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Sustainable development and public health: A national perspective

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Summary The increasing policy focus on sustainable development offers new opportunities to align the public health narrative with that of sustainable development to promote both sustainable health for the population, and a sustainable health care system for England. This paper provides some insights into ways in which potential linkages between the two areas can be made meaningful across a wide range of policies at a national level.

Introduction

Sustainable development is, like health improvement and health inequalities, a cross-cutting government priority in the UK. Policy documents and speeches regularly reiterate high-level commitment to achieve it for the new millennium, with departmental action plans providing tangible demonstrations of the political commitment to support and progress sustainable development.[1] However, translating these high-level policies into momentum on the ground requires the reconciliation of complex social influences and a commitment to maximizing the contribution of existing opportunities. As this paper discusses, appropriate linkage of the public health agenda to that of sustainable development can and should play a key role in this process.

The national picture

There is an extensive body of literature available on sustainable development. Definitions vary, but in the main they draw out environmental, economic and social dimensions of the concept, emphasizing that progress to date has been achieved at huge cost. The 2005 UK sustainable development strategy sets out five principles,[2] which resonate strongly with the practice of public health:

- living within environmental limits;
- ensuring a strong healthy and just society;
- achieving a sustainable economy;
- promoting good governance;
- using sound science responsibly.

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The agenda is clearly articulated in strategy and policy documents, underpinned by a series of 68 detailed indicators, many of which are also direct public health indicators, e.g. healthy life expectancy, mortality rates, smoking, childhood obesity, to measure progress across the four priority areas:

- sustainable consumption and production;
- climate change and energy;
- promoting natural resources and enhancing the environment;
- creating sustainable communities and a fairer world.[3]

Yet despite this, we are told: 'Sustainable development is one of those things that everybody supports, but no-one really knows what it means in practice!'.[4]

Over the years, similar things have been said about the practice of public health, with a brief overview of the literature drawing out many parallels between the two areas. Throughout history, many classic pollution control measures have been underpinned by a public health rationale—for example, air and water quality; control of hazardous substances; and the new chemicals regulation under REACH (Registration, Evaluation an Authorization of Chemicals). For both, success is accrued in long term outcomes and trends[a], with a shared strategic focus which moves beyond individualism to look at populations, health inequalities and social justice. Even the policy papers have similar names.[5,6] Yet perhaps the greatest congruence is around the delivery mechanisms, with the literature recognizing that for both the emphasis is on early upstream interventions, promoting behavioural change, and that strong partnership working approaches both across individual government departments but also the whole of society are fundamental to achieving their goals.

Linking sustainable development with public health practice

But whilst this provides a clear view that there are areas of possible convergence, making sense of the public health agenda, and making its link to that of sustainable development both explicit and meaningful, requires unrelenting effort, and a conscious focus on maximizing the opportunities for joint working. The indicators provide a shared opportunity to position the public health narrative alongside that of sustainable development to promote both sustainable health for the population, and a sustainable health care system for England. This is a challenge we cannot afford to ignore—and that means acting on the evidence we have.

[a]Which, as the Prime Minister recognizes, makes them politically more difficult than other more visible short-term policy priorities.

A congruent agenda

The cost and long-term sustainability of our health system is the focus of increasing interest across the whole of the UK. Despite massive investment, with current health expenditure in the UK running at around 7.7% of national GDP and expected to reach 0.3% of global GDP by 2008,[7,8] the economic statistics make stark reading and reveal the scale of the challenge. For example:

- recent economic analysis suggests that the total cost of preventable illness is around £187 billion per annum, or 19% of total GDP for England;[9,10]
- obesity and its consequences are estimated to cost the NHS around £1000 million in hospital admissions, clinic appointments and prescriptions;[11]
- smoking, which is the biggest single preventable cause of death[12] and ill health is estimated to cost up to £1700 million per year in terms of GP visits, prescription, treatments and operations, with extra costs incurred from passive smoking, smoking-related diseases, and associated costs;[13]
- mental health problems are estimated to cost some £12.5 billion for care provided by the NHS, local authorities, privately funded services, family and friends, with an additional £23.1 billion in lost output in the economy caused by people being unable to work (paid and unpaid).[14]

We have the evidence to show that more needs to be done on preventing these conditions from arising if we are to achieve a sustainable health service as well as marked improvements in people's quality of life. But we also know that having the evidence is not enough—we need to act on it. In many cases we need to seize new opportunities to join up messages appropriately, and this has implications for both the economic sustainability of the country and health and well-being status of the population in the long term. Take smoking, for example. In smoking cessation, we have a widely acknowledged cost-effective intervention,[15] yet a survey of 4000 heart patients leaving acute hospitals in England in 2005 reported that 41% had not received information on smoking cessation,