

Fit and Well – Changing Lives 2012 – 2022

A 10 year Public Health Strategic Framework

November 2012

‘A Response to the Consultation on Fit and Well – Changing Lives (A 10-Year Public Health Strategic Framework)’

From: South Belfast Health and Wellbeing Forum

Background:

In January 2010 the South Belfast Partnership Board established a Health Programme as the issue of health and wellbeing emerged as an area requiring a strategic focus. The programme objective was to encourage a strategic approach to address health inequalities and the promotion of wellbeing across South Belfast as a whole through enabling stakeholders to identify priority issues and develop responses to these issues. To achieve this, a South Belfast Health and Wellbeing Forum (SBHWF) was created in August 2010. The members include a wide range of community, voluntary and statutory organisations. See the list below:

- Forum for Alcohol and Substance Abuse (FASA)
- Donegall Pass Community Forum
- Windsor Women’s Centre
- Lower Ormeau Residence Action Group
- Ballynafeigh Community Development Association
- Age Sector Platform
- Community Resources Belfast South
- Markets Development Association
- Sandy Row Community Forum
- South Belfast Surestart
- Taughmonagh Community Forum
- Engage with Age
- Markets Community Centre
- Greater Village Regeneration Trust
- South City Resource & Development Centre
- Donegall Pass Community Centre
- Opportunity Youth
- Fitzroy Presbyterian Church

- Contact Youth
- South Belfast Male Care
- Women's Information Northern Ireland
- Taughmonagh Live and Learn Programme
- The Rainbow Project
- GEMS NI
- Northern Ireland Council Ethnic Minorities
- Northern Ireland Community of Refugees and Asylum Seekers
- Barnardo's Northern Ireland
- Polish Association
- Chinese Welfare Association
- Belfast Islamic Centre
- Multi-Cultural Resource Centre

General comments:

The SBHWF welcome the opportunity to respond to this consultation as we highly value the need for an updated Strategic Direction for Public Health for the next ten years, bringing together actions at government level to improve health and reduce health inequalities, and which will guide implementation at regional and local level.

This framework seeks to building on the aims, objectives and success of Investing for Health while addressing some of the challenges encountered during its implementation. This approach is welcomed by the SBHWF as learning from what has not worked in the past is critical in re-shaping future strategies. We hope that the co-ordination at both regional and local levels is more connected through this new process.

We also feel it is appropriate that the Framework incorporates the work and findings of Professor Marmot specifically his progressive universalism principle to ensure that we do not only focus on the poorest of society as those 'in the middle' are also susceptible to health inequalities. This is particularly important during this on-going economic situation.

Looking at the practical implementation, a number of the outcomes are not measureable which will have a direct impact on how 'change' is monitored, evaluated and tracked. We appreciate that not all change can be quantified however in order to review the differences across the life course across the 10 years measureable monitoring and evaluation is key. Additionally, there is limited reference to the resources required to realise the outcomes.

We feel the accountability structure should have been developed prior to the framework going out for consultation as it is imperative that all the stakeholders required to implement these 'changes' are responsible for their contributions.

Reducing the impetus on departments to buy-in to the framework and take responsibility will have an effect on health and wellbeing.

There is a great need to clarify how the framework connects to a wide range of existing policies for example Belfast Trust Community Development Strategy and Transforming Your Care.

There appears to be little acknowledgement on the Strategic Framework that there will be 'cross-over' between the different ages e.g. a young pregnant mother and this may have an effect on departments working only on one life stage i.e. in silos. In addition, the diagram does not include the strategic priorities or areas of collaboration. We would suggest that these are included in the framework to make it more encompassing and comprehensive. If this is not possible, we would propose that the areas of collaboration become a 3rd underpinning intervention as collaboration, we believe, should take place regardless of life-stage or health issue.

Of the 224 outcomes listed in the framework, community and voluntary are only cited as a 'key partner' 3 times. We appreciate the framework is a bringing together of actions at government level to improve health and reduce health inequalities however, these actions will guide implementation at regional and local level and this is where the C&V sector are present. There is a lot of excellent work being carried out in the C&V sector however reading this section could be interpreted that input is not valued or acknowledged as it should. The framework recognises all of the different stages in life course so it is important to recognise all of the stakeholders in the implementation phase.

Aims, Vision, Values and Principles

We broadly agree with the aims, vision, values and principles of "Fit and Well – Changing Lives." We endorse the inclusion of all people taking in to consideration the need to keep the well, well.

Chapters one through to six provide the background and context, local, national and international, in which this framework will sit. We are pleased to see a description and outline of the wider determinants of health and how these impact on health and contribute to health inequalities.

We feel that there is insufficient reference to either the on-going economic crisis or welfare reform, either the changes which have already occurred or the reforms which are currently going through the Executive.

The framework highlights poverty as "the greatest risk factor for health and wellbeing." Given the possible implications of the continuing crisis and implementation of welfare reform, this may prove to be an even greater challenge over the coming years and therefore requires greater consideration.

This framework provides some insights into the effects of poverty and financial difficulties, including fuel poverty. SBHWF would like to see the framework address more of these issues including financial exclusion and the poverty premium.

Financial exclusion is the “process where by people encounter difficulties accessing and/or using financial services and products in the mainstream market that are appropriate to their needs” (NIPSA, 2011). This is a concern as those unable to access mainstream products often turn to less scrupulous and/or illegal providers, thus increasing their vulnerability. This in turn leads to the poverty premium. “In essence the poor pay more, because being excluded from mainstream products means having to pay higher charges” (Consumer focus).

Changes to social security system have already been introduced, including the removal of mortgage payment help for those who have been on JSA for over two years. Support for those in work has also been altered. Working tax credit; an income supplement for those on a low income, has seen a three year freeze in how it is calculated, childcare support for those receiving working tax credit has been reduced from 80% to 70%. Such changes at a time of economic downturn have meant that there has been “an increase in number of people in in-work poverty since 2004/05 of 30,000” (Hossin et al, 2011). We would like to see the framework show greater consideration of these factors both in terms of setting the scene and in the outcomes, as these have a huge potential for increasing social inequality and thus health inequalities. Greater application of proportionate universalism would help in tackling these issues and therefore should receive greater coverage in a public health

Approach of Framework

SBHWF welcomes the life course approach and the promotion to Sustainable Communities and to Build Healthy Public Policy. It will be important locally for people not to fall through the net when in transitional parts of the life course time line. Also to note that people may not only be connected as an individual to the life course approach but may need to interact with all stages depending on their life responsibilities. We urge the outcomes to be fluid to allow for needs to be met.

We would however like to raise some concerns around the division and make-up of the life stages. ‘Children and young people’ and ‘adults’ are both very broad ranging stages, and we feel that this could present some difficulties which are not fully addressed in the document. For example the social, emotional and educational needs of children change as they progress from primary into secondary school and how these changes are to be met are not clear in the short term outcomes.

‘Adults’ range from 25 -64, and chronic conditions often onset in later years of this stage. These conditions change not only the health needs of the person but also their social, physical needs as well as employment opportunities. Again how such changes are to be addressed is not clear in the outcomes.

As stated, SBHWF are in favour of the life-course approach as encompassed within the strategic framework, especially as it is underpinned by the theme of sustainable communities. Though, we would caution that achieving healthy sustainable communities is unlikely if there is not real engagement and involvement with communities.

To note, the strategic framework diagram, which includes the stages and themes, does not include the strategic priorities or areas of collaboration. We would suggest that these are included in the framework to make it more encompassing and comprehensive. If this is not possible, we would propose that the areas of collaboration become a 3rd underpinning intervention as collaboration, we believe, should continuously take place regardless of life-stage or health theme.

SBHWF also supports the rationale for a whole systems approach. For sustainable success in improving health and tackling health inequalities it is argued that a whole systems approach is needed in which activity is coordinated, monitored and evaluated across the various levels of the system.

It is vital that that all government departments invest locally in community sector services over the next decade to enable on-going sustainability and not small disjointed funding offers. This investment also links into accountability as it is imperative that all the stakeholders required to implement these 'changes' are responsible for their contributions in addition to funding responsibilities.

The strategy also highlights that alongside universal services /interventions community-led initiatives are far better placed to have an effect on those healthy lifestyle factors described earlier such as social connectedness and the sense of efficacy, since collective action can influence both social ties and the experience of changing communities and systems. The extent of the engagement achieved at local level through Investing for Health was identified as a key area of success on which to build. Again we would recommend that these references are endorsed by investing in the community sector provision.

We welcome the asset approach but this needs a resource to ensure its development. This approach is embedded in community development health led work which would value the monitoring of assets and not only the problems.

Community Development upholds the values and principles of social justice, equality, empowerment, collective action and working and learning together, and it is through these values and approaches that communities are able to address health inequalities. Community development is therefore a natural tool in the fight to reduce health inequalities and ally of public health and health equity movement. It is for this reason that we are disappointed these principles and community development approaches are not absolutely central to the document and more importantly the outcomes. The review of IfH recommended that upstream approaches should be central to any follow-on strategy.

Community Development (CD) is necessary for Health and Wellbeing yet too often this is the area where financial cuts are applied first. We would like to see a commitment from all the commissioning bodies to place a higher value on community development by enabling mainstreaming of CD to improve sustainability.

We are involved in the Children and Young Peoples Strategy (CYPS) developments locally and it is very positive to see this current development will be incorporated into the outcomes. We would recommend that all funding strands from departments will be aligned to improve how the community sector deliver over longer periods of time.

Consistency of services is difficult to maintain if funding must be applied for annually creating a negative impact on the employees and the local neighbourhoods.

Fit and Well makes explicit the rationale for choosing the areas for collaboration and the strategic priorities, but not what the implications will be, in terms of increased investment, resources and/or support. We would seek clarification on these areas.

While we agree with these strategic priorities and underpinning themes, it is somewhat confusing to have strategic priorities, framework themes and underpinning themes, as well as priority areas for collaboration. We would like to see the framework simplified.

We are pleased to see early years as a strategic priority as it acknowledges the growing body of evidence that healthy attachments and nurturing in the first few years of life and secure childhoods are hugely protective factors in relation to lifelong physical and mental well-being.

We ask that the engagement and communication at all levels overlaps with the PHA/HSCB CD Strategy.

Life Stages

It would be important to ensure consistency of the pre-birth and early year's life stage outcomes identified with those of the CYPS.

Regarding the children and young people, there should be more emphasis on issues that are important for young people i.e. building resilience, improving confidence and esteem and suicide and self-harm.

Through the young adult life stage there is little reference to drug misuse and dental health. We feel there should also be a more comprehensible approach to obesity, physical activity and nutrition. We also welcome the reference to arts and health but it is beyond aiding recovery and mental health problems.

We feel there should be a more comprehensible reference to workplace health, not just in relation to NICS and businesses regarding the working age life stage including stress at work and links to productivity and attendance.

Prescription drugs and alcohol and drugs misuse should be included through the later year's life stage as locally this has been cited as an issue linked to isolation.

The areas of collaboration all have the potential to contribute to improving health and wellbeing and addressing health inequalities however require a stronger evidence as it is unclear how this section fits alongside the life-course approach.

The framework would be strengthened if one description of the wider determinants of health was used throughout and the links were made more explicit.

Implementation and Governance

With regards the implementation and governance of the framework, we would recommend that this aspect of the framework requires urgent clarification. We would welcome the establishment of regional board. We would like to see similar detail in how other partnerships will be established and work. The framework could benefit from clarifying how it will be building on and/or be changing from IfH with regards partnership, especially the IfH partnerships and the links built up with local government.

We would argue that an accountability structure should have been developed prior to the framework going out to consultation and that failure to do this means that the document is left lacking and reduces its level of credibility, simultaneously reducing the impetus on other departments to buy into the framework and take responsibility for their effect on health and wellbeing.

We would also ask that the strategy outlines how the work at local level will be connected to the use of population plans under Transforming Your Care for example.

Conclusion

SBHWF are committed to working towards a South Belfast that is "fit and well" through communities taking responsibility for their own health and wellbeing.

We hope that this framework will further enable us to make this a reality over the next ten years.

Thank you once again for this opportunity and we hope you have found our comments useful.

Kind regards,

Una R. Lappin

Strategic Health Development Officer on behalf of the South Belfast Health and Wellbeing Forum