



INNOVATIONS IN PUBLIC POLICY

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Prevention

Can policy be more preventive?

- The word 'prevention' symbolises periodic attempts by UK and devolved governments to seek new ways to reduce social inequalities and the costs of public service.
- These initiatives appear and disappear, usually with a limited impact.
- Why? They currently lack clarity, are not congruent with routine government business, and lack the capacity to endure.

The challenge of 'institutionalising' prevention

Prevention could represent the most important policy agenda of our time. The idiom 'prevention is better than cure' sums up the broad sense among policymakers that they should address policy problems earlier and not be caught in a spiral of responding quickly to multiple crises. In the name of prevention, post-war UK governments have proposed to change policy and policymaking across the whole of government, to shift resources from public services reacting to acute problems, to the prevention of problems before they occur.

This transformation could reduce inequalities by focusing on their underlying causes (the **social**

determinants of health), solve the problem of unsustainable public spending, and encourage collaborative policymaking between health and local authorities, stakeholders, and communities.

However, **we found** that post-war UK governments have not known how to '**institutionalise**' this prevention agenda (Cairney and St.Denny, 2020; Boswell et al, 2019). We identify dispiriting cycles of enthusiasm and bursts of initiatives, followed by disenchantment with slow progress and reduced activity when governments move on to other agendas. This problem is not specific to health or policy in the UK. We find the **same disenchantment** across the globe (Cairney and St.Denny, 2020; Cairney et al, 2021).

Prevention: why is the implementation gap so wide?

It is tempting to blame this problem on the vague idea of a lack of 'political will', but we argue that even the most wilful governments would face the same systemic problems. We describe three factors that explain this profound gap between enthusiastic intent and real-world practices (Cairney et al, 2023).

Clarity: if prevention means everything, maybe it means nothing

The language of prevention is vague. Ambiguity helps to maximise initial support: who would be against preventing problems? However, it also delays discussion on how to translate abstract aims into concrete action. When discussions take place, we find intense debates about the *main priority*, such as reducing inequalities or costs, and *preferred policy tools*, from providing individuals with information, to regulating behaviour, reorganising services, or taxing and spending to redistribute income and wealth. These differences reflect disagreement on the role of the state: to intervene and redistribute resources, or to foster individual responsibility for health and wellbeing. The scale of investable activity is also vast, including whole population efforts (primary prevention), identifying at-risk groups (secondary), and preventing known problems from getting worse (tertiary).

Congruity: prevention is out of step with routine government business

When governments try to make sense of prevention, they struggle to relate it to the everyday routines and rhythms of policymaking, or more pressing and higher priority aims. For national governments, prevention does not deliver economic growth or 'cashable' savings, service reorganisation is not a quick fix, and the prospect of taxing and spending to redistribute resources or new 'nanny state' laws to regulate behaviour is not politically appealing. Prevention's offer of long-term improvements does not help an elected government measure and declare short term success. For local public bodies, prevention sounds like a great way to collaborate, but only after they deliver their high stakes statutory commitments and respond to immediate demands.

Therefore, reformers have two unappealing choices. First, the promise of radically different ways of making policy clash with the established ways of doing things, and change will be tough. Second, the promise to align preventive aims with current business will lead to major compromises with no guarantees of reward. **Specialist agencies' powers are** too limited and 'mainstreaming' policy is difficult when most service delivery organisations have more pressing priorities.

Capacity: low support for major investments with uncertain rewards

No policy can improve lives, reduce inequalities, and avoid political and financial costs. Rather, preventive policies involve 'hard choices'. They are often akin to capital investment – spend now and benefit in the future – but without a clearly supported way to demonstrate a return to investment. This offer is not attractive to governments seeking to avoid controversy and reduce spending. Rather, prevention may represent a political 'leap of faith' that few policymakers are willing to take, and require a level of 'systemic capacity' that is difficult to find.

'Unlocking prevention': what could make the difference?

Cairney and Boswell worked with the **NHS Confederation** (2024) to examine how to boost the clarity, congruence, and capacity of preventive policies in **integrated care systems** (ICSs) across England. In focus groups with ICS leaders and partners, we found high commitment to the broad idea for prevention, but acknowledgement that it is often used loosely in practice (with limited agreement on its concrete meaning). We also saw high barriers to aligning long-term preventive health policies with immediate firefighting in public services and promising strategies not backed by systemic capacity.

So, what experiences of prevention can help to overcome routine barriers to change? Participants described a wide range of useful initiatives in innovative ICSs, to boost leadership and collaboration, connect preventive aims to core business, and harness key facilitators – such as data and decision-making infrastructures – to make tangible progress.

In that context, the new NHS Confederation report 'Unlocking prevention in integrated care systems' makes the case for additional national and ICS measures to promote this kind of progress across the whole ICS landscape. From the UK government, the Confederation seeks: 'a national framework for measuring prevention spending' to allow UK governments and ICS partners to measure clearly defined progress, create powerful 'financial and regulatory incentives' to help make prevention congruent with new routines in government business; and, meaningful autonomy to build systemic capacity in areas such as 'the data, digital and technology workforce' and 'promote a culture of learning and best practice'. In other words, while ICSs may be ultimately responsible for defining and delivering preventive policies, they need the financial, legal, and political support from UK ministers to succeed.

References

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