

General Election 2010: Out with the old in with the new?

At the time of writing, a general election looms in the UK. With the country mired in economic gloom and insecurity, rising youth unemployment, fears of climate change and an impending energy crisis, it is difficult to be optimistic about any government's ability to protect and enhance the health and wellbeing of its citizens, regardless of their ideological stance. Nevertheless, history has shown us that who governs and how they govern has positive and negative health impacts. Here, we remind readers why health is political, briefly review what the three main parties in England are saying about health and wellbeing, and give our assessment of what the most optimistic outcome might be for health in the UK.

Health is Political

In 2003 PoHG outlined why health is political (see Box 1). Ultimately, health is political because it is shaped by the various ways in which power is exercised. Political Parties put things in a manifesto which we think might happen. We then get to vote for the party whose values we think most align with our own. Health and wellbeing are issues that concern virtually every UK citizen and, as such, it is always a significant area in which political debates take place (even though many of the broader determinants which shape health are frequently excluded from such discussions).

Conservative Health Plans

The Conservative's 'health' policy is contained in the first chapter of their draft manifesto entitled "*Our Reform Plan for the NHS*". They don't give any indication that they understand 'health' as a concept separate from 'health care' and we didn't spot any references to wellbeing. The Conservatives claim to be "*the party of the NHS*" and declare total commitment to its values (without being too specific about what those values are). The proposals outlined in "*Our Reform Plan for the NHS*" focus almost exclusively on health care and the NHS but they are presented as representing a 'health' policy, revealing an extremely narrow conception of what 'health policy' constitutes. They propose further reform by massively reducing NHS bureaucracy and rebranding the Department of Health as the Department of *Public Health*. Local Authorities will be provided with separate public health funding but nothing is said about potential restrictions on how this funding can be spent or where the money will come from.

They espouse traditional conservative values such as '*big society not big government*' and say they aim '*to create a fairer, safer and greener country where opportunity is more equal; change... for prosperity, for community, for happiness...*' They highlight things it is hard to disagree with, such as '*a shift in power from the political elite to the man and woman in the street, through decentralising power, introducing a strong line of democratic accountability, and bringing in a new era of transparency to government.*' However, ideas on how to put this into practice are limited and include organisational changes such as strengthening foundation trusts, and putting patients in charge of their own health records. There is no reflection on how this might impact upon inequalities in access to and use of health care services. It is also unclear whether this shift in power represents a shift in responsibility as has happened in the past, i.e. a return to victim blaming. The statement suggests otherwise, claiming that '*as a progressive government, we will weight public health*

funding so that extra resources go to the poorest areas with the worst health outcomes through a new 'health premium'.

Their rationale for change? We have higher cancer rates than most other European countries.

Liberal Democrats Health Plans

The Lib-Dems also focus narrowly on the NHS and do not consider health more broadly. They too claim to be committed to *a comprehensive health service, which treats all people equally, and is free when we need it.* Rather than spend more on the NHS they will redirect resources away from bureaucracy and scrap central targets. Health reforms include; *putting doctors and nurses back in charge of their hospitals and wards, establishing elected local health boards which will give people the power to stop hospital closures in their area, abolish strategic health authorities, which are remote and unaccountable, and slim down the DoH.* The latter could spell trouble for public health as historically it has been the first to get squeezed in DoH cuts.

One of the more interesting ideas mooted is the introduction of a *'patient contract', which will specify the services and treatment an individual can expect to receive from the NHS and highlight the patient's rights to information about treatment and medical records. This patient contract will encourage the patient to act responsibly and to promote their own good health where possible.* This suggests there may be plans to revise what services are available free on the NHS and/or to attach conditions to the availability of services. From a public health perspective, the emphasis on personal responsibility may signal a renewed emphasis on lifestyle-behaviours. Although some acknowledgement of the need to tackle *the wider problems contributing to health inequality such as poverty, poor housing and poor environment* is made, the only specific commitment linked to this rather vague statement is to *'increasing the stock of good-quality, affordable housing'* and implementing 'a "warm homes" package'.

Beyond this, the Lib-Dems say they plan to extend out of hours services in the NHS, introduce direct payments and individualised Personal Care Plans for people with long term conditions, and they make various commitments to implementing new measures to control superbugs in hospitals.

Labour Health Plans

Historically the Labour party has been the defenders of the poor and claim the NHS is their greatest achievement. *We created it, we saved it, we value it and we will always support it.* There is no mention of protecting it or keeping it public. Their full manifesto has yet to be published, nevertheless the new NHS 5 year plan (SoS, 2009) represents Labour's stance. It is described as *the largest and most complex programme of change the NHS has ever attempted.* The Plan outlines a series of practical measures to meet the needs of an ageing population and the growing prevalence of lifestyle diseases. It brings together Darci's (SoS, 2008) strategy for improving health care and Patricia Hewitt's (SoS, 2006) vision of care closer to home.

The plan includes a move towards patient reported outcome measures (PROMs), one-to-one care for patients with long-term conditions, individual care budgets, greater support for staff, the expansion of the community role of high performing hospitals, guaranteed access to a consultant within 18 weeks of referral, and access to regular health checks for everyone aged between 40 and 74.

Whilst some of this is to be welcomed, there is a real danger that new inequalities could arise if care closer to home is not resourced properly so that carers (usually women or children) do not suffer additional economic and psychological burdens. Also, if people are to be cared for in their homes then planning policy also needs to reflect this, not simply in terms of access to services but also housing design.

Labour has been in power for 12 years and has focused on inequalities to a far greater extent than governments of the 1980s and 1990s. Even so there is still a feeling that Labour in government has let us down, and lost courage in pushing through the radical changes needed to reduce health inequalities that they initially seemed committed to. Looking back, they appear to have tinkered around the edges with the reorganisation of health policy, dragging their feet in terms of efforts to embed health and equity in public policy more broadly. Sadly, like the other two parties, they appear to remain committed to continuing to privatise the NHS (although the words market and competition are scarcely mentioned, we can assume the commodification of services will continue through world class commissioning by separating out purchaser from provider).

Commissioning and implementing The Marmot Review (GHEG, 2009), which will include policies and interventions that address the social determinants of health inequalities, could be Labour's saving grace. Labour's full manifesto has yet to be published but hopefully the radicalism we yearn for will be there (although whether they will have the opportunity to implement policies, even if their manifesto reads well, is another matter).

Our View

Writing a review so far in advance of an election is hazardous as by the time you read this what the parties say may have all changed. Even so, there appears to be a convergence of values and ideas about health policy, with all parties claiming to be defenders of the NHS and advocates of social justice and 'people power'. Yet all appear to remain committed (or at least open) to the ongoing privatisation of the NHS and all continue to rely on the idea that a capitalist market economy can deliver social justice. It is difficult to be optimistic, when it is not only clear there will be less money for health and wellbeing (signalling some difficult choices, regardless of who wins), and when none of the three main parties appear to offer anything particularly innovative in the arena of health policy.

We need a return to universal principles by pooling risk. We need to rekindle an ethic of solidarity around issues of health and wellbeing, rather than letting this ethic continue to be gradually eroded. We need to revive the belief that poverty is about social justice, rather than deviant behaviour and dependency. We need healthy, equitable public policy and economic regulation to protect us from the persistent and relentless assault of neo-liberalism on our health and wellbeing. We need to ensure that any political party that comes to power makes a firm, public commitment to implementing the findings of the Marmot 2010 strategic review of health inequalities by tackling the unequal distribution of power, money, and resources.

If you wish to work with the Politics of Health Group on this or any other public health issues please contact Debbie at contact@pohg.org.uk

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Box 1: Health is Political

- because like all other life chances under a capitalist economic system, some social groups gain more of it than others
- because its social determinants, such as housing and income, are amenable to political interventions and are thereby dependent on political action
- because any purposeful activity to enhance health needs 'the organised efforts of society'
- because the right to 'a standard of living adequate for health and well-being' is, or should be, an aspect of citizenship and of human rights.
- because we now face a complexity of worldwide crises – social, economic, ecological and ethical – that impact upon us all and contribute to ill health and avoidable deaths.

Bambra, Fox, Scott-Samuel, 2003

Box 2: Conservative Pledges

- Create a patient-led NHS – restructure choose and book/ include new providers/ consult on move to patient-held records
- Measure and publish health outcomes – reform NICE and drug prices
- Health care professional in charge – renegotiate GP contract / open up primary care to new providers / budgets and commission powers to GPs / rationalise NHS quangos cut administration by 1/3rd
- Improve Public Health – rename DoH / ring fence public health budgets to PCTs and LAs/ 4,200 more Health Visitors
- Reform long term care – pilot schemes for post hospital self care/ roll out personal health and social care budgets for people with long-term conditions

Box 3: Liberal Democrat Pledges

- Doctors and Nurses back in charge – Improved out of hours services – more use of pharmacists health care related workforce
- People Power - Elected Local Health Boards
- Slim down the NHS – end further commitment to IT programmes
- Patient contract – specifying services and treatments / highlight patient responsibilities and rights
- Direct payments – personal care plans

Box 4: Labour Pledges

- NHS staff to lead implementation of reforms – job security in exchange for flexibility and mobility for front line staff
- Return to corporate approaches - partnership working with DoH, NHS employees, Unions.
- ?NHS responsible for Adult Social Care Services
- Increased rights to services for patients without discrimination based upon lifestyle
- Care closer to home – individual care plans/ support to self-manage conditions
- Less reliance on National targets
- Incentives to deliver improvements in care – PROMS /stronger commissioners/ strengthening regulation to deal with failure