

Choice, personalisation, diversity and empowerment – harmonious ingredients or a recipe for conflict?

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Making sense of the problem

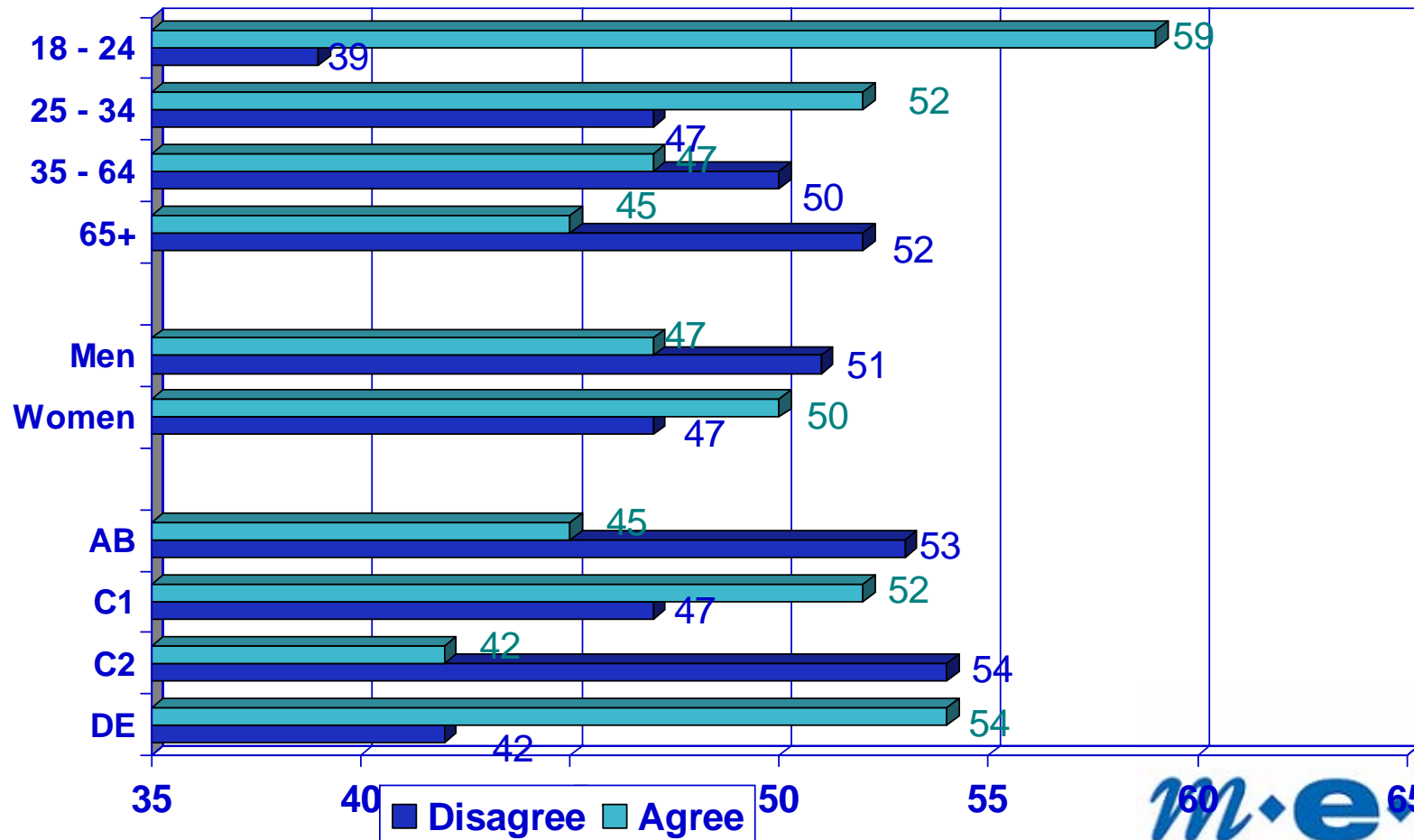
- ◆ Choice is troublesome for us
- ◆ The public health movement has mixed / ambiguous views about the idea
- ◆ Unpick the threads – what we like, what we don't
- ◆ Understand the constructs – choice in the context of progressive values
- ◆ Towards a more coherent public health disposition towards choice

Aspects of choice

- ◆ Choice in public services – diversity of provider, menu of service options
- ◆ Competition (“contestability”), consumer choice in a free market of supply
- ◆ Personal individual behaviour – choice in lifestyle, healthy options
- ◆ Personalisation of service, customisation to individual needs

“Allowing people more choice in public services will improve standards?”

ICM for Guardian 24 Sept 2005



Question

- ◆ Is choice a mechanism, a managerial device to generate better standards and improved outcomes, improved client satisfaction?
- ◆ or ...
- ◆ Is choice a value system, something to believe in or disagree with 'on principle'?

Our beliefs and values

- ◆ The 'Public Health Movement' is not value-free
- ◆ It is defined by its values, it takes sides in the debate about the 'right' way forward for health improvement
- ◆ It intervenes in the interplay of power in our society – local and global – it 'takes sides'
- ◆ It is political (but not 'Political'?)

On which side?

- ◆ It is on the side of those combatting “anti-health forces”
- ◆ It is on the side of those combatting “health inequalities”
- ◆ It is on the side of those promoting “sustainable development”
- ◆ These are axiomatic beliefs, founding principles, they are self-evident - they do not require ‘evidence based’ for their justification

Choice – friend or foe?

'Choice is good'

- ◆ Healthy choices
- ◆ Healthy options
- ◆ Choice as empowerment
- ◆ Choice as a means of enabling diversity
- ◆ Away from 'one size fits all' mono-culture

'Choice is bad'

- ◆ Favours the advantaged
- ◆ Individualised, implies ability to exercise choice
- ◆ Skewed towards internalised locus of control – determine your own destiny

Intrinsic tensions

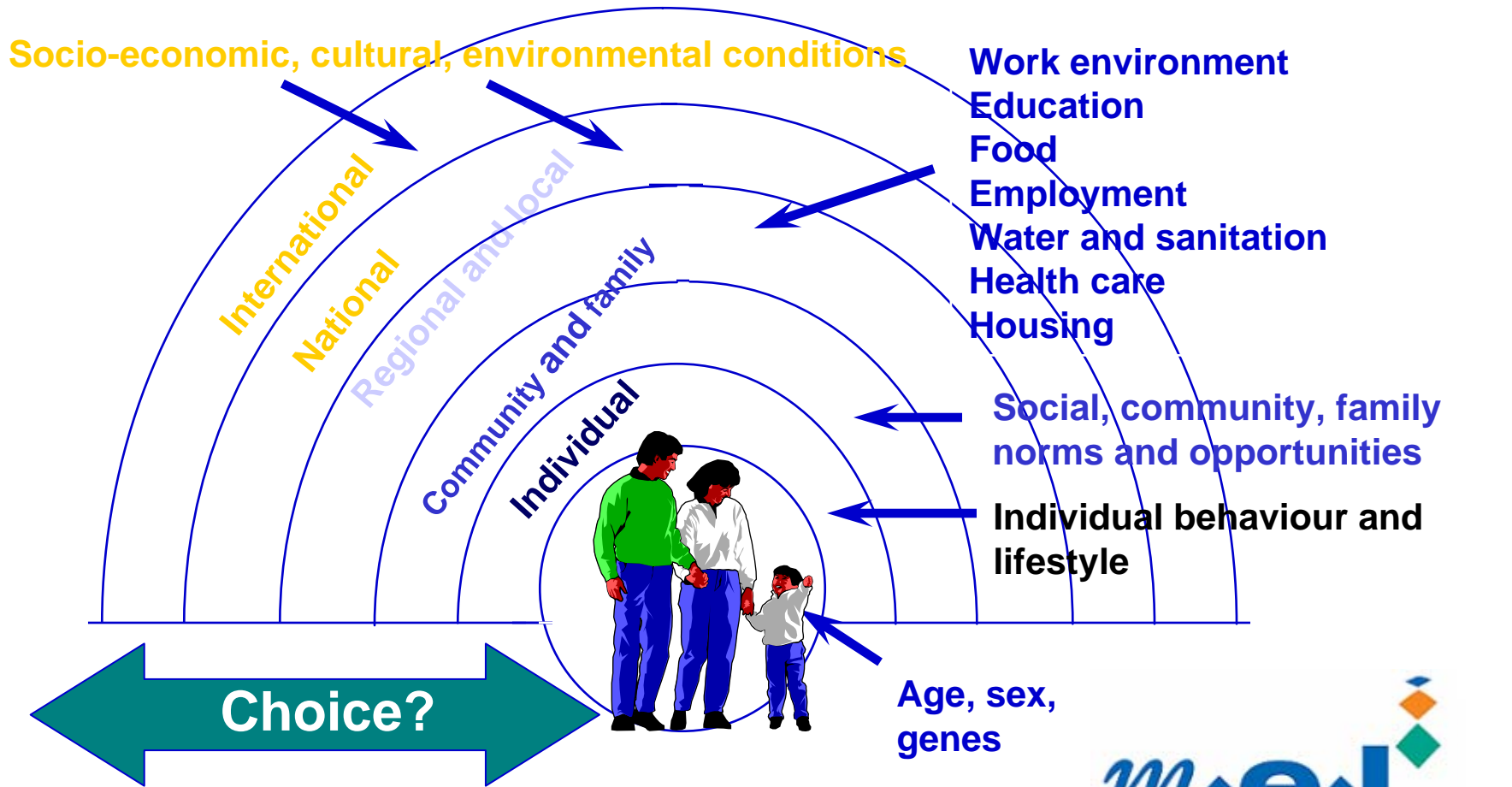
- ◆ ‘Choice’ provokes us to question – what is the essence of ‘public health’ beliefs?
- ◆ Its beliefs are enmeshed within the beliefs and ideology of ‘progressive thought’
- ◆ Progressive thought is an amalgam, a loose coalition of aims, values, principles
- ◆ Policy research (political science) shows two separately identifiable schools of thought

Twin Pillars

- ◆ “We stand for **collective action** to promote social justice, symbolised by the foundation of the NHS”
- ◆ “We also stand for **individual freedom**, rights of the individual symbolised in the HRA, employee workplace rights, freedom of expression”
 - Milliband, Blackpool, Feb 2006
- ◆ Collective action and individual freedom – the dynamic tension at the heart of the public health movement

Determinants of health

After Whitehead et al



Towards a more coherent approach

- ◆ We should set the boundaries to choice – the basis upon which choice undermines the founding principles of ‘Public Health’
- ◆ We should define the territory within which choice is enabling, empowering, liberating, emancipating
- ◆ We should generate a ‘Framework for Public Health Choice’ that positively feeds off the dynamic tensions
- ◆ We should clear the confusion in our thinking and avoid being debilitated by the issue