

Commentary

‘Superpolicies’ and ‘policy-omnishambles’

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ARTICLE INFO

Keywords:

Sustainability
Climate change
Health
Equity

1. Background

Polymaking can be complex because changes in one area can have impacts on a range of other diverse outcomes and generate interactions and feedback loops that can be difficult to predict. [1] It is recognised that the most effective policies to improve health and reduce health inequalities lie outside the remit of government health departments. As such, actors wishing to improve public health have to influence a wide spectrum of policymakers across government departments and levels of government. This approach, often termed ‘Health in All Policies’, seeks to ensure that the health consequences of policy is prioritised in the decision-making process. [2] However, it is not just public health actors who face this challenge. For example, those seeking to ensure ecological sustainability and to avoid climate chaos also require coherent and effective policies across all parts of government (and across national jurisdictions). There is thus a need for policymaking to consistently seek to generate benefits in other policy areas (and not just by happy coincidence, as is often implied by the term ‘co-benefits’).

This short contribution introduces the concepts of ‘superpolicies’ and ‘policy omnishambles’ to describe the extremes of policy approaches that have very positive or very negative impacts on outcomes that were not the original target of the policy (according to Wikipedia, the term ‘omnishambles’ was first coined in the BBC political satire *The Thick of It*).

2. Superpolicies

We propose the term ‘superpolicy’ for policies that achieve positive

outcomes across a wide range of areas beyond that which was the primary intention, and which do not have unintended negative outcomes (Fig. 1). This is a familiar concept in the literature examining health and sustainability, where the term ‘co-benefit’ is often used. In the examples below we examine outcomes in just three areas: health, equality and sustainability. The term “triple-win solutions” has been used to denote situations where positive outcomes can be secured in all of these three areas through a specific policy or initiative [3].

Historically, the urban environment has been a crucible for public health activity and it is notable that triple-win, and by extension, superpolicies are likely to achieve greatest traction in that highly complex social, economic and physical context. It is also unsurprising that policy-omnishambles is potentially most damaging to the social, economic and physical fabric of our towns and cities. It is notable, against a backdrop of accelerating urbanisation, that cities account for 60–80% of all greenhouse gas emissions, consume 75% of natural resources and account for 50% of all waste [4] making them crucibles for public and planetary health activity. However, we submit that despite its clear public health and equity relevance in an era of global environmental threat to health environment and equity, the concept of superpolicies has near-universal applicability to all outcomes which are valued in society. It is also possible that some superpolicies might be powerful enough to generate positive feedback loops to fundamentally shift outcomes across society [5].

There are many examples of policies which are likely to achieve at least two of these outcomes. For example, building cycling infrastructure within cities is likely to promote a modal shift from car use (and

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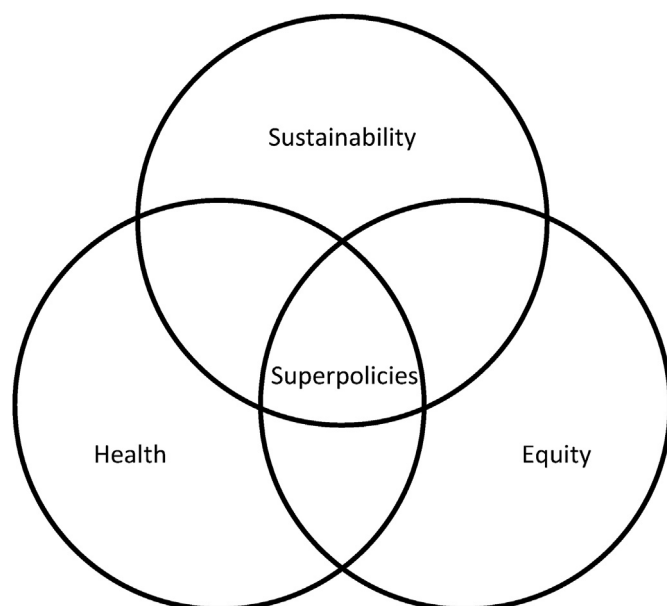


Fig. 1. 'Superpolicies' at the intersection of health, equity and sustainability.

potentially public transport) to active travel. As a result, health benefits are likely to accrue from increased physical activity and environmental benefits from reduced carbon emissions. However, the distribution of the benefits can be much less clear, and inequalities may be worsened if those who live closer to the city centre, are more able to arrange and afford flexible childcare, or who have the confidence and skills to actively commute accrue the greatest benefits.

Other transport policies such as free public transport funded through progressive taxation might be more likely to achieve positive outcomes across all of these outcomes.[6] For example, this would likely achieve a modal shift of people from cars to public transport which would increase physical activity slightly as public transport does not run from door-to-door. Furthermore, the reduction in air pollution that would be expected from such a modal shift would be likely to improve respiratory health. If the scheme would be funded through progressive taxation, the impact would be to narrow disposable incomes and thereby support greater equity. Free public transport is therefore a candidate 'superpolicy'.

Installation of high standard thermal insulation within rented housing through government funding is another candidate 'superpolicy'. Rented accommodation is predominantly inhabited by those at the lower end of the income scale and therefore any benefits of the policy are likely to improve equity. It is likely that the improved thermal comfort will improve a range of health outcomes, and, potentially (although less certainly as many people living in need of improved insulation prefer to increase the thermal comfort of their homes rather than to save money) reduce carbon emissions [7].

Increasing the progressivity of taxation is another candidate superpolicy. The basis for this is that increased incomes disproportionately improve the health of those on lower incomes, those on the highest incomes disproportionately emit the most carbon, and the progressive nature of the taxation would ensure greater equity. It has also been proposed that a 'contraction and convergence' approach to incomes or carbon emissions (either through a 'degrowth' or 'carbon rationing' approach) would be an even more profound 'superpolicy'. [8] Clearly, both would enhance equity through redistribution, and both would achieve lower carbon emissions by reducing consumption. The health impacts of such policies are less certain however and depend on the interpretation of the literature on economic growth, recession, and economic development.

3. Policy-omnishambles

On the other side of the superpolicy is the 'policy-omnishambles'. We define this as a policy which has negative impacts across a wide range of outcomes. A true policy-omnishambles would also fail to achieve the primary aim of the policy. Although it is possible that a policy-omnishambles was created with mal-intent, in order to cause harms, it is perhaps more likely that it is simply *zemblanitous* (*zemblanitous* is the opposite of *serendipity*, in that it is the occurrence of unplanned negative outcomes. It was first coined by William Body, according to <http://www.worldwidewords.org/weirdwords/ww-zem1.htm>, in relation to a barren area of northern Russia).

Clearly, many policies have unintended negative consequences for secondary outcomes and a variety of impact assessment techniques to identify, mitigate or avoid such impacts, have been developed. War, particularly for the losing side, is probably the most powerful example of a policy-omnishambles: invariably it has substantial negative consequences for the environment and health, although the impact on equity can be more mixed. Brexit is often cited as an example of policy-omnishambles as it may fail to achieve its primary goal ('take back control') if trade arrangements are entered into where the UK has less democratic oversight of the rules of trade, and there are a wide range of potential negative impacts on health (through disrupted medical supplies, healthcare staff shortages and economic change such as higher unemployment), equality (e.g. through withdrawal from social legislation) and sustainability (e.g. through more lax environmental regulations).[9] However, it may be possible that in time the new democratic arrangements could be used for good – for example to bring back into public ownership aspects of the economy that were previously privatised and which EU rules restricted the scope of government to nationalise them. Other examples of policy-omnishambles could be the privatisation processes in the NHS in England, which has failed in its primary objective (the containment of costs) and has had negative impacts on other outcomes such as equity.

Being able to discern the difference between a superpolicy and a policy-omnishambles is essential. Take, for example, the recent call by The Lancet Commission on Obesity on the need for common actions to address poverty and the "Global Syndemic" (obesity, malnutrition, and climate change).[10] The Commission's analysis is a clear. Current approaches are a policy-omnishambles, and there is an urgent need to overcome policy inertia across multiple sectors. However, a call for concerted action is not, of itself, a superpolicy. One of the more insidious consequences of policy-omnishambles is that it can lull policy- and decision makers into a false sense of security. Without due consideration of the need to co-create meaningful superpolicies, it is likely that action taken will lead to a belief that a superpolicy is being delivered, whilst simply perpetuating the existing policy-omnishambles.

4. Discussion

Designing policy in a complex system is difficult and requires broad thinking to understand the likely impacts across all relevant outcomes. Where the outcomes of most interest are determined and influenced by a wide range of policy areas, as is the case with public health and sustainability, this is particularly important. We propose two heuristic devices for describing policies which have positive or negative impacts across a wide range of outcomes: superpolicies and policy-omnishambles.

A number of impact assessment tools exist that encourage decision-makers to consider outcomes beyond the primary target of a particular policy decision. These include the impacts on health, health inequalities, equalities and sustainability. It would be possible to build on such tools to allow comprehensive impact assessments to be undertaken that facilitate the identification of superpolicies and policy-omnishambles. How broad such tools become, and what is prioritised and valued within them, and the extent to which they can be and are used, will clearly determine how influential they become on policymaking. It is also worth noting that the

impact of some policies can vary depending on the manner in which they are implemented.

Recognition of anthropogenic damage to the earth's biophysical systems unites environmental scientists and public health actors in common cause. In simple terms, the aspirations of policymakers and others to secure improved health and wellbeing quality healthcare or anything approaching equity in these areas simply cannot be achieved in the medium to longer term without placing environmental sustainability at the heart of the public health project and vice versa. Thus, public health's enduring quest to navigate in human social complexity to identify the policies capable of delivering health and equity, so dominant in health thinking and rhetoric for four decades, has acquired a new and alarming planetary dimension. Terms such as planetary health and ecological public health have emerged to describe the combined challenge and the required societal responses. We submit that only through embracing superpolicies as a concept and organising to counter policy omnishambles can society avert catastrophe.

Declaration of competing interest

GMcC is a member of the Scottish Socialist Party and PM is a member of the Liberal Democrat Party, both of which have policies on the various areas described in this article.

Acknowledgements

No funding was received for this work. The views expressed in this paper are the personal views of the authors and do not necessarily reflect the views of their employers.

There was no patient or public involvement in the creation of this article.

References

- [1] H. Rutter, N. Savona, K. Glonti, J. Bibby, S. Cummins, D.T. Finegood, F. Greaves, L. Harper, P. Hawe, L. Moore, M. Petticrew, E. Rehfuess, A. Shiell, J. Thomas, M. White, The need for a complex systems model of evidence for public health, *Lancet* 390 (10112) (2017) 2602–2604, [https://doi.org/10.1016/S0140-6736\(17\)31267-9](https://doi.org/10.1016/S0140-6736(17)31267-9).
- [2] K. Shankardass, C. Muntaner, L. Kokkinen, F.V. Shahidi, A. Freiler, G. Oneka, A.M. Bayoumi, P. O'Campo, The implementation of Health in All Policies initiatives: a systems framework for government action, *Health Res. Pol. Syst.* 16 (2018) 26, <https://doi.org/10.1186/s12961-018-0295-z>.
- [3] B. Staatsen, N. vanderVliet, H. Kruize, L. Hall, G. Morris, R. Bell, I. Stegeman, Exploring Triple-Win Solutions for Living, Moving and Consuming that Encourage Behavioural Change, Protect the Environment, Promote Health and Health Equity, EuroHealthNet, Brussels, 2016, 2016. Accessed from, https://inherit.eu/wp-content/uploads/2017/06/INHERIT-Report-A4-Low-res_s.pdf. on 11.01.2019.
- [4] United Nations Environment Programme, Sustainable, Resource Efficient Cities: Making it Happen! Nairobi, , United Nations, 2012, 2012. Accessed at, <https://sustainabledevelopment.un.org/content/documents/1124SustainableResourceEfficientCities.pdf>. on 11.01.2019.
- [5] G. McCartney, P. Hanlon, F. Romanes, Climate change and rising energy costs will change everything: a new mindset and action plan for 21st century public health, *Publ. Health* 122 (7) (2008) 658–663, <https://doi.org/10.1016/j.puhe.2008.03.018>.
- [6] E. Reinhard, E. Courtin, F.J. van Lenthe, et al., Public transport policy, social engagement and mental health in older age: a quasi-experimental evaluation of free bus passes in England, *J. Epidemiol. Community Health* 72 (2018) 361–368.
- [7] G. McCartney, W. Hearty, M. Taulbut, R. Mitchell, R. Dryden, C. Collins, Regeneration and health: a structured, rapid literature review, *Publ. Health* 148 (2017) 69–87, <https://doi.org/10.1016/j.puhe.2017.02.022>.
- [8] M. Hillman, *How We Can Save the Planet*, Penguin, London, 2004.
- [9] N. Fahy, T. Hervey, S. Greer, H. Jarman, D. Stuckler, M. Galsworthy, et al., How will Brexit affect health and health services in the UK? Evaluating three possible scenarios, *Lancet* 390 (10107) (2017) 2110–2118, [https://doi.org/10.1016/S0140-6736\(17\)31926-8](https://doi.org/10.1016/S0140-6736(17)31926-8).
- [10] B.A. Swinburn, V.I. Kraak, S. Allender, V.J. Atkins, P.I. Baker, J.R. Bogard, et al., The Global Syndemic of Obesity, Undernutrition, and Climate Change: the Lancet Commission Report, 2019, [https://doi.org/10.1016/S0140-6736\(18\)32822-8](https://doi.org/10.1016/S0140-6736(18)32822-8).