



Belfast City Council

Report to:	Strategic Policy and Resources Committee
Subject:	Public Health Framework 'Fit and Well – Changing Lives'
Date:	19 th October 2012.
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Relevant Background Information	
1.1	A consultation document on the proposed new ten-year public health framework for 2012-2022, 'Fit and Well – Changing Lives' has been issued by the Department of Health, Social Services and Public Safety and responses are requested by 31st October. A draft Council response is attached to this report. The Health and Environmental Services Committee considered the response on 3 rd October, but suggested that it should also go to the Strategic Policy and Resources Committee due to the cross cutting implications that the strategy has for the Council and the key linkages with RPA and Community Planning.
1.2	The framework is designed to be strategic and to provide direction for policies and actions to improve the health and wellbeing of the people of Northern Ireland. It builds on the aims of the previous strategy, Investing for Health and places a focus on dealing with the health inequalities which exist using the recommendations put forward through the UK Governments review on addressing the social determinants of health (the Marmot Review).
1.3	The proposed policy aims for the new strategic framework include: <ul style="list-style-type: none"> • Give every child the best start • Enable all children and young people to develop the skills and capacity to reach their full potential and have control over their lives • To enable young adults to grow, manage change and maximise their potential • Enable working age adults to have a full and satisfying life and social wellbeing • To enable people in later years to have a satisfying and active life • Promote healthy safe, sustainable places and thriving communities • Ensure health is a consideration in the development of public policies.
1.4	These aims relate to a 'life course' approach, where action to reduce health

	inequalities starts before birth and follows through the life of the child into adulthood and old age. The framework encourages interventions to achieve outcomes to meet specific needs of each life stage and to assist transition between them.
1.5	It also proposes the following six cross cutting areas for prioritisation: <ul style="list-style-type: none"> • Support for families and children • Equipped for life • Employability • Volunteering / giving back • Use of space and assets • Using arts, sports and culture
1.6	The framework promotes partnership working to address the wider socio economic and environmental influences on health and wellbeing and it advocates a 'whole government approach' where the public health framework sits at the heart of government and informs other policies and strategies under development. It identifies linkages with community planning, delivering social change, employability policies etc.
1.7	In terms of leadership and governance, it is proposed that the Minister for Health, Social Services and Public Safety continues to steer implementation on behalf of the Executive and that he will be supported by the Ministerial Group on Public Health (MGPH). It also recognises the need for regional and local partnerships. It specifically refers to the need for a regional delivery structure/board to bring in statutory agencies, local government and the community sector.

	Key Issues
1.8	The proposed framework is very detailed and all encompassing and it highlights the importance of coordination at regional level and also between regional and local levels in addressing public health issues. Appendix 1 provides the draft Council response. This is summarised below.
1.9	Key Strengths <ul style="list-style-type: none"> • The overall vision and the direction of a strategy based on the findings of the Marmot review are welcome. Belfast City Council in moving forward into RPA and in embracing community planning would clearly wish to play an active part in supporting healthy people, healthy families and healthy communities.
1.10	<ul style="list-style-type: none"> • The framework considers what can be learned from the work of Investing for Health and there is a clear ambition within it to continue to work to address the persistent factors which contribute to health inequalities. There is also an ambition within the framework to connect the strategic, regional and local levels in working better together to maximise impact and improve health and wellbeing. Local Government has a key role to play in shaping services across many physical, environmental, economic and social conditions that affect the quality of people's lives, both strategically and operationally.
1.11	<ul style="list-style-type: none"> • The framework is outcome and evidenced based and cuts across the life course of individuals, an approach which appears to work elsewhere. • It is seeking synergy with some other relevant strategies, policies and

	programmes on a cross Departmental basis.
1.12	<ul style="list-style-type: none"> The strategy recognises the growing importance of an asset approach; i.e. building on what communities have rather than basing interventions on what they don't have.
1.13	<ul style="list-style-type: none"> The strategic priorities identified in the framework are very relevant to the citizens of Belfast, particularly a focus on 'early years' and 'early intervention' given the evidence which suggests that a large part of the pattern for a person's future adult life is set by age 3; and also the fact that research has shown that preventative strategies and early intervention are cost effective and that resources invested in early years will result in proportionately greater benefits.
1.14	<ul style="list-style-type: none"> The Council is a strong advocate of the concepts healthy public policy and building sustainable communities; concepts which are reflected in the public health framework underpinning themes.
1.15	<ul style="list-style-type: none"> The priority areas proposed for collaborative working in the framework can be seen to be reflected in the commitments in the three main areas of the Council's Investment Programme 2012-2015; physical investment, investment in economic growth, employability initiatives and investment under the theme of supporting people, communities and neighbourhoods.
1.16	<ul style="list-style-type: none"> The document refers to the implementation of community planning and the role which Councils will play. Health and wellbeing and health inequalities will be a key area of work within any local community planning framework.
1.17	<ul style="list-style-type: none"> The Council's services themselves can also influence health and wellbeing ranging from leisure and Active Belfast, parks and play, community development, community safety, local investment, economic development, regulation, cultural activities to the new powers of planning, regeneration and housing.
1.18	<ul style="list-style-type: none"> In Belfast, the Belfast Strategic Partnership has been set up as a way of focusing the efforts and resources of key agencies and sectors on the priority health and wellbeing needs of people who live in the city. The BSP's 'framework for action' is already reflective of several of the areas identified in the public health framework; such as, addressing lifelong learning related issues, focusing on early years and early interventions, and regenerating living places and healthy spaces. The themes of poverty, building community capacity and 'Active Belfast' also tie in. The two areas specifically identified in Belfast not included in the priority areas in this framework are addressing mental health and emotional wellbeing and addressing alcohol and drug related health issues; both significant regional issues. These have been highlighted in the Council's response.
1.19	<p>Areas requiring clarification and potential weaknesses</p> <ul style="list-style-type: none"> Whilst the role of local government is referred to in the early parts of the document, it is not followed through into the outcomes framework. Local government needs to have a much more prominent role and be seen as a partner with central government, set within the context of the new functions and powers which it will inherit under RPA. It needs to be seen

	<p>as not only as a provider of services but also as the Civic Leader for its local area, advocating on behalf of its citizens, ensuring collaboration to solve local problems and realise opportunities, shaping places and building vibrant, strong, healthy, safe and sustainable communities.</p>
1.20	<ul style="list-style-type: none"> In particular, the Council is concerned that local government is not seen as a key delivery agent throughout the entire document to ensure implementation at a local level. For example, the role of local government as a 'key partner' in delivering the outcomes in chapter 7 of the framework is not explicit and this detracts to some extent from the emphasis on collaborative working and the importance of the framework in connecting the strategic, regional and local agendas in tackling health inequalities. Government Departments need to appreciate the key role that councils play at a local level in achieving outcomes through services such as parks, leisure, and community development and through the impact of local regeneration programmes.
1.21	<ul style="list-style-type: none"> The framework could be more succinct and less confusing in terms of its aims, outcomes, underlying themes, collaborative priorities etc. In particular Chapter 7 of the framework is slightly confusing because of the extensive number of short term outcomes, some of which are repeated at different life stages and some of which are more like actions or work streams. It is suggested in the Council response that the short term outcomes are rationalised, focused and worded to fit in with the definition of an outcome as stated in the framework.
1.22	<ul style="list-style-type: none"> The localism agenda, which is currently a dominant theme of National Government, is weak within the framework and could be strengthened particularly in relation to delivering the outcomes under the various life stages and underpinning themes. It should be noted that, in England, many public health functions are being returned to local government.
1.23	<ul style="list-style-type: none"> The Council response highlights that while identifying priority areas for collaboration is useful in potentially maximising the impact of regional resources, it will not in itself actually change the way we do things. It is important therefore that the public health framework is a key element of the Programme for government and is also cross referenced with other key government strategies/policies such as Delivering Social Change, Poverty, Urban Regeneration and Community Development, etc. The need for inter-connectedness, re-enforcement and cross government and multi-sectoral collaboration cannot be over emphasised. Resources will also need to be properly targeted to ensure the delivery of outcomes.
1.24	<ul style="list-style-type: none"> The framework currently lacks detail on accountability mechanisms and performance measurement although it refers to establishing data and research groups to take forward work on the development of high level indicators. The Council has asked to be informed of the proposed indicators as they are being developed.
1.25	<ul style="list-style-type: none"> In terms of governance and implementation arrangements, it is unclear whether what is being proposed in the framework is significantly different from what has gone before, for example the Ministerial Group on Public Health set up under the previous strategy was not always effective at connecting cross Departmental policy or in linking strategic and local

	<p>agendas. The Council response proposes that there should be further discussion around the implementation and governance arrangements in order to assure connectivity, ownership and clear accountability in delivering outcomes. Local Government needs to be represented on any strategic group. Funding streams also need to be examined to ensure they encourage collaborative working and a focus on achieving the desired outcomes.</p>
1.26	<ul style="list-style-type: none"> The framework should also consider the importance of targeted local neighbourhood approaches and community involvement. It is somewhat weak on the concept on co-production with communities.
1.27	<ul style="list-style-type: none"> The framework does not take enough account of the recent report from the Kings Fund on the clustering of unhealthy behaviours. It does make reference to the concept of 'proportionate universalism', where action must be universal but with a scale and intensity proportionate to the level of disadvantage; however the interrelationship between the unhealthy behaviours identified in the Kings Fund report is not clear in the framework. This interrelationship and its link with the wider determinants of health will be an important element in tackling them effectively and addressing health inequalities and the gap in average years lived across neighbourhoods depending on the levels of disadvantage.
1.28	<p>Implications for the Council</p> <p>This consultation document and the recent report from the Kings Fund on the Clustering of unhealthy behaviours emphasise the contribution which the Council can make to health inequalities. The latter report identifies that those in the lower socioeconomic groups are five times more likely to engage in all four of the key behaviours leading to poor health; these being smoking, excessive drinking, poor diet and lack of exercise.</p>
1.29	<p>This framework presents an opportunity for the Council to commit to a visible and active strategy to contribute to the reduction of health inequalities in the city. We are well placed to consider the interrelationship between the risky behaviours identified in the Kings Fund report and to develop an integrated and joined up approach to tackling them. This coupled with our ongoing role in addressing the wider determinants of health (the economy, employment, poverty, urban regeneration, sustainable development, community safety, good relations, etc), for example, through our investment programme, community planning, and our role in Belfast Strategic Partnership; and creating the connectivity between improving choices and changing behaviour at a local level, will be important in delivering the new 10 year public health strategy.</p>
1.30	<p>It is therefore imperative that we work better together as a Council to ensure that we can realise the commitment we have given in our Investment Programme to addressing health inequalities. An implementation plan which raises the profile and impact of this work and involves all relevant services will be developed over the coming weeks and brought back to the Committee at a future date.</p>

	Resource Implications
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2.1	This report is an initial response to a consultation and there are no specific resource implications at this stage other than officer time in developing an implementation strategy.
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	Recommendations
3.1	The Committee is asked to consider and agree the response to the proposed 10 year public health framework for Northern Ireland and note the development of a Council implementation plan to contribute to the reduction of health inequalities in the city.