

# Politics of Health Group

## **The UK Charter for Health**

In order to achieve health for everyone we need

### **Safety, peace and security**

*This means peace of mind, which includes freedom from fear and violence in the home, community, nationally and internationally*

### **Equitable social, economic and environmental conditions for health**

*This means fair wages, decent income, safe working conditions, clean and safe environments, decent affordable housing, affordable, safe and clean transport*

### **Food and water security and sustainability**

*This means a safe and stable supply of nutritious food and clean water, and food production that does not waste resources and can be maintained indefinitely*

### **Universally available and holistic health and social care**

*This means high quality health and social care throughout life, that takes account of the whole person, and which is free at the point of use and publicly provided*

### **A fair, more equitable economic and social system that recognises the strength of social diversity and solidarity**

*This means a fair and equitable economic and social system that is in everybody's interests and a recognition that different groups of people have more in common with each other than differences*

### **Engaged, informed and politically active population**

*This means that people are fully involved in the democratic process and have access to unbiased information to enable them to make political judgements*

### **Loving, supportive and respectful relationships**

*This means people can feel secure in their family and personal relationships without fear of violence, prejudice or interference from others.*

### **Meaningful, accessible education for all**

*This means a fair and equitable education system that is tax-funded and available to all, from primary schools to higher education.*

## **Background to the UK Charter for Health**

Thirty years ago, the Ottawa Charter for Health Promotion generated worldwide interest in a new public health, based on the promotion of healthy public policies, environments conducive to health, inclusive public services and community and individual action. Forty countries, including the UK, signed up to the charter. Thirty years later we have a clearer understanding of the relationships between politics, public policy and health but are still battling against the odds to realise the aims of the charter. Over the summer of 2016 the Politics of Health Group (PoHG) working with The Equality Trust and Birmingham City University, held a number of events around the country, where people and organisations from across the social spectrum gathered to discuss how we can achieve health justice in the UK.

The findings from these meetings fed into a national event on 23rd November 2016 when over 100 people came together at Birmingham City University (BCU) to work on a new charter for health for the UK – specifically, a charter that challenges health inequalities head on. Kate Pickett (co-author, with Richard Wilkinson, of *The Spirit Level*) made a powerful case for change, demonstrating how the economic model that has held sway for over 30 years has not only failed to shift the gross inequalities in health that are a stain on British society, but has exacerbated them. The day resulted in ideas aplenty for policy and action.

The **UK Charter for Health** is drawn from the ideas and feedback from the meetings held in 2016 (for details see [here](#)), and from other similar work such as the [Politics of Health Group Charter for Health](#), [The Scottish People's Health Manifesto](#) and student work at BCU. Over the coming period we hope that concerned communities, organisations, professionals, politicians, activists and campaigners will use the charter to promote discussion and develop ideas for action to reduce inequalities in health. We want the charter to become a catalyst for a new strategic direction – one that recognises the social and economic determinants of poor health – and by putting the charter into practice make it a powerful tool for change.

The Politics of Health Group

June 2017

**Figure 1: Examples of short, medium and long-term policies that could help achieve these demands**

## Short-term

- Replace minimum wage with healthy living wage
- Introduce a premium on polluting industries
- Require salary and tax returns for everyone earning more than the prime minister be made public
- Retain current free school meals options
- Incorporate diversity, sex and relationship education and political education in schools
- Public sector staff required to promote healthy workplaces
- Stricter policies on implementing health impact assessments (incorporating equity focus) on all policies
- Stress public participation in research funding calls
- Encourage deliberative approaches in decision-making
- Include politics of health in health practitioners courses
- Celebrate public health and its history
- Celebrate the NHS and its history before and after 1948
- Re-introduce affordable/free extra curricular courses
- Stronger protection for whistle blowers
- Encourage responsible and truthful reporting in media outlets
- Promote awareness of the social model of health
- Resist passports requirements for healthcare
- Further restrictions on promotion of unhealthy food
- Introduce minimum nutritional standards in school food

## Medium-term

- Expand free (healthy) school meals to all school age children
- Encouraging inter-generational working
- Develop policies to support digital inclusion (e.g. provide free wi fi in public places)
- Expand tax-funded childcare options
- Re-introduce community development programmes
- Increase corporation tax to at least EU levels
- Introduce legislation to curb housing as an investment (protecting affordable housing)
- Introduce policies to support trade union membership
- Implement stronger sanctions for failure of media outlets to correct untruths
- Improve political awareness of general population
- Develop legislation to include class as a protected characteristic
- Begin institutionalising a social model of health.
- Policies to support out of hospital care for the dying
- Allocate more resources for prevention of ill-health
- Specific targets for food security that are measured and publicised
- Policies to support purchasing of local food in public sector
- Introduce stronger, better resourced domestic violence and child protection policies
- Introduce tighter regulations for arms trade with countries experiencing conflict

## Long-term

- Use planning law to build physical environments that support cohesion
- Transfer of investment in oil industries to renewable energy
- Policies to support equal and affordable access to higher education
- Promote lifelong learning as a social good
- Develop policies around improving access to housing in inner cities
- Affordable housing to be built within more affluent areas
- Adequate funding for health and social care through taxation
- Longer term strategic planning in the NHS
- Protection and better treatment of formal & informal carers
- Greater parity between mental and physical health spending
- Strengthen the role and impact of ill-health prevention
- Use environmental planning to encourage social mixing
- Improve diversity in senior positions (e.g. via gender and disability quotas)
- Increase aid budgets, especially for overseas countries at risk of / experiencing instability and conflict
- Minimum nutritional standards in all food products
- Demand transparency and accountability for arms companies that trade in the UK