100 DAYS FOR PUBLIC HEALTH

A summary of public health priorities and their alignment with party political manifestos.

UK Public Health Network

May 2015

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1. INTRODUCTION

At the public health summit meeting on 8 October 2014, it was agreed that the development of a collaborative agenda would enable a fragmented profession to speak with greater clarity on measures needed to improve the public's health. One of the four initial priorities was to compile a list of public health asks for the first 100 days of the new national administration, following the general election in May 2015. This investigation reports on the present priorities of network members and how these align with party political promises, as they stand at 30 April 2015.

2. METHODOLOGY

Manifestos that covered either a range of public health matters or a single public health issue were retrieved through a Google search, hand-searching of organisations' websites and contact by email. By 7 April 2015, 30 organisations were found to have published a manifesto that made at least one public health request. A complete list is available on request.

Requests were extracted from manifestos into an Excel spreadsheet in alphabetic order of organisation. The requests were categorised by broad subjects and correlated to establish agreement between organisations. This provided the top ten issues for public health. The same process was used to extract and categorise party political manifestos.

There is some risk of bias in the way these manifesto requests have been brought together. Including single topic organisations and umbrella groups does not alter the top three requests but it does affect the top ten requests, as shown in Figures 1 and 2.

Some of the medical royal colleges (Faculty of Public Health, Royal College of Obstetrics & Gynaecology, Royal College of Paediatrics and Child Health) have been included separately because their manifestos have specific public health requests. However, the Academy of Medical Royal Colleges summarised all its member organisation manifestos. Including the Academy's summary manifesto may have resulted in some double-counting.

3. FINDINGS

3.1 Priorities from public health organisations

A total of 34 topics were identified from all the manifesto requests. These covered all of the major social and economic determinants of health, as well as wider issues of the NHS, economy and government leadership.

There was no complete agreement across all 30 organisations on the top issues to be addressed. This is not unexpected as the majority of the organisations included in this analysis focussed on their specialist areas, rather than looking at public health as a whole.

The top three most commonly requested actions are to address issues around:

1. **Alcohol consumption**: (14/30 organisations)

2. **Smoking, including e-cigarette**s: (11/30 organisations)

3. **Diet & nutrition, including obesity**: (10/30 organisations)

The top ten issues are shown in Figure 1.

Eleven of the 30 organisations are in a position to look across the whole field of public health. Although the top three requests remain the same there is greater cohesion with nine of the eleven citing alcohol consumption as the priority issue, and seven organisations each citing smoking and diet & nutrition as the next two priorities. The top ten issues from the eleven organisations are shown in Figure 2.

With the exception of minimum unit pricing for alcohol, which was requested by six organisations, there was little agreement on specific actions for each issue. Figure 3 shows the variation of actions for the top three priority issues.

3.2 Public health priorities from government health organisations

Some correlation was made with government priorities from:

- Department of Health
- Health Scotland
- Public Health Agency Northern Ireland
- Institute of Public Health
- Public Health England
- Public Health Wales

All four nations divide their priorities roughly into the three areas of health protection, health improvement and quality of care and services. Public Health England, Health Scotland, Public Health Wales and Public Health Agency Northern Ireland make specific mention of the need to address health inequalities and recognise the importance of addressing root causes of ill-health. High-level investigations revealed three public health priorities that are currently common to all four countries:

- Child health

- Health inequalities

- Smoking

A list of priority areas is given in Figure 4.

3.3 Public health promises in party political manifestos April 2015

Eight party political manifestos were examined for pledges that could affect the social and economic determinants of health. Any additional party policy documents have not been included. It should be noted that manifestos are only an indication of what a party may do;

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manifesto promises may not result in parliamentary action and actions may be placed before Parliament that are not in any manifesto.

There appears to be three areas of agreement across all parties for positive actions that may have a beneficial effect on public health:

- **Raising the minimum wage** to between £8 - £10 by 2020, with some parties pledging action against employers who do not pay it (Conservatives, Liberal Democrats and UKIP). All parties promise to 'promote' payment of the living wage.
- **Protecting the education budget**.
- **Developing sustainable energy** - although each party differs on the means by which this would be achieved.

Seven of the eight parties also promise to:

- Address fuel poverty (Conservatives, Green Party of England, Labour, Liberal Democrats, SNP and UKIP)
- Make home ownership easier (Conservatives, Green Party of England, Labour, Liberal Democrats, SNP and UKIP)
- Address zero hours contracts, either ending them or banning exclusivity clauses: (Democratic Unionist Party, Green Party of England, Labour, Liberal Democrats, SNP and UKIP)
- Change child benefits: six parties provide a promise to extend free childcare, one proposes to cap child benefits

There is little declared support for the top three public health asks to tackle problems caused by alcohol, diet or smoking. Figure 3 shows the parties that have stated a promise against specific actions for these issues.
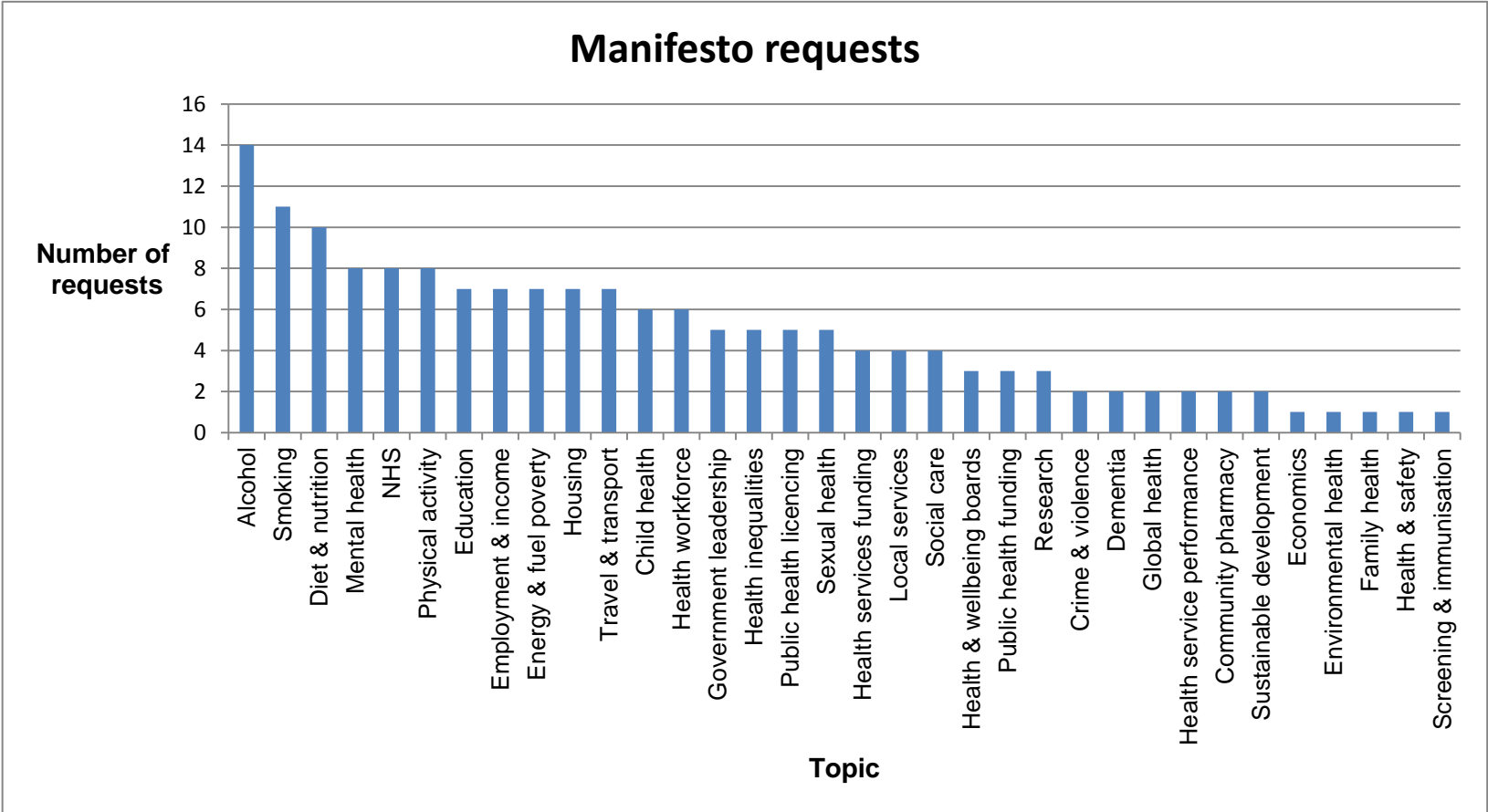
4. FOR DISCUSSION

1. Should public health asks be aligned with government priorities, party political promises or as public health priorities in their own right?
2. These asks are based on explicit statements in organisations' manifestos, party political manifestos and government agency/organisation strategic documents. Is anything missing from the list of asks?

Note: This limited analysis is intended as a high-level independent summary to inform debate by the UK Public Health Network on its priority asks for the first 100 days. It does not replace a detailed study of the individual manifestos, either of the public health organisations included or of the eight party political manifestos.

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Figure 1: Manifesto requests across 30 organisations making public health requests

Manifesto requests

A bar chart titled "Manifesto requests" with the y-axis labelled "Number of requests" (scale 0 to 16) and the x-axis labelled "Topic". The bars, in descending order, show:

- Alcohol: 14
- Smoking: 11
- Diet & nutrition: 10
- Mental health: 8
- NHS: 8
- Physical activity: 8
- Education: 7
- Employment & income: 7
- Energy & fuel poverty: 7
- Housing: 7
- Travel & transport: 7
- Child health: 6
- Health workforce: 6
- Government leadership: 5
- Health inequalities: 5
- Public health licencing: 5
- Sexual health: 5
- Health services funding: 4
- Local services: 4
- Social care: 4
- Health & wellbeing boards: 3
- Public health funding: 3
- Research: 3
- Crime & violence: 2
- Dementia: 2
- Global health: 2
- Health service performance: 2
- Community pharmacy: 2
- Sustainable development: 2
- Economics: 1
- Environmental health: 1
- Family health: 1
- Health & safety: 1
- Screening & immunisation: 1

NB:
Requests grouped under 'NHS' are related directly to the service and include funding, staffing, waiting lists etc.

Figure 2: Manifesto requests across organisations with a broad public health perspective

Topic	AoMRC	ADPH	BMA	CIEH	FPH	Lancet	LGA	RCP London	RSPH	THF	UKHF
Alcohol	x	x	x	x	x		x	x	x		x
Smoking	x	x		x	x		x		x		x
Diet & nutrition	x	x		x	x		x	x			x
NHS	x				x	x		x		x	
Physical activity		x		x	x		x				x
Energy & fuel poverty		x		x	x						x
Travel & transport				x	x		x				x
Government leadership			x	x						x	x
Mental health	x	x		x							
Employment & income		x			x		x				
Housing				x			x				x
Public health licensing		x		x							x
Public health funding			x	x							x
Education					x		x				

Figure 3: Specific asks for the top three priority issues and party political alignment

Priority issue	Requests	Specific 'asks'	Political support
Alcohol	Government leadership	• Give one government department / minister the lead on alcohol-related policy in England, preferably the Department of Health.	None declared
	Licensing	• Enable local authorities to make licensing decisions based on local population health need and the density of existing outlets • Review the application and effectiveness of recent initiatives to reduce alcohol and nuisance-related problems	None declared
	Marketing	• Include a health warning on all alcohol labels and deliver a government-funded national public awareness campaign on alcohol-related health issues • Introduce calorie labelling on all alcohol products • Introduce strict controls on alcohol advertising, promotion and sponsorship led by a new independent body • Strengthen regulation of alcohol marketing to protect children and young people	Labour
	Minimum unit pricing	• Introduce a minimum unit price of 50p/unit for all alcohol sold in England and Wales	Green, Lib Dem, Plaid Cymru Against: UKIP
	Public control	• Reduce the blood alcohol limit for driving in England and Wales to 50mg/100ml, starting with drivers under the age of 21 / in line with Scotland & N.I • Introduce the widespread use of sobriety orders	Cons, Green, Lib Dem
	Taxation	• Reinvest a fifth of existing tobacco and alcohol duty in preventative measures • Reinstate the tax escalator on alcohol at two percent ahead of inflation per annum.	Green, Lab, SNP
	Trading standards	• Recognition from the Government about the role that trading standards play in tackling counterfeit alcohol	None declared
	Training	• Introduce mandatory training for all social workers, midwives and healthcare professionals on parental substance misuse, foetal alcohol syndrome disorder and alcohol-related domestic violence	Plaid Cymru
	Treatment	• Prioritise the delivery of identification and brief interventions	None declared

		• Ensure local commissioners make best use of [community] pharmacy (including measures to manage alcohol) • Increase treatment funding and raise access levels from 6% to 15% of problem drinkers	
Smoking	E-cigarettes	• Stop calling them cigarettes and minimise appeal to young people • Take a precautionary approach to promotion and acceptability of e-cigarettes • Regulate electronic cigarettes as medicinal product	Lib Dem, Plaid Cymru
	Reduce smoking rates	• Ensure that the current 18.5% target for smoking reduction by 2015 applies equally to people with mental health problems.	None declared
	Smokefree legislation	• Ensure the ban on smoking in cars where children are present comes into effect • Remove the smokefree exemption for theatrical performances in England and for prisons across the UK and extend smokefree regulations to cover sea-going shipping and inland waterway vessels	UKIP say legislation will be amended for bars & clubs
	Standardised packaging	• Implement standardised packaging	Cons, Lib Dem, Labour
	Stop smoking services	• Make tobacco control, smoking prevention and stop smoking services mandatory for local authorities in England • Ensure local commissioners make best use of pharmacy in all communities (including measures to support stop smoking)	None declared
	Taxation	• Introduce a new annual levy on tobacco companies to help fund the introduction of a positive licensing scheme for all tobacco wholesalers and retailers including shisha bars. • Reinstate the tax escalator on all tobacco products at five percent ahead of inflation per annum • Reinvest a fifth of existing tobacco and alcohol duty in preventative measures	Lab, Lib Dem, SNP
	Tobacco licensing	• Recognition from the Government about the role that trading standards play in tackling public health issues (eg, regulating point of sales access to tobacco products, effective enforcement of illegal tobacco)	None declared
Diet & nutrition	High sugar, salt and fat foods	• Ban marketing of high sugar/salt/fat before 9pm • Introduce governmental standards for salt, saturated fat and sugar reduction in the food supply	Lab, Lib Dem

	Food industry	• Restrict opening of new fast food takeaways close to schools • Guidelines to assess the suitability of, or ban, food and beverage companies for sponsorship of public health initiatives	Cons, Green, Lib Dem
	Food price	• Address affordability of healthy foods	None declared
	Food safety	• Strengthen food hygiene rating system • Ensure local authorities can supply expert workforce to carry out responsibilities in food safety	Lib Dem, Plaid Cymru
	Infant feeding	• Extend the ban on the marketing of breast milk substitutes	Green
	Nutrition standards	• Remove artificial trans fats • Implement the voluntary national traffic light nutrition labelling • Develop national healthy, sustainable dietary guidelines • Government-led national standards for reformulation of food • Restore responsibilities for nutrition and food labelling and composition to the Food Standards Agency • Define and introduce enforceable food standards for procurement for the public sector, including hospitals	Lib Dem, Plaid Cymru
	School food	• Implement School Food Plan • Ban the sale and consumption of energy drinks on school premises	Cons, Green, Lib Dem
	Taxation	• Reinvest a fifth of the existing VAT on soft drinks, fast food and confectionery in activity programmes. • New sales taxes on unhealthy products/ Introduce a 20% duty (per litre) on sugar sweetened beverages	Green, Plaid Cymru

Note:

The asks have been transcribed from the manifestos as published by the organisations. Occasionally wording has been altered so that all requests are phrased actively rather than passively (eg 'recommend xx be introduced' becomes 'introduce.')

Figure 4: Government priorities across all four nations 2014/15.

Topic	England	Wales	Scotland	NI
Alcohol	x		x	
Child health	x	x	x	x
Commissioning				x
Communicable diseases		x		x
Communities			x	x
Delivery of healthcare	x	x	x	x
Dementia	x			
Economic	x			
Emergency preparedness		x		x
Employment & income			x	x
Evidence-based practice		x		x
Government leadership	x	x		
Health behaviour	x			x
Health improvement		x		
Health inequalities	x	x	x	x
Health protection	x			
Health workforce		x		
Housing			x	
Mental health	x		x	x
Obesity	x			
Primary care		x		
Quality of care	x	x		x
Research & technology	x			x
Screening & immunisation		x		x
Smoking	x	x	x	x
Social care	x			
Travel & transport			x	