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**Health, Social Services
and Public Safety**

An Roinn
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**Department of
Health, Social
Services and Public
Safety**

**Review of the Public
Health Function in
Northern Ireland**

Final Report

6 December 2004

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1 INTRODUCTION

The Department of Health, Social Services and Public Safety (DHSSPS) commissioned Capita Consulting Ireland to undertake the Review of the Public Health Function in Northern Ireland. The Review began in July 2003.

1.1 Background

The rationale for commissioning this Review of the Public Health function in Northern Ireland is to strengthen its ability to meet the challenges of implementing *Investing for Health* and addressing the priority 'Working for a Healthier People' in the Executive's Programme for Government.

In Northern Ireland, the *Investing for Health* Strategy 2002 heralded a dynamic approach to improving the populations' health over the long-term. Anchored in the Northern Ireland Executive's Programme for Government, *Investing for Health* requires the commitment and partnership of Government Departments, the voluntary and community organisations, public agencies and statutory bodies to achieve sustainable action on the ground. A new agenda, *Investing for Health* is a central component of the Northern Ireland Executive's priority to reduce health inequalities and improve the health status of the population.

The Review has been commissioned at a time when Public Health has experienced considerable changes in organisation, policy, service delivery and the balance of power across the British Isles. Scotland and Wales have carried out Reviews of their respective Public Health functions heralding organisational changes, for example the establishment of the centralised National Public Health Service of Wales where Local Public Health Directors work within local health communities. In Scotland Departments of Health are still located in Health Boards but there is a strong emphasis on working with local partners.

England has made some radical changes in its Public Health function, notably the abolition of Health Authorities and the creation of Primary Care Trusts with devolved responsibility for public health functions. The publication of the two Wanless Reports 'Securing Our Future Health: Taking a Long-Term View' 2002 and 'Securing Good Health for the Whole Population' 2004 have demonstrated the fundamental link between health care funding, demand for healthcare services and the promotion of good public health policies and disease prevention.

In the health protection domain, *Getting Ahead of the Curve*, England's Chief Medical Officer's strategy for combating infectious diseases resulted in the establishment of the Health Protection Agency for England and Wales in April 2003. The Agency is responsible for

protecting population's health and reducing the impact of infectious diseases, chemical hazards, poisons and radiation hazards.

Significantly for this Review of the Public Health function, Northern Ireland's public services are currently undergoing a fundamental review. This Review considers the existing arrangements for the accountability, development, administration and delivery of public services. The outcome is expected to recommend reforms which are consistent with arrangements and principles of the Belfast Agreement, within appropriate political and financial frameworks. At the time of this Review of Public Health, the Review of Public Administration had not reported. However, it is the view of the Steering Group that the recommendations of this Review of Public Health should be considered in the overall reform of public services.

Finally, Public Health is a shared responsibility. It is the responsibility of the multi-disciplinary teams working in health and social services; it is the responsibility of Government Departments and Agencies outside of the Health and Social Services, the community, voluntary and the private sectors. In Northern Ireland, the challenge is to harness, coordinate and grow the shared contribution of the many committed to improving the public's health and reducing health inequalities.

1.2 Project Scope

Building on the wide-ranging consultation carried out during the *Investing for Health* Strategy, this Review of the Public Health function focuses primarily on the main components of the function which come under the remit of the DHSSPS. The implementation of the recommendations of this Review will be the responsibility of the Ministerial Group for Public Health and the DHSSPS.

The Review does not therefore detail the roles and responsibilities of the other Government Departments and Agencies, community and voluntary and private sector organisations and others that have a legitimate role in serving the public's health, but which are beyond the remit of the DHSSPS. However, the very nature of a Public Health function necessitates shared contribution amongst a diversity of stakeholders within and beyond the health and social services sector. The importance of this broader contribution to the public's health is emphasised in this Review as is the need for supported networks and active partnerships to address public health challenges. The principle of Public Health as a multi-disciplinary activity which influences and involves all sectors of society to achieve its goals is endorsed in this Review.

1.3 Main Objectives

The main objectives of the assignment are:

- To assess the current state of the Public Health Function in Northern Ireland;
- To examine current arrangements and activities in relation to ability to deliver current and likely future objectives for public health in Northern Ireland and the rest of the UK and Ireland and beyond in relation to organisation and development;
- To establish an agreed vision of the role of the Public Health Function in Northern Ireland; and
- To make recommendations to strengthen the future provision of the Public Health Function in Northern Ireland.

1.4 Report Organisation

The main body of the report is presented in five sections.

» BACKGROUND
Section 1: Introduction
» ANALYSIS
Section 2: Analysis of the Findings
Section 3: Comparative Analysis
» RECOMMENDATION
Section 4: Recommendations
» ACTION
Section 5: Action (to be prepared)

2 METHODOLOGY

This section explains how the project was carried out. The project was organised in six stages. Each stage is described briefly. Additional detail has been appended to this report, where appropriate.

2.1 Stage One – Project Initiation and Production of Project Initiation Document

The purpose of Stage One was to formally initiate the project with the Steering Group. A Project Initiation Document was developed which described the Project Definition; Project Organisation; Project Controls; and Project Stages.

2.2 Stage Two – Strategy and Policy Context of Public Health

The purpose of Stage Two was to develop a thorough understanding of all the background factors impacting on this Review. The stage was organised into two main tasks:

2.2.1 Task One – Document Review

Task One involved the review of relevant policies, strategies, and documentation that impact on the Review of Public Health, including:

- Programme for Government;
- *Investing for Health*;
- *Developing Better Services*;
- Communicable Disease Control in Northern Ireland;
- Essential Public Health Functions;
- *Getting Ahead of the Curve*;
- Public Health in England. The Report of the Committee of Inquiry into the Future Development of the Public Health Function;
- Review of the Public Health Function in Scotland;
- Review of Public Health Function in Ireland;
- 'Securing Our Future Health: Taking a Long-Term View' 2002 (Wanless); and
- 'Securing Good Health for the Whole Population' 2004 (Wanless).

As part of the wide-ranging consultation, the DHSSPS invited written submissions based on the terms of reference of the Review. Organisations that sent written submissions are listed in the Appendices.

2.2.2 Task Two – Policy/Strategy Scene Setting Meetings

During this task, the Capita team conducted a short series of one-to-one meetings with key stakeholders involved in current Northern Ireland strategic policy developments. The purpose of these meetings was to ensure that the consultants were fully equipped to move into the more

detailed information gathering and research aspects associated with the Review.

2.3 Stage Three – Current Status/ Initial Visioning of the Public Health Function

The purpose of Stage Three was to develop a comprehensive understanding of the current status of the public health function in Northern Ireland, the current geography associated with the delivery of public health functions and to begin initial thinking on future visioning.

The work conducted during Stage Three is organised into three main tasks:

2.3.1 Task One – Group Meetings with HSS Board Chief Executives and Directors of Public Health

The purpose of Task One was to facilitate two group meetings with the Chief Executives and two with the Directors of Public Health in each of the four HSS Boards. The group meetings assisted in developing an understanding of the current status of the public health function and also began initial thinking on future visioning.

2.3.2 Task Two – Range of One to One Interviews and Focus Groups with Providers of Public Health Services

The purpose of Task Two was to gather more detailed information on the current status and begin thinking on future visioning from meetings with both Health and Social Services and non-Health and Social Services contacts in disciplines/organisations involved in the provision of public health services.

The consultants gathered information and developed thinking by carrying out three steps within this Task:

Step One – Wide-ranging consultation

One to one interviews, focus groups and workshops were held with a wide range of contacts. A full list of consultees is appended to this report.

Step Two – Four Themed Focus Groups

The information gathered at Step One informed a day long session which was organised in four themed focus groups. Each focus group represented a Public Health domain: health protection, health improvement, service development and young practitioners. The views

from Step One and from each of the four focus groups at Step Two prepared the key areas for discussion at Step Three.

Attendee lists for the Four Themed Focus Groups are appended to this report.

Step Three – Initial Visioning Brainstorming Session

At this point in Stage Three, the Institute of Public Health facilitated a brainstorming session dedicated to initial visioning. The workshop was attended by a selection of senior representatives of Public Health in Northern Ireland.

2.4 Stage Four – Comparative Analysis

The purpose of Stage Four was to gather best practice from elsewhere to inform the Review of the Public Health function in Northern Ireland. Our research during this stage examined the relationship between the public health function in Northern Ireland and the rest of the UK, in relation to organisation and development. Our team were also interested in gathering information about how the structures in GB were working in practice.

As part of this process, a delegation comprised of the DHSSPS Project Manager, a Capita team member and a Steering Group member visited Public Health colleagues in Scotland (Glasgow and Edinburgh), Wales (Cardiff) and England (North West Region of England).

2.5 Stage Five – Future Vision of the Public Health Function

Stage Five of our approach was conducted using two main tasks:

- *Task One* – Identification of Future Vision

The purpose of Stage Five was to generate and evaluate future options for the public health function in Northern Ireland. The outputs from the Four Themed Focus Group sessions, the Initial Visioning Brainstorming session and other consultations also informed this stage.

A Project Conference was hosted with a cross-section of public health function representation. The groups were organised by public health domain; health improvement, health protection and service development. Each group considered key questions which had been distilled from the analysis of the consultation materials.

Following the Project Conference, the Steering Group met to discuss the main messages arising from the analysis of the consultations, sessions and written submissions and the possible outcomes for the public health function.

- *Task Two* – Generation of Future Public Health Function Options

During Task Two Capita considered the analysis of the findings from the consultation materials and the Steering Group's comments. A further Steering Group meeting was held to discuss an initial draft of the recommendations for the future of the Public Health function in Northern Ireland.

Following this meeting, and based on the Steering Group's comments, Capita then refined the recommendations.

2.6 Stage Six– Action Planning and Draft and Final Report.

The purpose of Stage Six was to develop the Action Plan which underpins the recommendations for change, and the assimilation of all our review findings and recommendations into the draft and final reports.

During the project, the consultants met with their Strategic Adviser, Dr Gabriel Scally who provided the Capita team with advice and direction.

2.7 Project Management

The process was supported by eleven progress meetings between the DHSSPS Project Team and Capita. Project Progress Reports were presented at each of these meetings and forwarded to the Steering Group. Additional meetings with the Institute of Public Health and the DHSSPS were also held at certain points during the project. Six Steering Group meetings were also held during the project.

3 ANALYSIS OF THE FINDINGS

In this section, the major themes distilled from the analysis of the consultation materials are used as a framework to assess the current state of the Public Health function.

The opening sub-section on Organisation provides a high level overview of the some of the key components of the Public Health function. The sub-sections which follow provide additional detail in relation to specific Public Health domains, namely health improvement; health protection; and service development. Section Three also comprises sub-sections relating to People, Capacity and Accountability and Managing Public Health Knowledge.

In each of the following sub-sections, the Public Health function is briefly assessed in terms of what currently exists. Evidence is provided to support the assessment as appropriate. Challenges are highlighted and areas for consideration suggested at the end of each sub-section.

3.1 Organisation

3.1.1 Introduction

How the Public Health function is organised is a major theme in this analysis. In this sub-section, there are two main areas which are assessed in terms of the function's organisation:

- Defining Public Health; and
- How the Public Health function is organised.

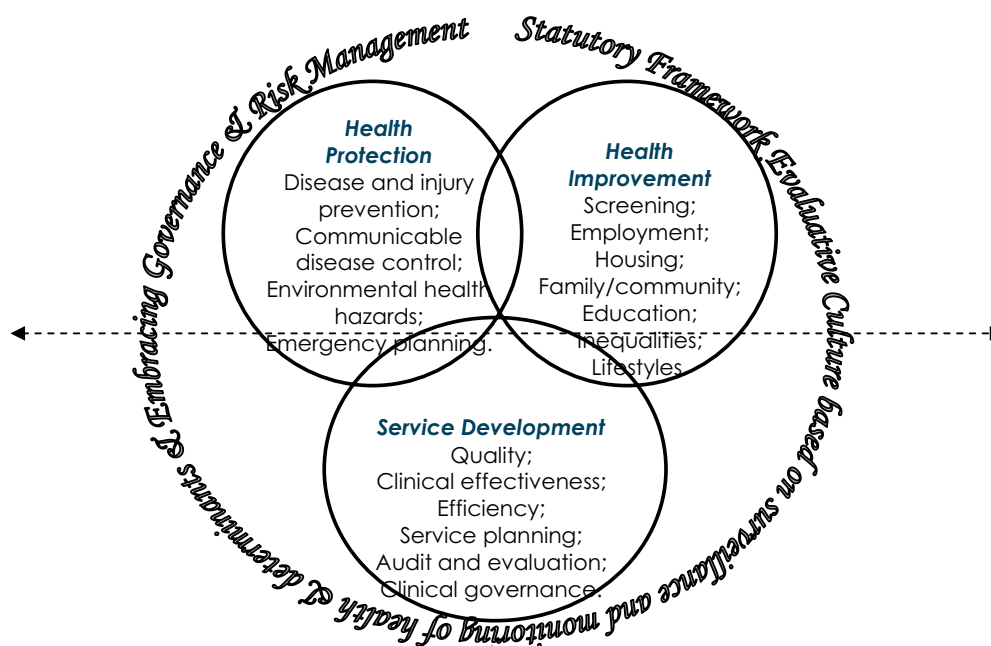
3.1.2 Defining Public Health

The Faculty of Public Health endorses Acheson's 1988 definition of Public Health:

"The science and art of preventing disease, prolonging life and promoting health through the organised efforts of society"

Defining Public Health is an obvious starting point in the Review of Public Health in Northern Ireland. However, definition is simply a first step. Disseminating a widespread understanding of what Public Health is amongst all its stakeholders is another challenge. The responsibility of meeting this challenge rests with the diversity of stakeholders who provide a legitimate role in improving the public's health.

There are three recognised Public Health domains – health protection; service development and health improvement. These domains are illustrated and described overleaf in terms of the associated areas of work:



3.1.3 How the Public Health function is organised

While different parts of the Public Health function may have different ways of defining their purpose, all are agreed on the fundamental aims of improving the public's health and reducing health inequalities. It is not our intention to exhaustively list all the constituent parts of the Public Health function in this Review. Instead, we attempt to highlight some of the key building blocks of the function, the inherent weaknesses and some of the challenges which need to be addressed.

Widening the Boundaries

The Public Health function in Northern Ireland is ever-evolving which is why an overarching framework for organisation is fundamental to maintaining the integrity and purpose of the function.

What has emerged is organic growth of a Public Health function that is fulfilling policy, delivery, supporting and coordinating roles. The function is also required to respond to immediate and emerging health threats as well as implementing long-term solutions to Public Health issues. It is also acknowledged that the wider issues to be tackled in Public Health require a broader contribution from other government departments and agencies, community and voluntary organisations and the private sector working in partnership with the Health and Social Services.

There are a number of examples of organisational entities that form a solid foundation for the Public Health function. What follows is brief commentary on some of these organisations.

Locating Public Health where it can most influence health

All government departments have a role in working for the public's health. However, the efforts of government departments in relation to Public Health have historically been disconnected from one another. Where government departments have developed ways of working which facilitate cohesion, the impact has been significant in supporting cross-departmental initiatives e.g. Executive Programme Funds.

The eleven government departments of the Executive moved to change their approach to addressing Public Health when the Ministerial Group on Public Health (MGPH) was set up in 2000. The MGPH published the *Investing for Health* Consultation Paper where the approach to improve health was 'characterised by partnership working amongst Departments, public sector bodies, local communities, voluntary bodies, District Councils and the social partners.' (*Investing for Health*, March 2002)

Chaired by the Minister for Health, the MGPH is seen as a critical Public Health influencer in terms of both political and inter-departmental policy. In addition, strategic objectives set at MGPH level are being implemented through Health Action Zones, the *Investing for Health* Partnerships and other partnerships, as well as individual organisations. A review of the role and functions of MGPH, which has taken account of the views of a wide range of stakeholders, is currently ongoing. It is anticipated that recommendations on the future role, functions and structural arrangements of MGPH will be made to the Minister for Health later in 2004.

The challenge is maintaining the momentum and influence of the MGPH over the long-term. It has the potential to influence the Public Health agenda on an inter-sectoral basis to achieve greater strides in prevention of illness in the community. In theory the MGPH puts Public Health through the *Investing for Health* Strategy at the centre of government. However, the question is how the MGPH can achieve its maximum potential if it is to be one of the key leadership structures contributing to a sustainable Public Health function in Northern Ireland.

Role of Department of Health Social Services and Public Safety

The Department of Health and Social Services and Public Safety (DHSSPS) has a major role in the development of Public Health in Northern Ireland. As the largest spending government department it allocates financial resources of approximately £3 billion for the maintenance and development of health and social services in Northern Ireland.

The Department also develops a range of policies and strategies relating to health services and Public Health in Northern Ireland. Strategies relating to the major Public Health issues such as tobacco

consumption, drugs and alcohol, physical activity, nutrition and sexual health aim to tackle the challenges in these areas both from a regional perspective as well as instigating local Public Health action to ensure effective implementation.

Policy development in relation to Primary and Secondary care services also has a significant impact on the public's health. For example, the new GMS contract in primary care (2004), the DHSSPS Strategic Framework for the development of Primary Health and Social Care, 'Caring for People Beyond Tomorrow' (2004) and the implementation of 'Developing Better Services' (2002) in the acute sector propose fundamental changes in the way in which health and personal social services are delivered and the potential these changes might have in positively influencing the health of local populations in Northern Ireland.

Investing for Health acknowledges the comparatively poor state of the health of the population and aims to tackle the underlying causes through cross-cutting inter-sectoral approaches, local community action and the development of specific strategies e.g. smoking, physical activity and sexual health. As mentioned above, its implementation is overseen by the Ministerial Group on Public Health and cross-departmental support is seen as essential for its long term success.

The Department also works closely with colleagues in Health departments in Great Britain and has an input into UK wide policy issues and responsibility for assimilating National policy within the local context.

Public Health Role of the Chief Medical Officer

The Chief Medical Officer provides advice to the Minister on matters relating to both health services and the health of the population. The current Chief Medical Officer has a significant leadership role in Public Health in Northern Ireland, as both the public face of the medical profession and a champion and an advocate for the health and well being of local people.

Public Health Role of Health and Social Services Boards

The four Health and Social Services Boards in Northern Ireland acknowledge their key function and contribution to the health and wellbeing of the populations they serve. Central to the achievement of this aim are the services delivered and provided by the Public Health departments; one located in each Health and Social Services Board.

There is also significant input from other Board staff from the Chief Executive and senior management to other health professionals, for example nurses, pharmacists, dentists, Allied Health Professional and those working in health promotion.

The Directors of Public Health, responsible for the public's health in each of the four Board areas, have a critical mass of generalist experience and specialist expertise in their multi-disciplinary Public Health teams. Their strength is their ability to respond with understanding and knowledge to specific health problems in local areas and neighbourhoods. Health and Social Services Boards have multi-disciplinary Programme of Care teams such as Mental Health, Acute, Physical and Sensory Disability, Maternal and Child Health; all of which have a significant impact on the public's health.

The Directors of Public Health have statutory responsibility for the surveillance, investigation, prevention and control of communicable diseases in their geographical area. This responsibility is also delegated to Consultants in Communicable Disease Control (CCDC). CCDCs and Consultants in Public Health Medicine within each Board work on surveillance and control of communicable disease, environmental health and emergency planning. Integrated plans have been developed for major incidents and the Consultants in Communicable Disease Control have developed their local networks and created good working relationships with, for example, HSS Trusts; the Department of the Environment; Environmental Health Officers; GPs; Laboratories; the Department of Education; neighbouring Health Boards in the Republic of Ireland; and port health.

It is generally acknowledged that a stronger regional approach to certain areas, such as emergency planning, and a consolidated overall approach to health protection in Northern Ireland would be positive steps in terms of more coordinated and streamlined organisation. However, the individual CCDC is an integral part of local organisation and is well positioned to effect change. It is therefore important to build on the strength of local knowledge and delivery of services in Communicable Disease Control, while at the same time strengthening regional structures.

Building on many years work, good partnerships and networks have developed locally both within and outside the Health and Personal Social Services. Inter-sectoral partnerships are being developed to take forward the *Investing for Health* Strategy. Healthy Cities, Health Action Zones and the Healthy Living Centres are good examples of strong inter-sectoral partnerships which have been developed within Northern Ireland to take forward health and sustainable development. However these are just three examples; the evidence of partnership working is much broader than discussed here, supported *inter alia* by such organisations and schemes as the Investing for Healthier Communities Grant Award Scheme and the Community Development and Health Network for Northern Ireland.

Service Development is recognised as one of the three Public Health domains by the Faculty of Public Health. Consultants in Public Health and other Public Health practitioners are well placed to contribute to

the provision of high quality health and social care in health and personal social services through, for example, quality standard development and monitoring, needs assessment, the use of evidence and research and care pathway development.

Community contribution to Public Health

While this Review focuses primarily on the main components of the function which come under the remit of the DHSSPS, the very nature of a Public Health function necessitates shared contribution amongst a diversity of stakeholders within and beyond the health and personal social services sector. The Alma Ata Declaration on Primary Health Care (1978) was probably the first formal recognition of the need to develop holistic approaches to health and placed the engagement of local people and their views about health at the centre of decision-making. Since that time there has been a growth in the range and number of such approaches.

A community's knowledge and experience is essential in order to define need and develop effective approaches using the leadership of local people. It is also important because the active engagement of individuals and communities fosters empowerment and a greater sense of control over decisions. The multi-dimensional nature of inequalities in health demands a comprehensive and systematic approach, including the participation of those who are most marginalised and disadvantaged.

There are a number of reasons for such action: in the first place, the information, knowledge and understanding that communities have is an essential starting point for successful interventions; secondly, the process of active engagement is of itself good for health; thirdly, the communities' active participation will help identify needs and develop more effective approaches to addressing such needs; and finally, community development processes can help achieve more equitable and sensitive decision-making.

Some examples of how communities' active participation is addressing health needs in North and West Belfast include:

- The expansion of the Health Information Workers programme – local women who act as volunteers sharing information about health and wellbeing within local neighbourhoods in North and West Belfast led by the Women's Information Group.
- The Health and Wellbeing Development Officers who have recently been appointed in North and West Belfast Health Action Zone as part of a commitment to supporting communities' active participation.

- West Belfast Drugs and Alcohol Community Action Plan led by community groups in West Belfast which has sought to identify need and develop a co-ordinated response at local level

There is widespread acknowledgement of the impact that communities can make to improving health and reducing health inequalities in their local areas. It will be important to invest in the good practice already in place and to ensure support for such work in the future.

3.1.4 *The Challenges*

In Northern Ireland Public Health is represented by a diverse range of organisations and bodies, statutory and non-statutory, community and voluntary, all active in contributing to the public's health.

While there is certainly evidence to suggest that this diverse representation of stakeholders do communicate and work together towards common aims, it is fundamental that widespread collaboration between and among key stakeholders is strengthened and managed to ensure that Public Health operates in an integrated manner.

Definition

Northern Ireland has a diversity of stakeholders working to improve the public's health. The challenge is finding a sustainable way of bridging the understanding of and between its contributors.

The Public Health function needs to be defined in such a way that recognises its immense responsibilities across health protection and prevention, health improvement and development, as well as in the planning and provision of health and personal social services. It is acknowledged that all have a legitimate role and an appropriate way of defining their activities. The challenge is communicating, understanding and learning from one another in a multi-disciplinary, multi-agency and inter-sectoral function.

Organisation of the Public Health function

It is acknowledged that Public Health is the responsibility of all government departments; it should therefore not be perceived as only a DHSSPS responsibility. At a policy level, the challenge is to promote joined up government in terms of budgets, strategies and priorities. Greater efficiencies could be achieved if government departments are to prioritise Public Health on shared agendas over the long-term.

The Ministerial Group for Public Health has the potential to create high powered strategic alliances across government with reporting responsibility to the Minister. This level of influence across all government departments is a critical success factor for Public Health if

it is to become a core function in reducing health inequalities and improving the health of the population.

In a fragmented Public Health function, all contributors to Public Health services have to work harder to achieve effective and efficient communication and coordination. The challenge for the DHSSPS is to achieve greater purpose, direction and coordination of Public Health issues within a more integrated function. At Board level, the Directors of Public Health are seen as fundamental to leadership and coordination of public health services across the three domains as well as key influencers of local issues.

Structures are not the only solution to creating greater integration. In tandem with any structural changes, it will be necessary to consider how to mobilise coordinated structures through, for example, leadership, joint planning, accountability frameworks, partnerships and clearer roles and responsibilities. As new public health challenges arise, organisations and partnerships, established and emerging, need to be strengthened and supported to respond through developing networks, integrating programmes and building on existing practice.

If integration is to address the issue of fragmentation then it is vital the delivery channels of Public Health in Northern Ireland also address the challenges implied in integration: integrated ways of working and cross disciplinary thinking, joint resources, appointments, joint planning, joint capacity building and joint action – across all sectors with a responsibility for the public's health.

Local delivery should be supported by regional networks or structures. Public Health in Northern Ireland has already benefited from bodies which have provided a coordinating or supporting role. These roles can be strengthened or enhanced to achieve greater integration. There is scope to consolidate some structures which currently exist in the Public Health function to achieve greater efficiencies, improve regional coordination and pool expertise and resources. This could result in proposals to consolidate key existing structures and arrangements, particularly in health protection and health improvement.

Strategic networking will also be appropriate where Public Health in Northern Ireland would benefit from strong links to national bodies to allow access to, for example, specialist advice, training and other supports e.g. Health Protection Agency, Health Development Agency.

A number of challenges exist in relation to the community's contribution to Public Health. Perhaps most significant is the lack of sustainable resourcing for much of the work led by community organisations. Many organisations are funded on a short-term basis but crucially are asked to contribute to an agenda which is typically long-term in nature. A key requirement is to mainstream good practice, a process which demands time, energy and a partnership

approach and which can be both demanding and frustrating. There are also real challenges in terms of the balance of power in such partnerships, particularly if funding is dependent on such relationships. A commitment to work differently is needed. The culture of professional management and expertise within health and social services where professionals' knowledge is seen as dominant can run counter to the need to work using community development methods. Any such approach therefore requires professional support and training in order to provide learning opportunities from different perspectives. A further challenge is that often programme funding is allocated for a specialist or a specific issue, rather than on a whole community or neighbourhood basis. This tension between generic and specialist concerns can be difficult to manage across different Government Departments and organisations, particularly when funding streams are not generally made available across such boundaries.

Working to address these challenges, the continuing contribution of the community is essential to develop effective approaches which target health needs spearheaded by the leadership of local people. The contribution of the community in terms of both knowledge and experience will be fundamental in supporting new ways of working in health and social care, particularly in primary care, as new models of treatment and care transfer from the acute sector to the community.

3.1.5 Main Considerations - Definition and Organisation

Definition

- Definition is important where it clarifies purpose. The overall outcome is that a clearer purpose will result in a more focused set of actions. Across the Public Health community, there needs to be more **engagement with one another** to learn what the other does and their way of positively contributing to the public's health.

Organisation

- Strengthen the role of the **Ministerial Group for Public Health** so it can maintain a powerful strategic alliance and reporting responsibility to the Minister.
- **Support local delivery with regional structures** in the Public Health function of Northern Ireland. In particular, there is scope to **consolidate existing structures** in the domains of **health protection and health improvement**.
- Joined up Government where the principle of inter-sectoral work, so fundamental to Investing for Health, is strengthened through **joint resources, joint appointments, joint planning, joint capacity building and joint action**.
- Greater integration should be forged across the Public Health function through **agreed planning mechanisms, accountability frameworks and clear roles and responsibilities**, not just of individuals within an organisation, but of organisations themselves.

- **The continuing contribution of the community is essential to develop effective approaches** which target health needs spearheaded by the leadership of local people.

3.2 Health Improvement

3.2.1 Introduction

In Northern Ireland the Public Health domain of Health Improvement is characterised by activity focused on addressing the determinants of health and root causes of ill-health (such as poverty, education and housing) as well as activity aimed at promoting positive health and well-being (e.g. smoking prevention, tackling obesity) and disease prevention (screening programmes).

While it is acknowledged that Northern Ireland has made significant strides in forwarding the health improvement agenda, services at a regional and local level need to be continually improved to address the determinants of health influenced by government policy and the implementation of policies and strategies at a local level.

In this sub-section, we describe how the main components of health improvement are currently organised in Northern Ireland. Evidence is provided to support the assessment as appropriate. Challenges are highlighted and areas for consideration suggested at the end of each sub-section.

3.2.2 How Health Improvement is organised

In Northern Ireland, the health promotion function is delivered by a range of staff working in different locations: the Health Promotion Agency, a Health Promotion Commissioner in the four HPSS Boards, and a range of health promotion officers, managers and coordinators in the HPSS Trusts. The work of health promotion in these different locations varies according to local circumstances in relation to organisational development and community development activities. The commentary which follows characterises some of the main areas of work in the health improvement domain in Northern Ireland.

Health Promotion Agency

The Health Promotion Agency for Northern Ireland was established on 1st October 1990 and is a special agency of the Department of Health, Social Services and Public Safety. Its statutory functions are advising the DHSSPS on matters relating to health promotion, commissioning and carrying out research and evaluation, providing training and professional development, providing information to the public and professionals through a range of media and working with and supporting other organisations involved in health promotion.

The Health Promotion Agency is contributing to the implementation of *Investing for Health* at a regional level and its associated health strategies, and actions in the areas of health promotion, health protection and disease prevention.

Following the recommendations of the Quinquennial Review of the Health Promotion Agency, the Regional Health Promotion Network was established. This Forum has been acknowledged as a positive step in co-ordinating the planning efforts of those involved in health promotion activities across the four Boards.

Health and Social Services Boards and Trusts

Many health promotion specialists have a coordinating role, and facilitate partnership working including the implementation of health promotion strategies. They have an influencing role in integrating health promotion into all local policies and plans, and in working to ensure the integration of health promotion across all HPSS Programmes of Care.

The health promotion role has evolved and changed significantly over the years in response to local needs and demands. However, lack of investment in health promotion, the pressure of addressing emerging community needs and the need to provide local services have all been cited as reasons for operational gaps in health promotion leading some to conclude that there are 'not enough staff to do the doing'.

Both acute and community Trusts are essentially public health organisations, utilising a substantial proportion of health and social care resources. While much of their activity is devoted to treating acute and chronic conditions and caring for those who are ill, many are taking a more proactive role in preventative upstream work, for example the health promoting hospital concept.

Public health skills and knowledge within the Trusts are integral to areas as diverse as infection control, emergency planning, clinical effectiveness and audit and evaluation; all core public health competencies required for the effective, day to day functioning of any Trust.

Institute of Public Health

The all Ireland Institute of Public Health was established to build greater co-operation for Public Health between Northern Ireland and the Republic of Ireland. The DHSSPS and Department of Health and Children, through the offices of the Chief Medical Officers, identified the remit of the Institute to include four main areas; policy advice, information surveillance, research and capacity building.

Building on its strategic priorities, the Institute of Public Health has developed a leadership programme, 'Leadership for building a healthy society'. The aim of the programme is 'to develop a network of leaders from across the island of Ireland to work creatively and collectively to build a healthy society.' Participants come from a range of professional backgrounds (medicine, health promotion, nursing, environmental health, management), from different agencies (government, local councils, health and social care agencies) and from the community and voluntary sector.

The Institute has also been engaged in a programme of work to support awareness of the purpose of the Health Impact Assessment (HIA) and to give guidance regarding its implementation.

Currently, the Institute is developing an all-island web-based Public Health Observatory (PHO) that could form the 'first stop' in a network for public health information. This will help people to access key data and information held by partner organisations.

Health Action Zones

Health Action Zones (HAZ) are a key feature of Government Public Health Policy and were forerunners of the current *Investing for Health* policy. HAZ initiatives are operating in each of the four Health and Social Services Board areas in Northern Ireland. The Health Action Zone advocates a joined-up approach and has 'trail-blazed' new ways of working which aim to reduce health and social inequalities through inter-agency working and active community participation.

The first two HAZ were established in April 1999, one in North & West Belfast and the other in Armagh & Dungannon. Two more were created in 2001, covering priority neighbourhoods and population groups in the Northern and Western Health and Social Services Board areas. All four HAZ are working to tackle health inequalities by focusing programmes on the wider determinants of health – poverty, unemployment, housing issues as well as adopting a range of methods to address single issues such as diet, drugs and alcohol misuse, mental health etc.

The work of each HAZ is guided by an action plan, designed around the priority health needs of the communities it serves. The strength of the HAZ approach is its ability to target resources at the priority needs of the particular HAZ area through joint intervention by public agencies, the community and voluntary and private sector organisations.

Healthy Cities

In 1987 Belfast became part of the World Health Organisation Healthy Cities initiative. Since this time the Belfast Healthy Cities partnership has comprised local authority, statutory bodies, the voluntary and

community sector, and government departments. These key stakeholders are working together to promote a social model of health, inclusive decision-making processes and joined up working to improve the health and wellbeing of people who live and work in Belfast.

During Phase III of the Healthy Cities movement, the work of Belfast Healthy Cities was extended to promote community participation and capacity building, and inter-sectoral working beyond Belfast to other urban and rural areas in Northern Ireland. The Healthy Cities' movement across Northern Ireland advocates a balance of environmental, economic and social considerations in governance. The underlying principle to improve the health and wellbeing of all citizens, with particular emphasis on vulnerable or disadvantaged groups, should be at the core of all decision making.

Investing For Health Partnerships

Investing for Health contains a framework for action to improve health and well-being and to reduce health inequalities. It is based on partnership working amongst government departments, public bodies, and local communities, voluntary bodies, District Councils and the social partners.

Each Health and Social Services Board in Northern Ireland has established an *Investing for Health* Partnership at Board area level to develop long term, local cross-sectoral health improvement plans to address the identified health and well being needs of their local populations and to meet the strategic aims and objectives of *Investing for Health*.

The *Investing for Health* Strategy has produced a number of shifts in approach and thinking. In the first place, the strategy endorses a shift in emphasis from the treatment of ill people to 'taking action to tackle the factors which adversely affect health and perpetuate health inequalities' (*Investing for Health* Strategy March 2002).

Secondly, the establishment of the *Investing for Health* Partnerships reinforces the inter-sectoral and multi-agency approach to addressing a wide range of issues (such as housing, environment, education and employment) which directly affect people's health and social well-being. It emphasises the need for collaboration within as well as between and across community, voluntary and statutory sector organisations and agencies in order to achieve a lasting impact in improving people's health and well-being.

Overall, HAZ, the *Investing for Health* Partnerships, Cooperation and Working Together (CAWT), Healthy Living Centres, Community Development and Health Network and other community based structures are breaking down the boundaries between organisations

and sectors and focusing efforts on finding local solutions to local problems.

Co-operation and Working Together (CAWT)

Co-operation and Working Together (CAWT) was established in 1992 out of a shared recognition that the conditions in the border region create the need for co-operation to improve the health and wellbeing of the population.

Through funding from both Departments of Health, CAWT is project managing a number of proposals put forward by Working Groups established under the Good Friday Agreement in the areas of Emergency Planning and Pre-hospital Emergency Care.

In partnership with the Institute of Public Health and in line with the *Investing for Health* Strategy in the North and the Republic's Health Strategy *Quality and Fairness*, the CAWT Public Health Consultants have developed a proposal to deliver a capacity building programme for Cross Border Health Impact Assessments (HIA) and to conduct a small number of pilot HIAs in the region at policy, programme and project level.

From the CAWT perspective, it is essential that Public Health should continue to have a population based focus and that the Directors of Public Health should continue to operate within structures which influence local issues.

Community Development and Health Network

Community Development and Health Network (CDHN) is a community based, voluntary organisation working to affect change at policy, organisational and practice level, and to promote action to redress poverty and inequalities in health.

Among the types of projects which the CDHN is involved in are: Community Development Arts and Health Action Research Project - a three year community arts and health action research project with socially disadvantaged and vulnerable people across Northern Ireland; and Building the Community-Pharmacy Partnership - an initiative to promote and support local communities to work in partnership with community pharmacists to address local health and social wellbeing needs.

The CDHN's strategic aims include sustaining a significant inter-sectoral membership network. Therefore, as a membership organisation the CDHN draws from community, voluntary and statutory sectors in supporting community development approaches to health.

Interface with Primary Care

Primary Care encompasses a formidable range of professionals including GPs, nurses, dentists, optometrists and pharmacists amongst many others. They have a considerable role in promoting good health in the population and much yet unrealised potential with respect to Public Health generally.

The areas where the role of primary care as it relates to public health is already well recognised include immunisation, screening, chronic disease management and smoking cessation. Primary care professionals are also beginning to become involved in wider issues relating to public health, for example fuel poverty. However, more robust links between primary care and public health professionals need to be developed, as well as enhancement of public health competencies for primary care professionals themselves.

One of the most significant changes in Public Health over the last decade particularly in England has been the engagement of primary care professionals in delivering the Public Health agenda as well as closer working between Public Health professionals and their primary care colleagues. In England the impetus for much of this has been the development of primary care organisations such as Primary Care Trusts which have ensured that local Public Health teams and primary care teams have had to work together to deliver local objectives within the same organisational structure and with joint lines of accountability. As a result there has been an extremely valuable exchange of knowledge and expertise between both groups as well as an enhanced understanding of each other's role and to some extent an integration of roles.

Although there are some encouraging examples of joint working between Public Health and primary care in Northern Ireland, on the whole it is very much in its early stages. One disappointing setback has been the non-engagement of local GPs in Local Health and Social Care Groups which may have provided a valuable forum for GPs and Public Health professionals to work together on issues particularly relating to both the health improvement and service development agenda within their localities. However, it is expected that the implementation of the new GMS contract, which came into effect on 1st April 2004, should offer greater opportunities for primary care colleagues to pursue the Public Health agenda for their practice population.

'Caring for People Beyond Tomorrow', the DHSSPS Strategic Framework for the development of Primary Health and Social Care for individuals, families and communities in Northern Ireland has recently been published (June 2004) and is currently out for consultation. It acknowledges:

'The advances in medicine, care and technology (that) will continue to drive change in the range of services that can be provided safely in

the community. This will enable more people to be diagnosed, treated and cared for at home or close to where they live.'

This Strategic Framework for the development of Primary Health and Social Care describes a future vision for services which harness technology to their maximum effect and proposes a holistic approach to treating and caring for patients and their communities particularly in how communities access health and personal social services.

Screening

The National Screening Committee was established in 1995/96 to make recommendations in relation to screening services; to ensure practice and services comply with common standards; and to provide advice to the four HSS Boards in relation to screening.

In Northern Ireland, the four HSS Boards are responsible for commissioning and implementing screening programmes. Within the HSS Board structure, the Director of Public Health is responsible for the quality of the screening programmes provided in the Board's geographical area. The Director delegates responsibility for the management of the day-to-day quality assurance of screening programmes to a Consultant(s) in Public Health e.g. breast/ cervical screening.

The four HSS Boards also contribute funding to support the Quality Assurance Reference Centre (QARC). QARC gathers information pertaining to screening and standards. It also is responsible for analysing and monitoring information and producing an annual report on performance.

The screening programmes which are currently provided in Northern Ireland are:

- Breast and Cervical;
- Ante Natal;
- Neonatal Hearing Screening;
- Child Health Screening and Surveillance; and
- Diabetic Retinopathy.

The breast and cervical screening programme both have Quality Assurance Directors.

New programmes such as the Neonatal Hearing Screening programme require significant effort to set up. A regional steering group is established for a time-limited period to oversee the implementation of the programme e.g. training requirements, IT systems, Quality Assurance framework, protocols etc. Once a programme has been established, it will require constant monitoring in terms of the quality of the programme and monitoring of user demand and user satisfaction.

3.2.3 The Challenges

Organisation

The most significant challenge across the three domains of the Public Health function, and particularly in health improvement, is the overarching issue of health inequalities. The Northern Ireland Executive's *Investing for Health* Strategy is in line with the Executive's commitment to New Targeting Social Need in its commitment to providing equality of opportunity and tackling factors which adversely affect health and perpetuate health inequalities.

How the health improvement agenda is structured to achieve its goals of tackling health inequalities, implementing effective health promotion and preventing disease in areas such as smoking, drug and alcohol misuse and obesity poses challenges related to the organisation and coordination of the function. There are a number of areas where the structures would benefit from consolidation and a more cohesive approach. One particular example is the current operations of health promotion in Northern Ireland. This example is presented below using the description from the Health Promotion Written Submission.

Example: Current operations of health promotion in Northern Ireland*Situation*

'The health promotion function within Public Health has a range of staff in Northern Ireland who work in the Health Promotion Agency, HPSS Boards, and HPSS Trusts. Each HPSS Board has a Health Promotion Commissioner and a range of health promotion officers, managers and co-ordinators at HPSS Trust level.'

Complication:

'The pattern of having a small number of health promotion staff working in a HPSS Trust has often meant both unrealistic demands on staff, and frustration with the lack of resources and capacity to make the most of potential partnerships and opportunities.'

Question:

How can health promotion consolidate work, and develop and resource an investment strategy to ensure that action at strategic and operational levels is effective?

Answer:

'Health promotion specialists would wish to see a more co-ordinated, cohesive structure for health promotion as part of the Public Health function in Northern Ireland.'

Source: Written Submission from Health Promotion Colleagues in NI

Health improvement is characterised by multi-disciplinary, multi-agency and inter-sectoral approaches. The question is how all of these legitimate interventions can be coordinated and deployed to result in sustained effort in health improvement.

The role of Public Health in delivering the health improvement agenda needs strengthening at both regional and local levels to address the determinants of health influenced by government policy and the implementation of policies and strategies at a local level. However, there are a number of existing structures and supporting services in health improvement which could be consolidated to create robust regional leadership and coordination e.g. health promotion, knowledge management, screening.

At local, community and neighbourhood levels, Public Health interventions need to be coordinated to influence the strategic agenda and to achieve sustained delivery of actions. Any coordinated approach should respect the independence of organisations operating at this level while achieving common targets, sharing good practice and being performance managed to a common framework.

While it is acknowledged that *Investing for Health* is still a newcomer onto the Public Health stage, it is in a strong position to coordinate local health improvement activities. It has significant leadership and advocacy potential through its cross-sectoral and multi-agency

membership to influence Programme for Government in the future and coordinate the impact of the plethora of local health improvement initiatives. The success of the *Investing for Health* process will depend on effective partnership working between all participants. The challenge for all those committed to improving the public's health is to ensure long-term commitment for *Investing for Health* particularly through the cross-sectoral stakeholders. It will require clear accountability and leadership structures to manage *Investing for Health* effectively over the long-term.