

THE ROLE OF PARLIAMENTARY SCRUTINY IN PROMOTING HiAP

By: Ray Earwicker

Summary: This article explores the contribution of parliaments to an intersectoral governance framework that promotes Health in All Policies (HiAP) by drawing on the system of parliamentary scrutiny in England, using as a case study the House of Commons Health (Select) Committee inquiry into health inequalities in 2009. The Committee's report contained practical suggestions and recommendations which are now part of the wider discussion about promoting effective governance in HiAP to tackle health inequalities and to reduce the health gap. It also encouraged a more consensual approach between the political parties by drawing on the evidence, helped win wider support for an approach recognising the wider causes of health inequalities, and demonstrated the scope for action across a range of policies needed to address them.

Keywords: *Health Inequalities, Health Select Committee, Parliamentary Scrutiny, Health in All Policies, England*

Introduction

While intersectoral governance usually is seen as the realm of government ministers, policy-makers and other stakeholders, including regional and local government, and voluntary and private sector agencies, parliaments also have a role to play through agenda setting, promoting a cross-government approach and wider political ownership, and providing practical suggestions that can improve the quality of policy-making and the focus of implementation and action.

This article explores the contribution of parliaments to an intersectoral governance framework that promotes Health in All Policies (HiAP) by drawing on the system of parliamentary scrutiny in England, using as a case study the House of Commons Health (Select) Committee

(HSC) inquiry into health inequalities in 2009. It will also look at the links between this inquiry and the wider health inequalities perspective provided by the review published by Sir Michael Marmot in 2010 (the Marmot Review).¹

The role of the HSC

In the Westminster Parliament, each department of state is 'shadowed' by an all-party parliamentary select committee, with a minimum of eleven members, and whose membership usually reflects the relative strength of each party in parliament. All select committees are formal parliamentary institutions that can influence and shape policy-making through reports and recommendations. Select committees decide on lines of inquiry and gather written and oral

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Box 1: Topics included in the HSC enquiry written evidence

- Extent to which the National Health Service (NHS) can contribute to reducing health inequalities;
- Distribution and quality of general practitioner services;
- Effectiveness of public health services;
- Effectiveness of specific interventions;
- Success of the NHS in coordinating its activities;
- Effectiveness of the DH;
- Whether the government was likely to meet its health inequalities targets.

Source: ⁵

evidence, including expert witnesses. All evidence is published and an inquiry report requires an official response and is followed by a parliamentary debate to which the relevant government minister responds.

The HSC is the relevant select committee for the Department of Health (DH) in England. Its role is to apply effective scrutiny of the department's expenditure, administration and policy, and by extension that of the government. The HSC's inquiry into health inequalities took place from 2007 to 2009 and demonstrates how this process can enable parliament to play a part in tackling health inequalities and promoting a HiAP approach.

The HSC inquiry and report

Tackling health inequalities has been a priority area in England since 1997. It now has bi-partisan support since its status as a priority was reaffirmed by the coalition government that took office in May 2010. Over the past ten years, there have been a series of initiatives, including a national target, a national strategy that promoted intersectoral collaboration and encouraged an HiAP approach across twelve

government departments,⁵ and the annual monitoring of a number of performance targets on the wider determinants of health through a series of reports and other updates.⁶ The rising profile of health inequalities attracted the attention of the HSC at the end of 2007 and, in particular, whether the health inequalities target would be met. The HSC was concerned that the target was unlikely to be met under the current framework of policies and indeed, was worried that the gap was actually widening.

While the link between policy action and its impact was complicated by time lags in the data, it was clear that effective action required a balance between the wider social determinants of health, for example housing, child poverty and education, as well as health service and lifestyle factors. The Committee began receiving written evidence and invited views on a broad range of related factors (see Box 1). One hundred and fifty-four pieces of written evidence were submitted by stakeholders during the enquiry, ranging from pharmaceutical and food manufacturers to the medical Royal Colleges, academic experts and the DH. The Committee proceeded to clarify the issues raised in the written evidence and other material by taking a number of expert or interested witness statements (oral evidence) in eleven sessions over eighteen months. These witnesses were drawn from a wide range of interest groups, including scientific and other experts, groups representing a wide range of health and related issues, officials and ministers.

The Committee's report, published on 15 March 2009, found that the causes of health inequalities were complex. These causes included lifestyle factors, as well as the wider social determinants of health, but access to health care seemed to play a less significant role.⁷ While support was given to government efforts in tackling health inequalities nationally, these positive aspects had to be offset against the continued scarcity of good evidence and lack of proper evaluation of current policy that had hindered the design and introduction of new policies. In particular, apart from calling on the government to reaffirm the health inequalities targets for the next ten years, the HSC

Report highlighted the need for effective coordinated action across government through a HiAP approach as many of the direct causes of health inequalities lay outside the health sector and beyond health policy. It called for the DH to lead action on health inequalities across all sectors and government departments, and to promote joined-up working. In addition, the report noted that the findings of the forthcoming Marmot Review on health inequalities⁸ would provide a unique opportunity for the government to show its commitment to introducing rigorous methods for evaluating policy initiatives.

The impact of the HSC report

In its formal response to the HSC report, published in May 2009,⁹ the government emphasised its determination to reduce health inequalities and outlined a series of direct actions across government departments, and at regional and local level. The government response emphasised that it had learned from the growing volume of evidence, noting that a decade ago there was little evidence about what to do and how to do it. The response also focused on the national target to identify priorities for action, understand what works, and develop evidence-based resources for local use.

A more general impact of the Report may be seen from its role in keeping health inequalities on the policy and public agenda. This was evident from the parliamentary debate that followed its publication and through media coverage. It also helped to shape policy in conjunction with other reports that were published either around the same time or shortly afterwards, particularly the Marmot Review.

It is clear that the HSC report helped to set the policy agenda, notably through its recognition of the high importance of action on health inequalities, the value of a cross-government approach, the use of a target as a catalyst for action and the underlying need for a scientific and evaluative approach. Public interest in the Committee's work is perhaps best illustrated by the decision of the BBC to devote virtually the whole of its half-hour lunch-time news programme (*The World*

at One) to health inequalities to coincide with the opening of the inquiry's oral evidence sessions on 13 March 2008.

The systematic debating of select committee reports in the House of Commons has increased their influence and their ability to set the wider agenda by engaging government directly and requiring relevant ministers to respond to their findings. The HSC inquiry debate on 12 November 2009 was no exception. The role of the social determinants of health and a HiAP approach were a prominent aspect of the debate, particularly in light of one of the HSC's key findings – that lack of access to good health services did not appear to be the major cause of health inequalities. This highlighted that greater focus on local programmes and local actions, such as Sure Start children's centres, was required. The role of adequate housing, cutting crime and improving access to jobs, education, as well as health services, were also raised by Members of Parliament. The complexity of factors that contributed to health inequalities was emphasised in the public health minister's reply to the debate.

“the HSC report helped to set the policy agenda”

At a broader level, the appointment of

The scrutiny exercise provided by the HSC report contributed to the wider debate that informed the Marmot Review and also directly shaped the Review's thinking on several key points, including the use of evaluation. Other shared focal points included concern over the scale and timing of policies, the need to reconcile long-term goals with short-term gains, and the need to pay better attention to the planning process as a way of integrating action on the social determinants of health, including through linking planning, transport, housing, environment and health systems.

Conclusion

The impact of the parliamentary scrutiny process on raising the key issues around the health inequalities agenda is shown by the work of the HSC. The Committee's report contained practical suggestions and recommendations which are now part of the wider discussion about what happens next in promoting effective governance in HiAP to tackle health inequalities and to reduce the health gap. The HSC also encouraged a more consensual approach between the political parties by drawing on the evidence and the data, helped win wider support for an approach recognising the wider causes of health inequalities, and demonstrated the scope for action across a range of policies needed to address them.

The HSC report's findings also remain relevant in the context of the new coalition government's explicit commitment to fairness and social justice, mirrored by the establishment of new social justice

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