone. Now there are to be opaque 'responsibility deals' with industry, as though the food and drink industry are never nanny corporations, slipping salt into food, shaping 'choice' by price signals, spending nigh half a billion a year on marketing. The new message from Mr Lansley and colleagues is that public health has to 'work with business, not against it'. But how can a local authority or Director of Public Health tackle Tesco's or McDonald's cheap fat offers? Or encourage lives based around bicycling to work, in the face of the car industry and motorway lobby? Or be equal to the alcohol industry's pricing structures?

It is the intention of the White Paper that the Department of Health and the newly 'empowered' local authorities tackle the real underlying "roots" of public health problems. Excellent news. But we have a sneaking feeling that many of these 'roots' are far beyond the purview and powers of local actors. They are found in the realms of economic inequality, years of accumulated social neglect, or in the actions of global commerce. Strengthening the actions of public health bodies worked in the nineteenth century because the 'roots' of distress were often local. That is hardly the case today. While strengthening local actors is to be welcomed, there has been a yawning gap opened up in dealing with the far more powerful forces which are beyond the local.