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Submission to House of Commons Health and Social Care Committee Prevention inquiry: 'Prevention in health and social care' (where should the committee focus its attention?)

Proposal: Investigate why prevention in health and social care is so difficult to secure

Key points:

- UK governments have already signed up to the prevention agenda many times.
- Each time, ministers make a general commitment to tackling 'root causes' of ill-health.
- There is always a profound gap between their stated aims and actual outcomes.
- Therefore, no investigation of *how to foster prevention policies* is complete without considering *why previous attempts have failed*.
- Our research identifies three general explanations regarding a lack of: (1) clarity or agreement on what prevention means, (2) congruity between prevention policies and routine government business, and (3) capacity to overcome routine barriers to change.
- We propose to mainstream two questions into the committee inquiry: If prevention is so clearly beneficial in theory, why is it so difficult to secure in practice? What experiences of prevention help to overcome routine barriers to change?

Successive UK (and devolved) governments have signed-up to improve the health of their populations and reduce health inequalities. Many governments made this commitment energetically and sincerely. Some describe the belief that 'preventive' action to foster population health is better than responding to acute health crises. Some seek to get beyond the focus on lifestyles or healthcare, towards addressing (1) social influences on health inequalities (relating to safe and healthy environments, education and employment, marginalisation, and economic inequality) and (2) commercial influences on policy and society.

Despite this high political commitment, there remains a major gap between policy statements, practices, and outcomes. Why is this gap so large? Why does it endure despite high commitment to promote population health? What can be done to close that gap, and end a dispiriting cycle of enthusiasm and disappointment?

Key explanations from prevention research

Our research describes a general problem with 'preventive' policies and 'joined-up' policymaking. On the one hand, the idea of prevention has widespread rhetorical appeal, suggesting that governments can save money and reduce inequalities by preventing problems happening or getting worse. On the other, there is a large gap between rhetorical commitment and actual practices (although these general prevention problems are less apparent in relation to specific agendas such as tobacco control).

We identify three main explanations for this gap:

1. Clarity: if prevention means everything, maybe it means nothing.

The language of prevention is vague. This ambiguity helps to maximise initial support (who would be against it?) but stores up trouble. People face more obstacles – including opposition to policy change – when they must translate a broad aim into tangible policy instruments.

2. Congruity: prevention is out of step with routine government business.

Preventive policymaking focuses on relatively hard-to-measure, long-term outcomes. It competes badly – for attention and resources – with more-pressing issues with short-term targets. Its push for radically different, holistic, policymaking does not fit with well-established rules and norms. Attempts to 'institutionalise' health improvement lead to public health agencies with very limited powers, or cross-government initiatives that remain unfulfilled.

3. Capacity: low support for major investments with uncertain rewards.

No policy can improve live, and reduce inequalities, while avoiding political and financial costs. Preventive policies involve 'hard choices' with political costs, akin to capital investment: spend now, and receive benefits in the future. This offer of short-term costs for uncertain benefits is not attractive to governments seeking to avoid controversy and reduce spending.

Next steps: investigating how to respond

We propose that the Committee mainstreams two questions into its overall programme of work:

1. If prevention is so clearly beneficial in theory, why is it so difficult to secure in practice?
2. What experiences of prevention help to overcome routine barriers to change?

Further information

Why is health improvement policy so difficult to secure? (blog post)

Why is health improvement policy so difficult to secure? (journal article)

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