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'The Crisis of Confidence in Public Health Policy and Practice: the Search for a New Paradigm'

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Overview:
In this lecture, Prof Hunter proposed that public health is facing a crisis unlike anything it has faced in the past. The challenges to be grasped require more consistent and integrated policy responses, a full and worked-through recognition of the complexity of the system that creates health, and a new form of governance. More active public health leadership is required, which is distinct from service management and is concerned with championing the conditions necessary to foster healthier populations.

Key ideas:

- **Complex Adaptive System**: a collection of individual agents with freedom to act in ways that are not always totally predictable, and whose actions are interconnected so that one agent's actions changes the context for other agents.
  Plsek and Greenhalgh (2001), British Medical Journal
- **The Public Health System**
  The concept of a public health system describes a complex network of individuals and organisations that have the potential to play critical roles in creating the conditions for health. They can act for health individually, but when they work together toward a health goal, they act as a system – a public health system.
  Institute of Medicine (2003)

Summary:
Professor Hunter began by suggesting that public health had lost its way. Following Julio Frenk (Public Health Minister from Mexico speaking in 1992), he suggested that public health had historically been one of the main forces leading to collective action for health and wellbeing, but that this role had become so weak that public health was experiencing crises in identity, organisation and accomplishment, despite appearing to be high on the policy agenda.

His lecture consisted of three main elements:

- Why is public health in crisis?
- What is wrong with policy, governance and leadership?
- What can we begin to suggest about a new governance for public health?

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Why is public health in crisis?

To advance his thesis on this question, Prof Hunter suggested first of all that government policy, in a range of areas relevant to public health, was inconsistent and confused. He characterised this as a long standing tension in the public discourse between the "nanny" state and the "enabling" state. He suggested that this was compounded by a tendency for policies to push and pull in different, rather than coherent directions – leading to a poor fit between the different pieces of the jigsaw. By way of example he quoted a prime ministerial speech on healthy living which contained both support for the ban on smoking and a stance against state interference in personal choice, and therefore a confused conception about what the role of public health is. He argued that while the social and economic determinants of health were accepted, it was much less common for these to be consistently and enduringly reflected in economic and social policy, with policies cycling between focusing on individual responsibility and on social responsibility.

He suggested that this approach may be seen in the fact that public health budgets are diverted to meet hospital deficits or acute care targets, investment in the public health workforce is slim and constant NHS reorganisation in England weakens the whole system. He suggested that this represented a set of systemic difficulties borne out of short term acute secondary care perspectives which see the reduction of mortality and morbidity as an option rather than a duty.

To illustrate this further he quoted from the Audit Commission report into inequalities in health in Greater Manchester. This suggested that the failure to effectively address this challenge arose out of a range of systemic failures ranging from a failure of vision and focus through to a lack of concerted action across sectors together with the constant churn of reorganisation.

He rounded up this section by suggesting that the balance in the health system had not shifted from health care, focussed on sickness, towards a new system with incentives encouraging a focus on health and wellbeing. Barriers to achieving this change, he argued, include: successive NHS reorganisations, a punitive targets culture, and a set of tools which are not fit for purpose (e.g. governance, leadership, capacity). All of this led to significant effort being expended on maintaining the status quo. Despite all of the activity not much has changed.

What is wrong with present policy, governance and leadership?

Professor Hunter suggested that a number of factors are worthy of consideration:

- Over the last 25 years or so politicians have become more managerial and managers more politicised.
- Targets are imposed more from above with little reference to the experience of those who will need to deliver them.
- This is associated with a tendency to operate on parts of the system rather than the whole, without conscious consideration of the effects that change in one part will have on other areas – like squeezing a balloon.
- In this complex context the tendency to keep on applying more of the same – more management, more targets, more assessment – is unlikely to lead to better outcomes.
- The current governance system values followers, who deliver set targets, rather than leaders who may change things.

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- The metaphor, and therefore the approach, is still machine-based, whereas the reality is complex and adaptive, requiring a different approach.

He illustrated these points by reference to models of the health system which locate individuals and their wellbeing in the context of the range of environments which they might experience in everyday life. These models remind us that good understandings of health and wellbeing, and the conditions under which humans may flourish, must take account of these complex contexts, rather than proceeding mechanistically in relation to only a few simple variables.

<u>What can we begin to suggest about "The New Governance"?</u>

Prof Hunter suggested a number of factors which might begin to frame a new governance for public health. These included:

- An increased *focus on healthy populations* rather than healthy organisations or institutions. The focus here would be on policies, interventions and consequent outcomes with health as the glue which binds the public health system together in working towards a common goal.
- Focus managers' and leaders' responsibilities on the health of populations rather than the management of a service institution or infrastructure. This notion was expressed as '*managerial epidemiology'* – the extent to which managers could learn and use information about the health of the population served and how this was shifting, rather than simply assuming that managers know how to do this.
- More focus and attention on the *place-shaping role* of institutions and in turn the role which place has in shaping factors which are related to health and wellbeing.
- The renewed interest in *'Health in All Policies'* championed by the Swedish Presidency of the EU. This envisaged the explicit consideration of health in every policy area and initiative, together with attention to the connections between these areas, in the pursuit of more powerful positive health outcomes based on a coherent approach commensurate with the complexity of the context in which in which health is created.

In conclusion, Professor Hunter asked us whether we thought it possible for an old dog to learn new tricks.

The views expressed in this paper are those of the speaker and do not necessarily reflect the views of the Glasgow Centre for Population Health.

Summary prepared by the Glasgow Centre for Population Health.