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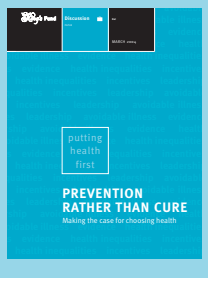

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PREVENTION RATHER THAN CURE

Making the case for choosing health

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Summary

Improving the population's health is suddenly at the top of the public policy agenda; a major concern for government, the media and individuals alike. There is a growing awareness of the dangers posed by obesity, increasing drug and alcohol misuse among young people, and higher levels of sexually transmitted disease, alongside alarm at rising health care costs.

Government departments and opposition parties have responded in quick succession. Derek Wanless' second report for the Treasury on future health spending, *Securing Good Health for the Whole Population* (2004), shows that the huge sums invested in NHS modernisation will be wasted if high levels of preventable illness hit over the next two decades.

Health secretary, John Reid, has promised a new public health white paper later in 2004, supported by widespread public consultation. Politicians are showing an interest in radical new ideas, such as a 'fat tax' on unhealthy foods. In recent months, the Conservatives and Liberal Democrats have issued policy proposals acknowledging the importance of public health.

Yet little has been said about why, until now, health has so often seemed a second-order issue for most policy-makers and professionals, and how this might influence health initiatives in the future.

Prevention rather than Cure argues that there are still powerful disincentives for governments to focus on health – as distinct from health services. The NHS has become an icon. It is tempting for politicians to try and 'save' it, without looking further than service delivery. This temptation is even greater when leaders are routinely accused of wanting to create a 'nanny state' if they focus on preventing people from needing those services in the first place.

Individuals do need to take control of their own health and make choices to live healthier lives. But we will not achieve change simply by exhortation. They need help from national and local government, public services and private institutions.

We need a more coherent approach to public health, and we all have a part to play. We need to refocus attitudes, policies and behaviour across a wide range of stakeholders to produce a whole system that gives priority to securing health and reducing inequality.

Of course the NHS has an important role, and this will continue to develop as new treatments become available and patients' expectations rise. It provides a range of essential services to prevent ill health, from antenatal care to cancer screening. But so far, its focus has been on caring for people when they are ill, not keeping them healthy. The point is not to ignore the NHS, but to design and build a health system to promote health and reduce health inequalities.

Prevention rather than Cure starts to build a vision of what such a health system would look like. The policy environment seems more favourable to realising such a vision than it has been for the last 50 years. Now is the moment to start building a health system; one that really enables individuals to choose health.

Where we are now

The Labour Government elected in 1997 took two early and important initiatives in public health: the *Independent Inquiry into Inequalities in Health*, chaired by former chief medical officer Sir Donald Acheson, and the green paper, *Our Healthier Nation*. Both acknowledged that a wide range of measures was needed to improve health and reduce inequalities. The green paper outlined a 'national contract for better health', in which individuals, local organisations, government and other national players work together.

However, this potentially radical agenda soon vanished beneath an avalanche of targets and measures to 'modernise' the NHS. Even now, the Government has yet to show it is willing to invest the money, energy and political capital in health that it has invested in health services. It faces significant obstacles in doing so. These include:

- **Vested interests** The position of the secretary of state for health is very near the top of the Cabinet pecking order. But the elements of the job that give it power and status relate to the NHS, not to the pursuit of health. There are heavy pressures to 'get things done' within the lifetime of a parliament – even more quickly if possible. Measures to improve health and reduce inequalities take much longer.

- **Powerful imagery** The NHS is full of powerful imagery for journalists who want to assess government progress, while images that convey the pursuit of health are less obvious. Headlines about health policy have focused on the NHS for so long that the public expects action on this front, leaving little room for debate about keeping people well.

- **Fear of the 'nanny state'** Policy-makers fear accusations of wanting to create a 'nanny state' that interferes unnecessarily in people's lives. Yet most public health measures are not about directly controlling individual behaviour, but providing the means for all people, regardless of their socio-economic status, to choose to live healthier lives.

Where we want to get to

We must build on what is already in place. There are some promising materials to work with, including a strong body of policies, such as those laid out in the current Government's *Our Healthier Nation* (1998) and more recent *Tackling Health Inequalities: A programme for action* (2003). Regional and local structures are in place to promote population health, as well as strategies for social and economic regeneration in which health organisations work in partnership with others.

The Health Development Agency's Evidence Base initiative is looking for effective ways of improving health and reducing inequalities. The new Commission for Healthcare Audit and Inspection has a wider remit than its predecessor had, with scope to take a closer interest in public health.

The challenge is to turn all this into serious and consistent action. The King's Fund believes that change needs to happen in three key areas:

Changing the climate of public opinion

As a starting point, the Government should make a more powerful case for health and establish a new kind of dialogue with the electorate. The following issues need to be tackled:

- **News agendas** Politicians may feel that telling a different story about health is a hazardous business because it means raising issues marginal to current news agendas. However, the media knows their audiences are interested in health and like to cover stories that are politically salient. If leaders attached a greater importance to health, there are good reasons to believe that news agendas would change too.

- **Public attitudes** What is known about what the public thinks is defined, to a large extent, by the questions people are asked by pollsters and social researchers. They, in turn, are influenced by political and media agendas. As a result, there is abundant data on public attitudes to health services and health care policy, but relatively little on health and health policy. Yet new research suggests people are interested in health, as well as health care issues such as waiting times, bed numbers and who owns hospitals.

- **The role of individuals** In a new dialogue between government and electorate, citizens would be cast not just as patients or consumers of services, but as co-producers of their own health. This is not about shifting the blame for poor health to individuals. It is about acknowledging their autonomy to make health choices and empowering them to do so. Government would retain an active role, sharing responsibility for health with other organisations and individuals.

Evolving structures and mechanisms

Building an effective health system does not require another round of organisational change in the health sector. Rather, we need to consider how existing structures and mechanisms might evolve into forms more consistent with a focus on health. These include:

- **Stronger national leadership** The King's Fund recently considered the case for an arm's-length agency to run the NHS, leaving ministers to play a more strategic role in health. Others have suggested that an independent public health body is needed to oversee policy and practice. Both ideas are controversial. We believe the challenge may be more about changing the mindset of ministers and professionals, than about formal power structures.

- **Co-ordinated regional leadership** Economic development, regeneration, transport, housing and other determinants of health and wellbeing need to be tackled at a regional level, especially as the move to devolve power to regional assemblies gathers pace. Some assemblies already have health forums, a model best developed in London, and these may provide pointers for the future.

- **Consistent local leadership** Primary care trusts (PCTs) are the local units responsible for population health is the primary care trust, and every PCT has a director of public health. They vary greatly in the way they approach their work and in the degree of leadership they provide. Models of local leadership from the United States and Europe may provide lessons for the United Kingdom.

- **New types of local services** The first point of contact with a system that focuses on improving health and recognises individuals as co-producers of their own health might look rather different from a conventional doctors' surgery. We need local health organisations that provide individuals with appropriate knowledge and expertise on how to stay well, offering access to treatment as an additional role. Healthy living centres and Sure Start, the programme to improve life chances for 0-3 year olds, assume individuals' involvement is essential to success – an idea that also underpins foundation hospitals. Local health organisations could develop as something akin to a 'health club' – a place that people feel they belong to, and which gives them a route to involvement and influence.

- **Valuing the role of advocacy** Those who are poor and socially excluded, including refugees and minority ethnic groups, will need effective links to any new local health organisation. A stronger cohort of community-based health advocates might offer these. There are more than 500 schemes for community advocates in London alone. They offer help ranging from home visits to accompanying people to meetings with professionals.

- **Healthy and sustainable NHS policies and practice** The NHS has enormous power to influence health through its corporate activities – including employment, procurement, planning, building and the management of energy, waste and travel. NHS organisations should act as good 'corporate citizens', ensuring that sustainable use of its resources help improve the wider determinants of health.

Identifying levers to shift the focus towards health

When it comes to turning ideas into action, much depends on what leverage can be applied. Public opinion, media reporting and leadership are all levers. Others might include public health law and the impact of transnational bodies such as the EU and the World Health Organisation. We also need to consider:

- **Management, incentives and regulation** Incentive structures within the health sector tend to encourage those who work within it to give higher priority to health care delivery than to preventing illness or reducing inequalities. These incentives are layered into the system, and range from the tone of ministers' speeches, national targets and guidance,

to professional standards and audit criteria. They need to be mapped and realigned to encourage the shift towards health.

- **Knowledge building, evidence and research** Evidence-based policy has been the mantra of the current Government. But in public health, the pursuit of 'what works' can be problematic. The research agenda has been dramatically skewed towards health care, and public health programmes present severe challenges to researchers, because they do not lend themselves readily to randomised or controlled trials. A more strategic approach is needed, coupled with stronger bridges between researchers, policy-makers and practitioners.

Issues and conclusions

We know a great deal about the extent and causes of ill health – although there is more to learn. We have many well-intentioned policies for tackling them, and structures in place to make a start. The challenge is how to achieve co-ordinated action that really makes a difference.

Creating a health system geared towards promoting health and reducing health inequality, rather than just delivering health services, will pose many dilemmas for policy-makers and practitioners. These include how fast to move, how to tackle the powerful interest groups and how to define the parameters of the new 'health' agenda.

But this is the right time for the debate, not least because the current Government has everything to gain politically from moving in this direction. When it staked its reputation entirely on rescuing and reforming the NHS, it created a painful stick for its own back. Rows over waiting lists and who should run hospitals came to dominate public perceptions.

A government that grasps the opportunity to develop a health system that enables people to choose health – not just to make choices about what happens to them when they are ill – may collect more political credit than it ever could for trying to 'modernise' the NHS. There is no doubt that it would do more good.

Ways forward

Prevention rather than Cure marks the launch of a new programme of work at the King's Fund, Putting Health First: Changing attitudes, policy and behaviour, that seeks to stimulate debate and identify practical next steps. Activities planned at the time of publication include:

Research projects

- **Understanding public attitudes** With support from the Health Development Agency, we have commissioned new research from Opinion Leader Research to find out what people think about health, as distinct from health services. FINDINGS MAY 2004

- **Devolved government** The health and health care systems of the four countries of the UK are becoming more divergent. We have commissioned research to explore these differences, with the aim of learning what the different systems can learn from each other in terms of health improvement. PAPER MAY 2004

- **Regional leadership** The London Health Commission, established by the Mayor of London, is a partnership co-ordinating action to improve health and tackle health inequalities across the capital. We have commissioned University College, London University, to assess whether the commission's work could provide a model for regional leadership elsewhere. PAPER SUMMER 2004

- **A new type of local health organisation** We will explore options for a new type of local health organisation that provides individuals with appropriate knowledge and expertise on how to stay well, offering access to treatment as an additional role.

- **Building the knowledge base** We will publish new thinking about the nature of evidence and its use in effecting complex change within communities, and the relationship between research, policy and practice. This will draw on interviews with those involved in major UK social programmes, and an international seminar series conducted in partnership with the Rockefeller Foundation and the Aspen Institute. PAPER SEPTEMBER 2004

- **Incentives and regulation** We have commissioned David Hunter, professor of health policy at Durham University, to look at how incentives within the health sector might be realigned to produce a stronger focus on keeping people well. He will also examine the impact of regulatory bodies. PAPER NOVEMBER 2004

Development activities

- **Local leadership for health** The New Health Network, with support from the Nuffield Trust, visited Baltimore in the United States to see the work of its health commissioner. We will examine this and other models for local leadership, such as 'health mayors' in other EU countries.

- **A health-promoting NHS** We are working with the Sustainable Development Commission and the Health Development Agency to encourage and enable public bodies, including health organisations, to implement socially responsible policies in relation to employment, procurement, capital build, waste, energy and transport. We are also linking up with the Government's Better Hospital Food Project to determine the elements of healthy and sustainable food procurement within the NHS. RESEARCH SUMMARY SPRING 2004

- **The role of lay health advocacy** We are building on a major King's Fund grant programme to develop black and minority ethnic health advocacy services across London, due to complete in 2005. This involves a research project to map wider health advocacy initiatives in the capital and consider how these might play a greater role in improving the health of communities. We will also draw on learning

from our Millennium Awards for community leaders that closed in 2003 and a new community leadership programme currently in development. PAPER SUMMER 2004

- **London working for better health** The King's Fund is sponsoring a new initiative within the London Health Commission that is working in partnership with health, employment and regeneration stakeholders across the capital to develop and implement strategies to improve health and reduce health inequalities through employment and enterprise.

See **www.kingsfund.org.uk/puttinghealthfirst** for updates.

Linked publications

Health in the News: Risk, reporting and media influence
Roger Harrabin, Anna Coote, Jessica Allen

Media reporting of health-related news stories can be highly influential: the priorities and decisions of policy-makers are often shaped by what they see on television, hear on the radio, and read in the general and specialist press. This discussion paper aims to provoke a much-needed debate among public health specialists, politicians, journalists and editors about how health is reported in our news media, why it matters, and whether anything can or should be done to encourage a closer alignment between what health statistics tell us are the biggest risk factors, and the weight of news coverage.

ISBN 1 85717 480 1 Sep 2003 48pp £8.00
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Claiming the Health Dividend: Unlocking the benefits of NHS spending
Anna Coote (ed)

The NHS is more than a provider of health services: it is the largest single organisation in the UK. How it recruits staff, procures food or constructs buildings affects the wider social, economic and environmental fabric of which it is part – which in turn affects people's health. This major report opens up an important debate about how the NHS might put its corporate muscle and spending power to work for health improvement and sustainable development – and how, in doing so, it can ensure it promotes health, as well as offering health care.

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