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# The need for greed in public health spending budgets

1 MARCH 2012 | BY PETER MILLS

Although outcomes can be difficult to measure, trends over the last 50 years suggest the £5.2bn budget for public health in 2013-14 could leave the health service with thinning options

It has often been difficult to compute exactly how much money is spent on public health initiatives, however the £5.2bn budget tabled for 2013-14 represents approximately 5 per cent of total healthcare spend, and at least a couple of percentage points more than is currently devoted to population health initiatives.

Although still rather vague, the acceptance in the framework that many public health outcomes can take years, if not decades, to be realised and that progress towards any outcome goals are best assessed with relation to specific indicators suggests a more strategic approach to the nation's health.

With this in mind it is worth examining the scale of the challenge facing the new public health bodies, specifically within the "health improvement" domain of the framework.

Healthcare expenditure as a percentage of gross domestic product has, by and large, consistently and relentlessly increased over the last 50 years. In 1960 just over 3 per cent of GDP was spent on health, in 2011 this figure was just shy of 9 per cent.

Put another way, one in every eleven pounds created in the UK is spent on the provision of healthcare. It is also worth noting that over this period of time our wealth as a nation has increased considerably, so in real terms healthcare spend has increased by almost 800 per cent.

Although life expectancy has continued to increase during this period, with about a six or seven year increase observed for both men and women, evidence suggests that much of this extra time is spent in poor health. Why is this? How can it be that we have spent so much money over the last 50 years and haven't really shown any substantial benefits to the health of the nation?

The answer is actually quite simple; the biggest determinant of health status in developed nations is lifestyle. It is not access to care, genetics or the environment. Yes, these things have an impact, but we have spent too much time and money concentrating upon them and not enough on the fundamental driver of health status, which is individual lifestyle and behavioural choices.

The consequence of this lack of focus has been an explosion in lifestyle related conditions throughout society. Data from the NHS Information Centre shows that even in the last 20 years those classified as being obese has risen from 12.3 per cent to a staggering 26.1 per cent. Examining the obesity trend tables for the USA it is clear that the UK is rapidly catching up with America and is probably only five or six years behind them on the obesity "epidemic".

This rise in obesity has resulted in some real and significant costs to the health service. Hospital admissions with a primary or secondary diagnosis of obesity have risen by over 500 per cent in the last 10 years. In addition, the cost of medication prescribed specifically for obesity has risen by almost 900 per cent over the same time period.

And it doesn't stop there; 5.4 per cent of the UK population have diabetes, a direct consequence of obesity, with 8.4 per cent of the NHS drug budget being spent on diabetes medications.

Add to this the fact that over 60 per cent of the UK adult population do not meet the minimum recommended levels of habitual physical activity, 28 per cent regularly (at least once a week) consume excess alcohol and 31 per cent of the workforce report high levels of psychological distress, it is not too difficult to see that we are storing up a whole world of problems for ourselves.

Population ageing is going to make these issues even more acute. With an increasing proportion of the population economically inactive, but requiring healthcare provision, there will be fewer within society creating the wealth to pay for this.

Recently the climate change lobby dramatically stated that we have 10 years to save the planet. Along similar lines, we probably only have 10 years to save the universal provision of healthcare services within our country. The status quo is not an option; we desperately need targeted and effective public health measures. With this backdrop the proposed £5.2bn annual budget for public health looks a tad lean.

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