

## **Speech on health and wellbeing, Demos, 1 February 2010**

### **Andy Burnham MP, Secretary of State for Health**

Nye Bevan famously once said that his wonderful new health service would cost less and less every year as it improved people's health.

What is reassuring about this statement for us mere political mortals is that even the greats from an altogether more serious and sober era made claims about their policies that didn't always prove completely true.

Love the NHS as we do, it is generally accepted that in its first 62 years it has been better at treating ill health than promoting good health.

And, yet, there are signs that this is beginning to change.

In 1997, having appointed its first Public Health Minister, the government adopted a new, more assertive tone on public health and a more interventionist stance.

A belief that government action could improve health and save lives has, in the last decade, been borne out by the evidence.

Today, 12 years on from the Smoking Kills White Paper, there are over 2 million fewer adult smokers. Deaths from smoking have fallen steadily. Among children, smoking has halved. Government action has changed public attitudes.

There are grounds for hope in other areas too.

Figures last year showed that childhood obesity is levelling off and more people – children and adults – are taking regular exercise. New figures out today show that average alcohol consumption is falling.

So, for those who believe in a robust approach to improving public health, there is plenty of evidence to suggest that it works.

But there is a downside too.

Today, the debate about public health is altogether more fractious than it was in the 1990s.

That is partly because the world has changed since the publication of Smoking Kills, but it might also be partly because of the way we have made our argument.

A strident tone can leave a sense that there are no limits to action – and that in fact the real intention is to ban everything. That in turn can lead people to turn off.

As Richard Reeves argues in his report, tone matters.

The danger of a dysfunctional debate on public health – and claims of nanny state at any public health intervention – is that it might stop the government from taking action when there are areas where that is precisely what it should be doing.

My instincts are firmly that direct action delivers results more quickly than waiting for change at an individual level.

However, I accept that a passion to act can be misread as a desire to meddle.

I don't want to ban everything – in fact the opposite is true. I'm thinking of making my free swimming scheme compulsory!

Joking aside, it is time to look at this debate afresh – and by commissioning the reports that I'm publishing today that is what my predecessor Alan Johnson was trying to do.

And so I'd to take this chance to thank the reviewers – Geoff Mulgan, Sir Howard Bernstein, Dr Paul Cosford and Alwen Williams, and Richard Reeves – for their incredibly valuable input into this debate.

It will help us understand better the changing nature of the public debate.

I recognise that, at times, we may have misread the mood, sounding as if we were going further than we actually were, but other times not going far enough. The smoke-free legislation is a case in point.

So we must learn the lessons and recast the debate on public health for a new era.

The history of public health is a story of actions taken from the centre – mandated from on high.

A century before the NHS was created, disease and squalor claimed the life of one child in every five. Wretched living conditions were the norm. Cholera epidemics cut people down in their tens of thousands.

That led Parliament to pass the UK's first Public Health Act in 1848.

From a standing start, momentum gradually built up – bringing major improvements in sanitation, education, housing and welfare – paving the way for the NHS, and creating the world we live in today.

The public health debate should acknowledge that history but it must also respond to the needs of the moment.

We must recognise that that central edicts are essential to improving safety and cleanliness but, as Geoff Mulgan acknowledges in his report, become more complicated when the challenge is to change behaviour.

The age of deference is over. People's willingness to listen to the man from the ministry is at an all time low.

In this information age people rightly demand more control over their own lives. Today public health campaigning gets into the heart of people's personal space, through the TV or the internet, and our messages should be adapted accordingly.

Society has changed, people's attitudes have changed – and so have the health conditions that we suffer.

Beveridge's five giants – want, squalor, idleness, ignorance and disease – still challenge us today but, as Julian Le Grand points out, now we face a sixth giant: the giant of excess.

Today's threats are not the traditional diseases of poverty – cholera, typhoid or diphtheria – but cancer, heart disease and diabetes, the result of too much fatty food, salt, alcohol, or tobacco.

They are linked to our lifestyles – the choices we make every day. And by their nature they demand a different kind of response. Geoff Mulgan is right to say that successful behaviour change requires messages that are not paternalistic or patronising but supportive.

Change4Life is policy response which embodies this shift and I will return to this later.

Ill-health can rob people of their freedom. But as Richard's report sets out we must also recognise that the state does not, and should not, make people's choices for them. People must remain free to make their own decisions – even to choose the unhealthy option.

So, to refocus the debate, we need to set out clearly the principles on which the state will act:

I see two overriding principles which should be used to justify state intervention:

- First, where by acting we can protect the health of children.
- Second, where one person's choices cause harm to others.

Alongside these, government has an important role in removing the barriers which stop individuals from taking healthy choices, and create an environment to make those choices easier.

For example, I make no apology for taking a hard line when it comes to protecting children and giving them the best start in life. That's why we've recently legislated to ban tobacco vending machines and remove counter displays in shops – and that's why we're now supporting moves to ban sunbeds for under-18s.

New evidence shows that patterns of inequality and obesity that are set early in life – in the first five years – can be incredibly hard to change.

So we are working to develop better early years information for families to help them make healthy informed choices for themselves and their children. We're looking at issues like sedentary behaviour, physical activity, and obesity – and we will be consulting on new guidance in the coming weeks.

And where we need to take tougher action we will do so. Take oral health, where there are terrible inequalities, leaving some children at risk.

Walsall in the West Midlands has a similar socio-economic profile to my own constituency in Leigh. Yet it has less than half the level of tooth decay.

Why? Simply because the difference the residents of Walsall drink fluoridated water.

5 million people in the UK drink fluoridated water, and over 200 million in the US. While studies find no evidence of any ill-effects on general health from fluoridation, we know that the benefits are huge – especially for children.

One part per million is negligible for most people. The common good in my view outweighs the loss of liberty and this is an area where health professionals should prosecute their argument with confidence.

On tobacco we have taken a series of actions over recent years – to prevent harm to others, to protect children, and to raise awareness and provide support to help those who want to give up.

I can imagine a smoke-free future – where people lead healthier and longer lives because they don't smoke – and where people ask themselves why people years ago ever smoked at all, given its manifold disadvantages.

So I am launching our new tobacco strategy today, responding to demand from the 7 out of 10 smokers who say they want to give up. With this strategy we're

setting out how we plan to give people the information and the support they need to make an informed choice for themselves.

And we're also looking at new protections for children.

Recent studies have shown that tobacco packaging influences smoking behaviours, rather than simply promoting particular brands. And that removing brand marketing on packs and having a requirement for 'plain packaging' on all tobacco products would increase the effectiveness of health warnings and reduce misconceptions about the relative risks of different brands which terms like 'smooth' perpetuate. All cigarettes prematurely kill lifelong smokers regardless of make or brand.

So we need to look closely at the evidence on the links between packaging and consumption. And we're encouraging research to further our understanding, especially when it comes to children and young people. We'll also seek views on the legal implications of any restrictions on packaging for intellectual property rights and freedom of trade.

It's been a long road. It took 50 years to get to a point where people would accept tough action on tobacco, but now people demand it.

I see the growing public debate on alcohol as perhaps where we were with tobacco ten years ago.

Of course, most people have a different relationship with alcohol. There isn't such a clear divide between drinkers and non-drinkers as there is between smokers and non-smokers. Our approach has got to acknowledge that.

And while there's no safe level of smoking, drinking in moderation poses little risk – the problem is that people aren't sure what 'moderation' is.

Research shows that people aren't aware of just how common and severe the health problems that alcohol causes are.

So tonight, with Cancer Research UK, the British Heart Foundation and the Stroke Association, we are launching the first of a new series of adverts to get this message across – to show people what alcohol can do to your body. Tune into 'Law and Order' on ITV at 9pm this evening – I'm sure you were going to watch anyway!

We must be careful to take the right approach – but public attitudes are shifting. The proportion of men and women drinking at increasing and high risk levels have fallen. Average weekly consumption has fallen. And awareness has increased.

People are reacting against alcohol misuse and its consequences for individuals, families and communities.

It causes huge social harm – we count its toll on people’s lives in arrests, family breakdowns and long-term health problems.

I have always been clear that we should not unduly penalise people who enjoy a drink responsibly, particularly when there is pressure on family budgets.

However, I am concerned about irresponsible promotions and deals on alcohol – where it’s used as a loss leader, selling it at below cost price.

This is a concern according to the principles I have set out – as it puts alcohol within the range of a teenager’s allowance.

We need to respond to rising concern.

Contrary to what some may think, we’re not going to ban smoking or drinking – but we do want to provide the incentives, the information and the support to help people make healthier choices.

The environment and the communities we live in are also strong influences on the choices we make – often restricting those choices and reinforcing unhealthy lifestyles.

It is an age-old problem, and it is a stubborn one.

In the Road to Wigan Pier George Orwell describes the situation in the late 1930s in and around my constituency of Leigh – he wrote:

‘The death rate and infant mortality of the poorest quarters are always about double those of the well-to-do residential quarters – a good deal more than double in some cases.’

A fact, he says, that: ‘hardly needs commenting on’.

We recognised these inequalities in health in 1997, commissioning the Acheson report, and setting targets to close the gap. To test our progress my predecessor, Alan Johnson, commissioned Michael Marmot to look into the state of health inequalities in the UK today.

This report, which will be published later this month, will be a milestone in our understanding of this issue. It follows in the footsteps of the Black Report in 1980, and Margaret Whitehead’s 1987 report ‘the Health Divide’ – with the important distinction that this time its findings will not be ignored.

The truth is that there is still too much inequality. But we have made progress. The health of those in the poorest areas of England is at an all-time high. Infant

mortality is at an all-time low. The life expectancy of a woman in Manchester has increased by two years since the mid-1990s – and by almost four years for a man.

But life expectancy does not tell us about the quality of those lives. For poorer people, their lives tend not just to be shorter, but also more unhealthy.

We need better data to tackle this issue and so I want to explore the concept of healthy life years as we look beyond our current targets. I think it is right to try quantify people's healthy life expectancy because of its importance to our health and wellbeing. It would help us to assess how well we are doing on tackling inequalities, and to take further action to reduce them.

Tackling health inequalities is not simple, but there is no cause more worthy. And as Michael Marmot identifies, tackling preventable illnesses and lifestyle diseases, can play a major role.

In December I set out my vision of NHS reform over the next five years, with prevention at its core.

In the past when times have become tough prevention has been one of the first casualties. Armed as we are with new evidence that prevention changes lives and saves money, I am determined that we will not repeat that mistake.

Smoking, poor diets and excessive drinking are behind almost a third of the long-term health conditions that people are living with today. And by increasing physical activity we could save more than a penny in every pound the NHS spends – and we could prevent one in nine deaths.

The evaluation of the Partnerships for Older People Projects which was published just last month, showed that by intervening early, overnight stays in hospital could be cut almost by half, Accident & Emergency attendances by just under a third, and Clinic or Outpatient appointments by over 10%. For every extra £1 invested in prevention there was an average of around £1.20 saving.

And I'm pleased to say that we are taking some practical steps on this point – as recommended by Alwyn, Sir Howard and Paul in their report. Steps which will enable the frontline to deliver the best health and wellbeing services.

We will explore the feasibility of piloting an expansion of Choose and Book to cover referrals to local Staying Healthy services. This will help to make stop smoking, weight management and physical activity services, more readily available and accessible to those who need them.

We are committed to strengthening commissioning of these services at local level.

And to make it easier for the NHS to identify the best and most cost-effective ways to invest in improving health and staying healthy, I am asking NICE to provide 'return on investment' data for public health interventions.

The challenge now is to change behaviour and so we have to find a more positive approach.

I'm clear that our best asset in this is Change4Life.

It's a new kind of campaign – it's innovative and highly effective. Launched just a year ago, it has already made a huge impact.

Change4Life now counts 400,000 families as members, and eight out of ten mums say the campaign has made them think about the long-term health of their children.

They're all involved in different campaigns and activities under one brand with the aim of getting people exercise more, eating better and leading healthier lives.

It has caught the eye of many around the world. Just last November I went to the White House to tell them about the campaign. Now they're looking at doing something similar and we're exploring ways that we can work together.

I am hugely ambitious for this project. And as part of the new adult dimension to the campaign, we are planning a major new initiative to take Change4Life into the nation's workplaces.

And we should also look to join-up our work across Government in this effort.

As I see it we can begin to act on two of the biggest challenges we face in the 21<sup>st</sup> century as one – tackling public health and climate change together.

They're both about acting now to reap benefits later. And they're both about changing the way we live.

With Walk4life and Bike4life we're encouraging people to walk and cycle more instead of using their cars. But we need to take these efforts from the fringes and put them at the centre of our approach.

We should be thinking much more radically about how we encourage these behaviours throughout the country – radically re-ordering the lay-out of our streets, and bringing these issues front and centre.

In this new era for promoting health and wellbeing, we need to recognise the complexity of people's lives. We have to make it easier for them to act and to get the support and information they need.

And we have to be realistic.

One of the lessons of recent years, as Geoff's report identifies, is that too often the public health debate can seem to inhabit a sort of distant utopia, far removed from people's lives.

We have to set our vision for public health in the real world.

We should be giving people positive messages, rather than stern warnings.

Where government action is necessary, we need to set out a clearer basis to support it.

To keep up progress on improving public health, we will require a different and cleverer approach – and a more engaging tone. The reports we are publishing today will help us find it.

Thank you very much for listening.