

## A public health prescription for the UK Government

On Dec 12, the people of the UK voted and elected a Conservative party government for the next 5 years. The Conservative party's biggest electoral victory since the 1980s, predominantly based on the promise to "get Brexit done", raises a number of questions about the UK's future.

In their election campaign manifesto, the Conservative party made several funding pledges for clinical health services (eg, extra funding for the National Health Service [NHS], 50 000 more nurses, and 50 million more general practitioner surgery appointments a year) but their plan for public health is less easy to discern. There was a welcome commitment in the manifesto for an extra £1 billion per year for social care and a pledge to bring into legislation the NHS Long-Term Plan that includes a focus on prevention through primary care services and greater use of digital technologies. However, the government's commitment to a wider and ambitious public health approach remains unclear. The reports published in *The Lancet Public Health* urge the new government to commit and invest in public health to safeguard the most vulnerable in our society and address deepening inequalities in health and life outcomes.

Homelessness—a barometer of the increasing social injustices in UK society, as notes Rob Aldridge in his Comment—should be a source of concern for the government. A family becomes homeless every 13 min and a child becomes homeless every 8 min in Great Britain, according to the charity Shelter. In England, the number of homeless people has increased from around 1700 in 2010, to about 4700 in 2018. Aldridge advocates ending unsafe discharge of homeless people from hospital care, reinvesting in specialist integrated homeless health schemes, and providing more intermediate care facilities for those with chronic conditions. A systematic review and meta-analysis by Jacob Stubbs and colleagues highlights the increased health risk for homeless and marginally housed people, who have a much higher incidence of traumatic brain injury (TBI). In a linked Comment, Jesse Young and Nathan Hughes note that people's first experience of homelessness and TBI tended to occur in adolescence, which stresses the importance of providing stable housing to young people in particular.

The rise in homelessness is one example of increasing inequalities in the UK. A study by Dan Lewer and

colleagues reports the highly patterned and preventable social disadvantage that characterises England today. The authors examined the gap in premature mortality (before the age of 75 years) between English regions according to various measures of socioeconomic disadvantage. They estimated that 35.6% (877 082) of premature deaths between 2003–18 might be attributable to socioeconomic inequalities and would equate to an average of 1.2 years of life lost due to socioeconomic inequality. Inequality was greater among men, but worryingly the proportion of deaths attributable to inequality increased for women. That an estimated one in three premature deaths could be attributable to socioeconomic inequality make this "our most important public health challenge", Lewer and colleagues concluded. For John Newton, such findings highlight the need for place-based policies and investment that tackle the underlying determinants of these social and geographical health inequalities.

Adding to this evidence, the study by Aline Dugravot and colleagues, also published in this issue, explored how socioeconomic inequalities might play out over the life course. Their 24-year follow-up study of the Whitehall II cohort of British civil servants found that socioeconomic disadvantage was associated with higher odds of transitioning into frailty, disability, or multimorbidity in older age, after which the odds of mortality were much higher—suggesting that primary prevention would be key here to reducing inequalities in mortality.

After a decade of austerity and the erosion of public services, short-term cash injections into clinical care are not going to address the country's growing health inequalities. Evidence from public health research documenting the links between poverty and health outcomes is unequivocal. Just 1 year ago, the UN Special Rapporteur on Extreme Poverty and Human Rights, Philip Alston, concluded his visit in the UK with the damning statement "poverty is a political choice. Austerity could easily have spared the poor, if the political will had existed to do so". The newly elected government needs to grasp the opportunity to rethink austerity and social justice in the UK—tackling upstream determinants of health should be the priority.

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