

Creating Public Health Policy –
Politics, Science, and Art:
Tackling health inequalities in the UK

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Warning

- The truth generally has less to do with exactness than where one happens to be at the time
- A large if not defining element of chaos... organised chaos, creative chaos but often it was just chaos or even hopeless chaos

Don Watson *Recollections of a Bleeding Heart*, 2002

- Oliver A, Nutbeam D Addressing Health Inequalities in the United Kingdom. *Journal of Public Health Medicine* 2003, 25.4, 281-7
- Nutbeam D How does evidence influence public health policy? Tackling Health Inequalities in England, *Health Promotion Journal of Australia*, 2003, 14.3, 154-8

What is public policy?

- Those **public issues** identified for attention by the government, and the **courses of action** that are taken to address them (eg legislation, regulation, resource allocation)
- **Public policy-making** – “The process by which governments translate their **political vision** into programmes and actions to **deliver outcomes** - desired changes in the real world”
- “Good quality policy-making depends upon information from a **variety of sources** - expert knowledge; existing domestic and international research;.... stakeholder consultation, ...evaluation of previous policies...
- <http://www.policyhub.gov.uk/evalpolicy/index.asp>

How does policy emerge?

- Policy making is rarely an “event”, it tends to emerge and evolve over time, subject to continuous re-interpretation, with no definite beginning or end
- Timing of decisions dictated by political considerations rather than state of evidence

How does policy emerge?

- Derived from balance between what is:
 - scientifically plausible (evidence based)
 - politically acceptable (fit with vision, balance of interests), and
 - practical for implementation
 - powers and resources available
 - systems, structures and capacity for action in place
 - feasible to take action

Where does evidence fit in such a complex process?

- Policy is most likely to be evidence based if:
 - evidence is available and accessible at the time it is needed
 - the evidence fits with political vision and balance of interests (or can be made to fit),
 - the evidence points to actions for which the powers, resources and infrastructure are available

Many models to illustrate the relationship between evidence and policy

- **Knowledge-driven model** - the existence of new knowledge will create pressure for its use -eg vaccination
- **Problem solving model** - direct application of knowledge to a decision - eg Dutch approach to health inequalities?
- **Interactive model** - research knowledge one “input” alongside experience, political insight, social pressure etc - eg UK approach to health inequalities 1997-on

Many models to illustrate the relationship between evidence and policy

- **Political model** - evidence used to justify a pre-determined position, eg use of schools, mass media to solve complex problems
- **Tactical model** - evidence used to delay or avoid responsibility for unpopular decision, eg UK approach to health inequalities 1980-97

(Carol Weiss 1979)

Tackling health inequalities in England - the science - Acheson Inquiry headlines

- Vast amount of evidence **describing the problem**
- Relatively little evidence to guide decisions on **how to solve it**
- Inverse relationship between the volume and quality of evidence, and the potential effectiveness of interventions

(ie higher volume of evidence on behavioural and risk factor modification, relative to social, environmental and economic interventions)

Tackling health inequalities in England - the science - Acheson Inquiry headlines

Overall progress in health has not improved the gap in health status between rich and poor

- “Although average mortality has fallen over the past 50 years, unacceptable inequalities in health persist. For many measures of health inequalities have either remained the same or have widened in recent decades....

Inequalities can be observed throughout the lifespan

- These inequalities affect the whole of society and they can be identified at all stages of the life course from pregnancy to old age.....

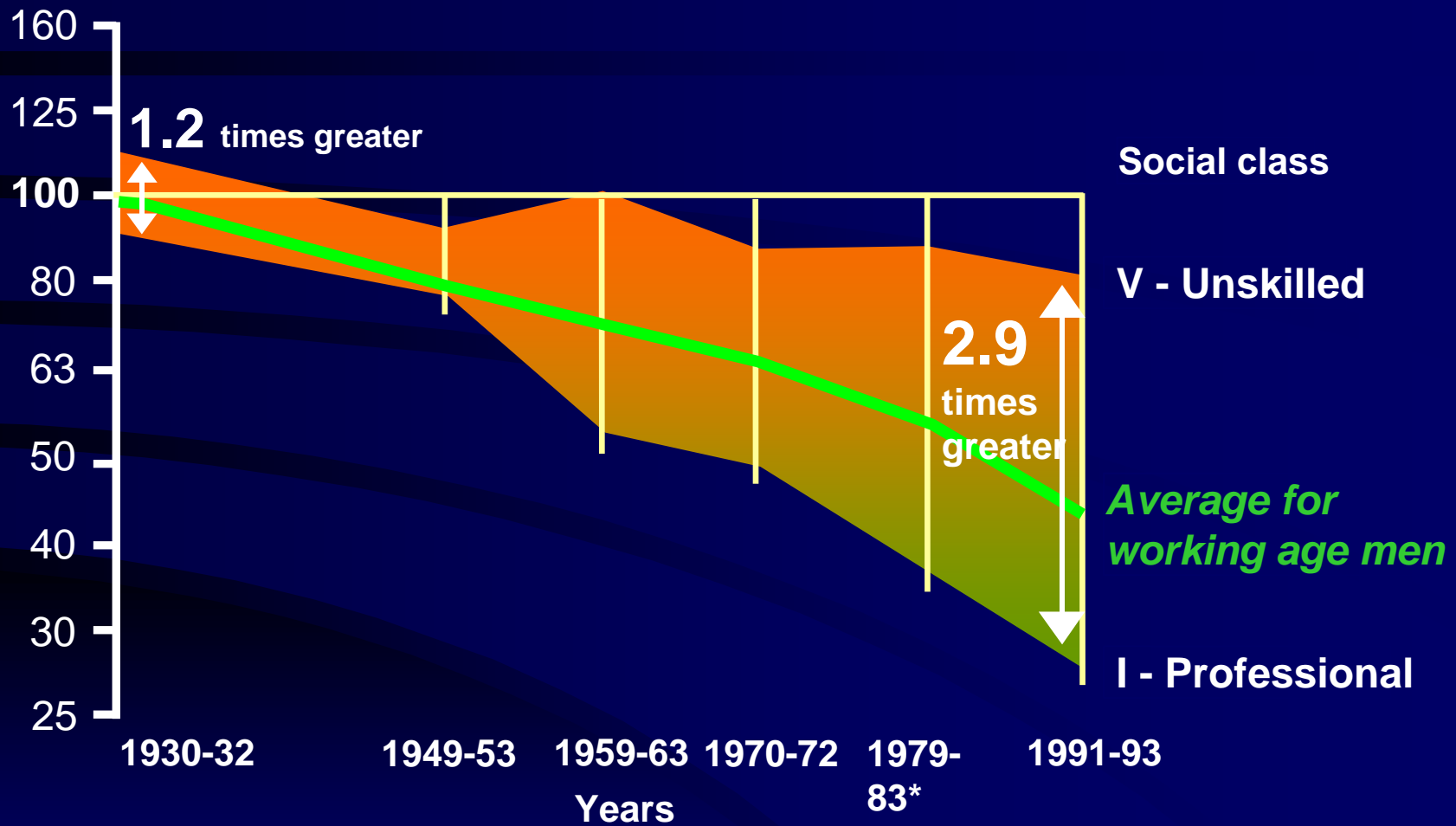
Inequalities can be observed across a range of social indicators

- Inequalities by socioeconomic group, ethnic group and gender can be demonstrated across a wide range of measures of health and the determinants of health.”

Independent Inquiry into Inequalities in Health, 1998 (www.official-documents.co.uk/document/doh/ih/contents/htm)

The widening mortality gap between social classes

Log scale



*1979-83 excludes 1981

England and Wales. Men of working age (varies according to year, either aged 15 or 20 to age 64 or 65)

Note: These comparisons are based on social classes I & V only.

Source: Office for National Statistics



The Acheson Inquiry Report: Key Recommendations on actions required to address health inequalities

- ☑ All policies likely to have an impact on health should be evaluated.
- ☑ Families with children should be a priority.
- ☑ Reduce income inequalities and improve the living standards of poor households
- ☑ Major gains will be derived from those health problems which occur most frequently
- ☑ Policies which improve average health may have no impact on inequalities

Tackling health inequalities: the politics

- Labour government elected in 1997 identified inequalities in health as a priority and commissioned Acheson inquiry
- Initiated wide range of **area based programs** (eg Health Action Zones, Neighbourhood Renewal Strategy), and **social exclusion projects** (eg Rough sleepers, teenage pregnancy)
- Extreme caution about overtly redistributive policies in first term, focus on “**raising the floor rather than closing the gap**”

Tackling health inequalities: the politics

- Re-election in 2001 led to major review of policy and focus on “delivery” of tangible outcomes
- Treasurer (Gordon Brown) has strong interest in social disadvantage - focus on child poverty, more comfortable with redistributive policies
- Adopted health inequalities as one of a small number of issues for cross-government scrutiny by the Treasury

Impact of direct personal tax, benefit and expenditure tax changes since 1997



INCOME DECILES ranked by household income - measured before housing costs and adjusted for family size.
THE BARS show the modelled impact of changes on real incomes (in October 2002 prices).

Source: The Institute for Fiscal Studies 'The IFS Green Budget: January 2003

Chart constructed from calculations by Chote, R., Emmerson, C. and Simpson, H. based on results from IFS tax and benefit model, TAXBEN, run using Family Resources Survey 2000-01 and Family Expenditure Survey 1999-2000. Illustration from The Institute for Fiscal Studies 'The IFS Green Budget: January 2003

Tackling health inequalities: the politics

Cross-cutting spending review on health inequalities

- Led by Treasury, technical support provided by Department of Health
- Focus on effectiveness of spending on services/programme across government on addressing the causes of health inequalities, or alleviating their effects
- Leading to binding proposals for modified and new spending for the period 2003-7 across most government departments

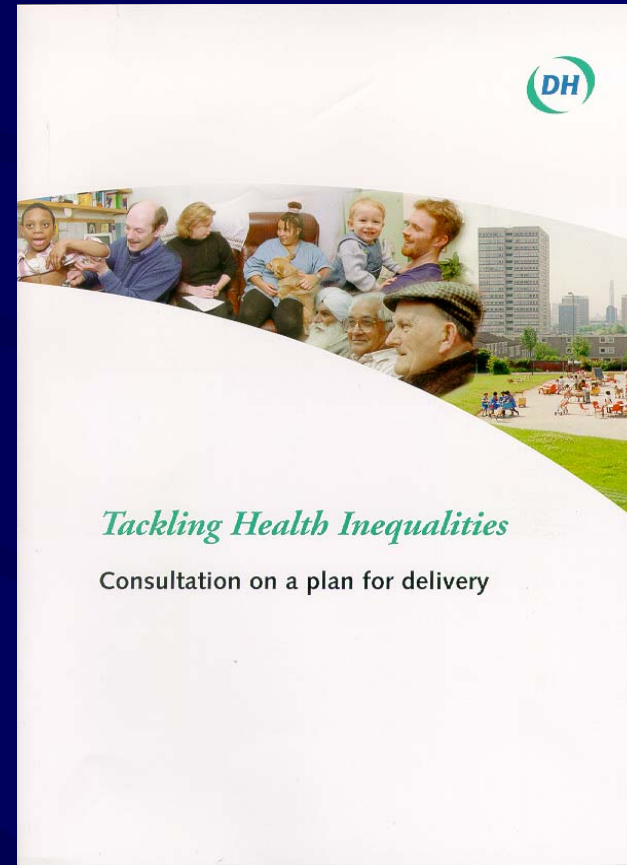
<http://www.doh.gov.uk/healthinequalities/ccsrsummaryreport.htm>

Tackling health inequalities – the art: identifying good practice

“There is a great deal of critical evidence held in the minds of both the **front line staff** in departments, agencies and local authorities to whom the policy is directed.”

- *Tackling Health Inequalities - Consultation on a plan for delivery*

(<http://www.doh.gov.uk/healthinequalities/tacklinghealthinequalities.>)



Tackling health inequalities in England - bringing together science, politics and practice

– All-government *Programme for Action*:

Underlying strategies

- **The primacy of prevention**
– interventions to prevent the behavioural, economic and environmental causes of inequalities and minimise the consequences.
- **Working through the mainstream** – to achieve the scale of change and sustainability of impact. The use of ‘floor targets’ and national service frameworks in the NHS support this.



[http://www.doh.gov.uk/healthinequalities/
programmeforaction/index.htm](http://www.doh.gov.uk/healthinequalities/programmeforaction/index.htm)

Tackling health inequalities in England - bringing together science, politics and practice

All-government *Programme for Action*:

Underlying strategies

- **Targeted interventions** - to introduce innovation, tackle specific problems that are resistant to change, and/or provide outreach.
- **Action at local level by engaging communities and individuals** Recognising that relevant and sustainable responses to health inequalities will come from locally determined and managed actions

<http://www.doh.gov.uk/healthinequalities/programmeforaction/index.htm>

All-government *Programme for Action*: Key themes

- **Supporting families and children**: addressing poverty, especially in families with children, healthy pregnancy, early childhood development through *Sure-start*, and educational interventions to close the attainment gap.
- **Engaging communities and individuals**: working “with the grain” of the government’s *Neighbourhood Renewal* and *Social Exclusion Strategies* to improving housing, create a safe environment, address the needs of socially excluded populations.

All-government *Programme for Action*:

Key themes

Preventing illness and providing effective treatment and care: a leading role for the NHS in addressing the social gradient in modifiable behavioural and physiological risks, and in primary care access

- **Addressing the underlying determinants of health:** tackling poverty, low basic skills, employment, low incomes

<http://www.doh.gov.uk/healthinequalities/programmeforaction/index.htm>

All-government *Programme for Action*:

Foreword by the Prime Minister

We live in an age of astonishing progress. We are more prosperous and live longer and healthier lives than ever before. In every area of life, scientific and technological advances are helping create new opportunities and vanquish old problems. In health care, new treatments, unthinkable a generation ago, are saving thousands of lives each year. Even more revolutionary medical advances are on the horizon.

But it's not all a story of unrelenting and welcome advances. Our society remains scarred by inequalities. Whole communities remain cut off from the greater wealth and opportunities that others take for granted. This, in turn, fuels avoidable health inequalities.

The statistics are shocking enough. Families in these communities die at a younger age and are likely to spend far more of their lives with ill-health. Behind these figures are thousands of individual stories of pain, wasted talent and potential. The costs to individuals, communities, and the nation are huge. Social justice demands action.

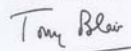
Tackling such entrenched and enduring health inequalities is, of course, a daunting challenge. But nor can we any longer ignore these problems. Previous Governments failed even to recognise, let alone prioritise action to tackle the health inequalities that had become everyday life for millions.

We have started to tackle this health gap, not least by the sustained and record investment in the NHS and our other vital public services. More fundamentally, a whole series of cross-departmental action will address the root causes of poor health and health inequalities. This *Programme for Action* builds on successes like Sure Start, our smoking cessation services and the teenage pregnancy strategy.

We also need to recognise that continued success in tackling health inequalities requires the courage to work in new ways. It means setting national standards for services but giving those responsible for delivering on the ground the freedom locally to meet these standards.

Apparently uniform national services, what's been called a "one-size-fits-all" approach to health, education and local government, have failed to combat health inequalities. This should be no surprise. While at a distance such problems and inequalities may seem similar, they are the result of different and complex causes. They need diverse, rather than identical, solutions which can only come from giving communities and front-line staff the power to redesign, refocus and reprioritise programmes to tackle local need.

It has taken decades to entrench this inequality. But this *Programme for Action* demonstrates our commitment to deliver long-term improvement, through investment, reform and local responsibility, in the health and healthcare of the most disadvantaged in our society.



Rt. Hon. Tony Blair MP



The Programme for Action will be taken forward across Government.



HM TREASURY



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DWP Department for Work and Pensions

Department for Transport



Department for Education and Skills

Department for Constitutional Affairs



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www.dh.gov.uk/healthinequalities/programmeforaction

Tackling health inequalities in England - bringing together science, politics and practice

Concluding remarks

- Much progress has been made in getting the science and politics right, and practical activity aligned
- Acheson Inquiry Report commissioned early in new government - **timing good**
- Available evidence was assembled in a way that **fitted with the governments policy priorities** (promote opportunity, economic regeneration and reduce social exclusion)

Tackling health inequalities in England - bringing together science, politics and practice

- **Consultation** on a plan for delivery added experience and intuition to existing evidence - **built confidence that practical action was possible**
- **Cross-government Spending Review** brings comprehensiveness and coherence - backed by resource commitments
- *Programme for Action* specifies **what, who and how much**
- System for **performance monitoring and management** essential to ensure progress

Concluding remarks – building the evidence

- *Securing good health for the whole population* – published by HM Treasury Feb 2004
- The major constraint to further progress on the implementation of public health interventions is the **weakness of the evidence base regarding their effectiveness and cost effectiveness**....Information is particularly scarce on which interventions can reduce health inequalities

Concluding remarks – building the evidence

- The dearth of evidence is not unrelated to the **lack of funding**.....and the **lack of a clear and coherent set of Government priorities** for public health research
- The **need for action is too pressing** for the lack of a comprehensive evidence base to be used as an excuse for inertia....current policy and practice should be evaluated as a series of natural experiments....a good deal of subjective and experienced judgement is needed