





The Impact of Health System Reform on Health Inequalities: New dawn or poisoned chalice?

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### Structure of Talk

- Challenges facing health systems
- Overview of NHS changes
- Risks and flaws in the changes
- Overview of public health changes
- Pros and cons of changes



# Challenges/Pressures Facing Health Systems

- Sustainable financing of the health sector, including efficiency, productivity, cost control
- Confronting the non-communicable disease epidemic (constitutes over 85% of the disease burden in the WHO European Region)
- Growing importance of lifestyle risk factors (e.g. alcohol misuse, obesity)
- Widening health inequalities



# The Changing Shape of the NHS

- From plan to market
- Remains publicly funded but diversity of providers encouraged
- A divergent UK health policy England pursuing different course

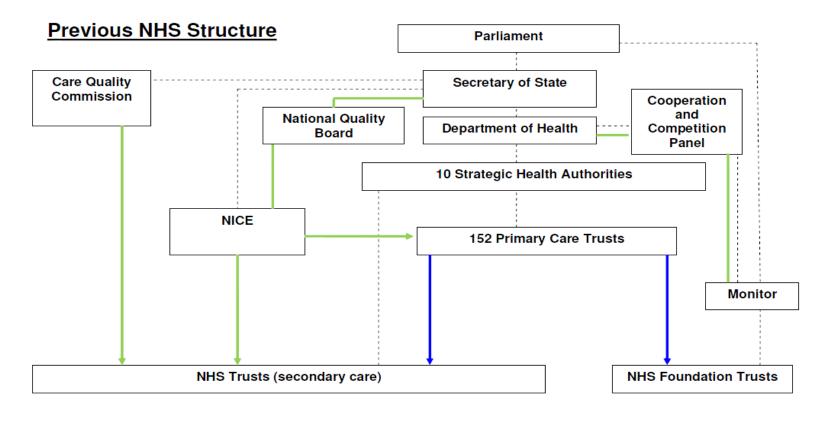


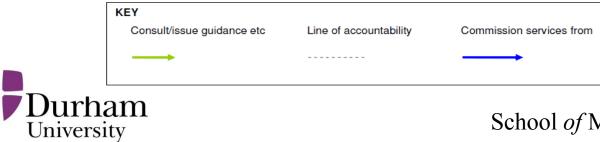
### The Redisorganisation Game

- Health and Social Care Act 2012 came into being on 1 April 2013
- Policy and organisational landscape is unstable, unclear, complicated – impact of Section 75 regulations still to be felt
- Coalition government's ideological drive to roll back the State not to be underestimated
- The Devil is in the detail much remains unknown or in transition

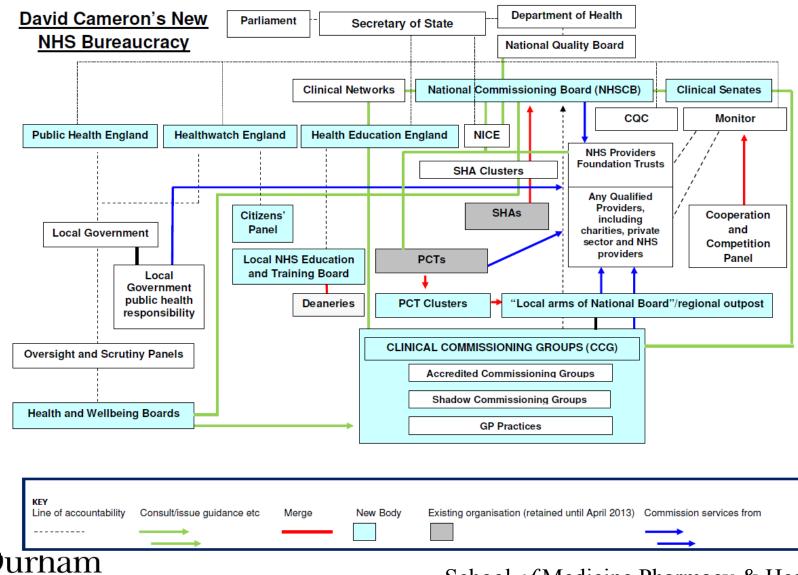


### The NHS: From This...

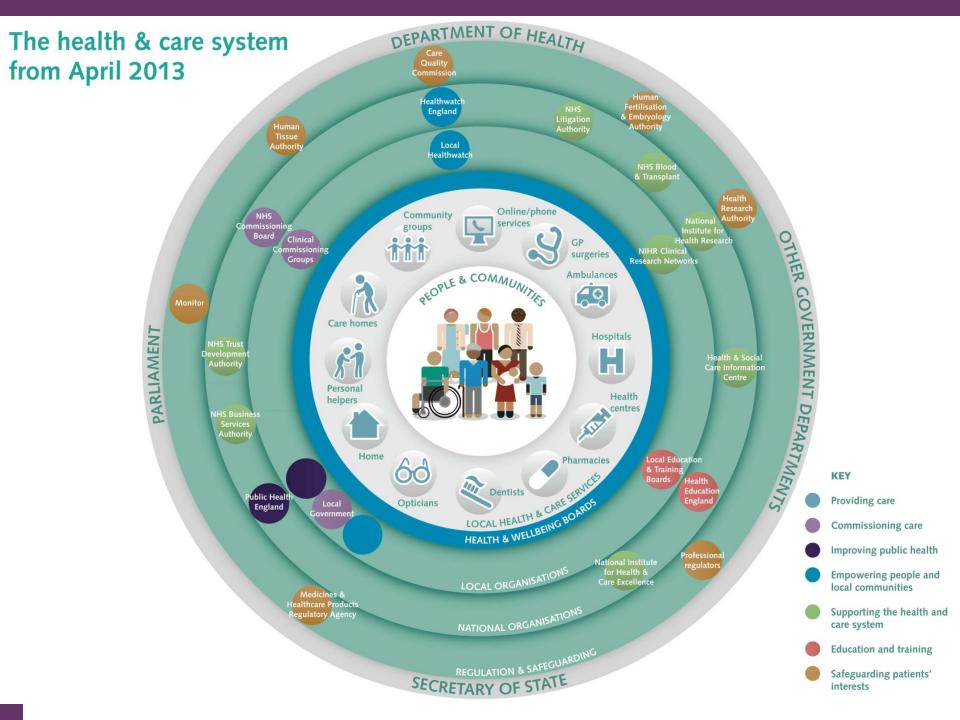




### ...To This...



University



The coalition programme...involves a restructuring of ... public services that takes the country in a new direction, rolling back the state to a level of intervention below that in the United States – something which is unprecedented. Britain will abandon the goal of attaining a European level of public provision. The policies include substantial privatisation and a shift of responsibility from state to individual.

Taylor-Gooby and Stoker, The Political Quarterly (2011)



## Criticisms of Changes

- Case for change on this scale and of this type not been made: what is the problem to which the Health & Social Care Act is the solution?
- Unnecessary: NHS performs well compared with other systems and is highly rated by the public
- Extension of markets and competition: on what grounds? Where's the evidence?
- Risk of fragmentation



## The Case Against Competition

- Evidence concerning its virtues is limited and not convincing
- Loss of control and accountability if services put at mercy of shareholders and owners
- What happens if private companies fail or go bust as some will?
- The central issue is not about efficiency and productivity but the public interest



# The Marketisation of Public Policy

- Language of choice
- Reliance on individual: transfer of risk
- Relationship between State and citizen is thinner – enter 'Big Society'
- Consumerism in preference to collectivism
- Hollowing out of public realm by outsourcing services to private sector



### New Models of Care

- Foundation trust status for all mergers and demergers
- Vertical integration clinical and community services
- Encouragement of social enterprises
- Increased penetration by for-profit commercial companies

NHS becomes a brand with multiple providers



### New Role for Local Government

- Holding the ring joining up local NHS, social care, health improvement and wellbeing – integrated care
- Responsible for public health at local level – transfer of DsPH plus teams to local authorities from 1 April 2013
- Home for new patient watchdog Healthwatch



# New Public Health System: A tale of two parts

- Return of public health function to local government (upper tier and unitary LAs)
- Creation of Public Health England nationally



# Public Health and the NHS: a difficult relationship

While the NHS claimed from the outset to give high priority to the promotion of health...in reality this aspect of the service was never more than weakly developed, notwithstanding claims to the contrary, habitually made in ministerial speeches.

#### Charles Webster (1996)



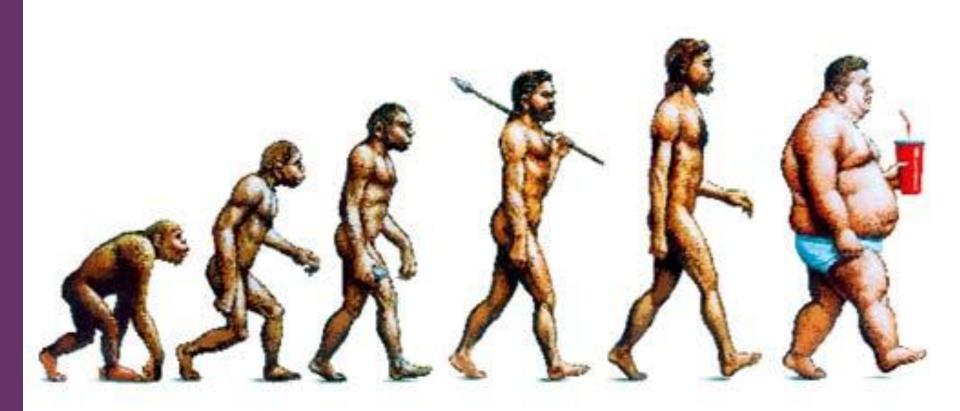
# Local Government: public health's natural home

Many people in local government believe it is their organisations, rather than health authorities, that are public health authorities.

Tony Elson (1999), former CE, Kirklees Council



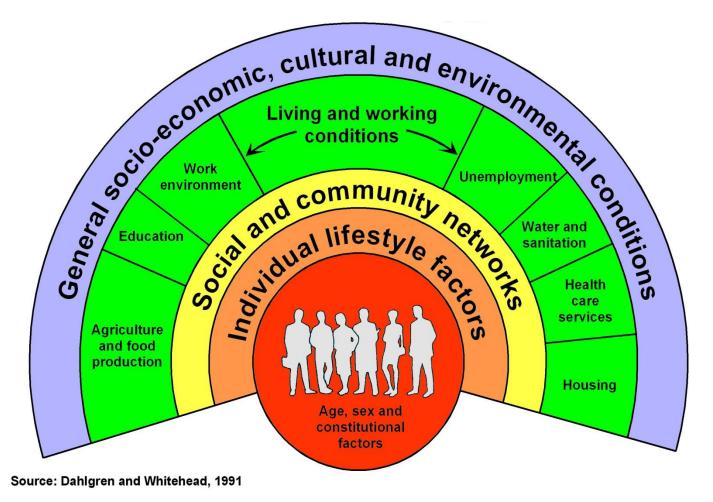
### **Evolutionary Trends**



Source: The Economist, 12 November 2003.



### The Main Determinants of Health





# Progress with Health & Wellbeing Boards

- Face considerable challenge to do things differently and overcome tribalism
- Clarity needed about what HWBs want to achieve: risk of distraction, capture by integrated care agenda
- Avoid being 'talking shops' or 'pink and fluffy'
- Risk of re-badging previous partnership arrangements



# Is the Glass Half-Empty?

- Demise of the public health profession as we know it: future of specialistpractitioner-wider workforce paradigm at risk
- Public spending cuts and politics of austerity put public health at risk
- Failure to recognise and invest in public health skills training
- Devaluing the evidence base in political world of local government





### Or is the Glass Half-Full?

- Opportunity to transform the way public health is conceived and delivered – placeshaping focus
- Potential for new leadership focused on influencing others engaged in health improvement and wellbeing: need for new skills and competencies
- Opportunity to break away from the shackles of a biomedical model and embrace a social model: from a deficit to an assets-based approach to tackle SDH and Marmot agenda





# To Conclude (1) Known Knowns

- Policy priorities chronic disease and public health – demand 'whole systems' response
- Public health in local government offers exciting opportunities for doing things differently
- Risk to public health from politics of austerity: 'austerity kills'

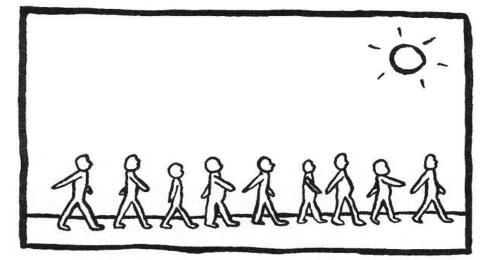


# To Conclude (2) Known Unknowns

- Is it possible for competition and collaboration to co-exist?
- Will there be fragmentation or integration?
- Will localism and spending cuts result in unacceptable variation and widening health inequalities?
- How far with LAs be able to tackle SDH without aligned national policy?



#### WHERE are we GOING?



"Where are we going?" "I don't know. I thought you knew." "No, I don't know. Maybe he knows." "No. He definitely doesn't know." PAUSE "Maybe no-one knows." PAUSE

'oh well. I hope it's nice when we get there.'

from 'the interesting thoughts of Edward Monkton', 2004



