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Investing for Health

25 March 2005

Regional Strategy Team
Department of Health, Social Services and Public Safety
Room C4.22
Castle Buildings
BELFAST BT4 3SJ

Dear Sir/Madam

A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005 – 2025

The Southern Investing for Health Partnership (SIHP) welcomes the opportunity to comment on this most significant document which will have a major impact on the health and wellbeing of the population over coming generations. While specific responses to some of the consultation questions will be made, there are a number of general comments which the Partnership would wish to make initially.

GENERAL COMMENTS

1 The document was largely inaccessible. No copy was received by the Southern Investing for Health Partnership formally and when copies of the summary document were requested, we had to wait for a re-print. Partners were made aware of the document's availability on the DHSSPS website, but also of the fact that it was in excess of 120 pages, so for community groups, or partners who access their e-mails at home, this is a considerable document for them to print off.

2 It is very ambitious to develop a strategy for 20 years.

This in health terms is a generation and while the Partnership accept the need to set targets for 20 years in order to make them realistic and measurable, we would suggest identifying deliverable tasks for 5 - 10 years that allows those who will be delivering on them to have a sense of contributing to their achievement.

Chairman:

Manager:

Tel

Fax:

www.southernifh.com

3 Priority of Investing for Health as a strategic theme.

It is encouraging to see the prominence and priority given to the Investing for Health ethos and agenda within this document and in particular the commitment to the strategy as the “over-arching cross governmental policy for promoting population health and wellbeing” as outlined in Policy Direction 2. We welcome the inter-sectoral, inter-departmental and inclusive nature of the rhetoric in Chapter 1 but would have wished to see this reinforced with some of the achievements of the Investing for Health Partnerships as they are actively delivering on the achievement of this rhetoric in their local area. Significant progress has been made within the SIHP on addressing the aims and objectives of the Investing for Health Strategy and it would have been an encouragement to us to have had an opportunity, along with our fellow partnerships in the other areas, to have nominated an example of good practice or success to include as a case study. It would also encourage closer partnership working if government departments had joint objectives as part of their annual PSAs.

4 Smoke free public places and workplaces

It is to be regretted that this consultation on one of the most significant public health issues for our population has been virtually masked within this comprehensive consultation document and not even included within the Summary document. Further comments on this will be made later in this response.

5 Typographical errors

On a point of correction, Dietitian is spelt with two “t’s” and not a “c” as in this document.

CONSULTATION QUESTIONS

1 Vision

It is actually difficult to determine the vision for this strategy. A vision statement usually is an initial statement which sets the focus for the rest of the document. The vision within this document is not found until page 37. Practically, it would be preferable to put the vision statements at the very beginning of A Healthier Future and allow the remainder of the

document to build on them. In section 3.5 under a vision for Investing for Health and Wellbeing, it is interesting that the first elements identified in the process of improving the health and wellbeing are taxation and subsidy. While fiscal, legislative and regulatory initiatives will be vital in pursuing this vision, it could be argued that real inter-departmental collaboration might be a more productive place for Government to start.

The overall vision as outlined in this section is just that, visionary. It will require significant planning, development and most of all resources if it is to be realised. The excellence, accessibility, responsiveness and forward thinking required to achieve this vision will demand new and significant resources, not least of which will be in the workforce. Allied to this is the requirement to adequately resource the changes required to achieve the vision. The rhetoric of the importance of investing in the health and wellbeing of the population must be backed up by significant resources to achieve that.

The Investing for Health Strategy has received only minimal resources from central government. While significant advances have been made towards achieving the targets set for it, real change can only be effected when proper resources are made available. It is un-realistic to expect the targets in Investing for Health or in A Healthier Future to be achieved unless appropriate resources are made available.

2 Major themes

SIHP welcomes the five major themes identified in A Healthier Future and in particular, the fact that Investing for Health and Wellbeing is rightly recognised as the first of these. We need to continually focus on the determinants of health and wellbeing if we are to adequately consider how best to work together at all levels to address them. Only by doing this can we hope to impact on the health and wellbeing of this and future generations.

On a practical note, in relation to the major themes, policy direction and key outcomes, it would be helpful to have all these in one section, perhaps located after the vision statement. Together these would provide an excellent executive summary of the document which would be helpful.

3 Key Population Health Outcomes

The Investing for Health Strategy contains a number of high level key targets for health and wellbeing which partnerships are expected to work towards over the coming years. It would be helpful if the key actions and outcomes in A Healthier Future were in a similar format and built upon the Investing for Health ones. We have enclosed a comparative table of the two sets of targets and it is evident that it is not always easy to see if both are complementary or contradictory. (Appendix A)

4 Reducing Smoking

Having carefully considered the three options presented to reduce smoking in A Healthier Future, SIHP supports Option 5 (c) – the introduction of legislation to ban smoking in all enclosed public places and workplaces.

SIHP is made up of a wide range of partners and partner organisations i.e. District and Borough Councils, Health & Social Services Trusts, Education, Housing and Community groups. Many partners own, manage or occupy facilities frequented by members of the public and in themselves are often employing bodies. Protecting the health and wellbeing of the public and their workforce is fundamental to their very existence and there is no better way to do this than support Option 5(c) – a total ban on smoking in public and workplaces.

SIHP partners are deeply concerned about the fact that 400 people die every year in our southern area. We are particularly concerned about those individuals who develop serious illnesses and even die, not because they have chosen to smoke but because they are not protected from those who do. This is un-acceptable. Evidence has shown that non-smokers who are regularly exposed to second hand smoke have much greater risks of developing lung cancer and heart disease.

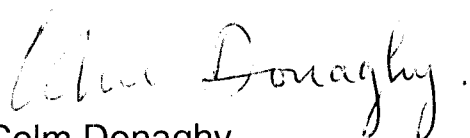
SIHP is concerned that people and workers along with places and communities are protected from second hand smoke. Approximately 27% of the public in N Ireland smoke. (Continuous Household Survey 2000/01). This means that 73% don't and they should have the right to work and socialise in smoke-free surroundings. SIHP support that right and will formally respond to the Minister of Health, Social Services and Public Safety outlining their support for Option 5(c).

5 Taking the Strategy Forward

Taking such a long term and challenging strategy forward will require a consistent and long term plan, which should be developed in achievable “bite-sized” portions. For example, 5 – 10 year action or implementation plans with appropriate targets should be developed. These would give those charged with delivering on them a realistic chance of working towards and achieving them. Taking A Healthier Future forward will require careful and skillful management along with adequate resources, monitoring and accountability measures developed and implemented along the way.

The Southern Investing for Health Partnership welcomes the opportunity to comment on this draft strategy and looks forward to both receiving the final document and playing its part in achieving its vision.

Yours sincerely



Colm Donaghy

Chair: Southern Investing for Health Partnership

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Southern Investing for Health Partnership

“A Healthier Future: A 20 Year Vision for Health and Wellbeing in Northern Ireland 2005 – 2025”

The following tables compare the Key Population Health Outcomes and Objectives contained within “A Healthier Future: A 20 Year Vision for Health and Wellbeing in Northern Ireland 2005 – 2025” with targets/goals from the Investing for Health strategy.

“A Healthier Future”	“Investing for Health”
<p>Key Population Health Outcomes</p> <p>Everyone deserves the opportunity to enjoy life in an environment free of tobacco smoke. If we are to achieve this, we will need to increase the proportion of 11-16 year old children who do not smoke from 86.9% in 2003 to 95% in 2025.</p> <p>We will also need to increase the proportion of adults (16+) who do not smoke from 74% in 2002/03 to 95% in 2025.</p> <p>Binge drinking will be seen as socially unacceptable. To do this it would be necessary to reduce the proportion of male drinkers (aged 18-75 years) who engage in at least 1 binge drinking session a week from 48% in 2002 to 20% in 2025; and women drinkers who engage in at least 1 binge drinking session from 35% in 2002 to 10% in 2025.</p> <p>The harm caused by all forms of alcohol misuse will be significantly reduced. This will be achieved by reducing (by 2025) the number of men and women drinking above the recommended limits from 33% and 11% (2002/2003) respectively to 10% and 5%.</p>	<p>IFH Goal : To enable people to make healthier choices</p> <ul style="list-style-type: none"> • Under the proposed new targets within this goal, it is suggested that the percentage of 11-16 year olds who smoke will be monitored. <p>IFH Goal : To enable people to make healthier choices</p> <p>Proposed new target:</p> <ul style="list-style-type: none"> • By 2011, to reduce the proportion of adult smokers to 23% or less with a reduction in prevalence among manual groups to 28% or less. <p>IFH Goal : To enable people to make healthier choices</p> <p>Proposed new target:</p> <ul style="list-style-type: none"> • By 2010, to reduce the proportion of adult drinkers (18-75) who binge drink by 5% from the current baseline of males 48% and females 35%. <p>IFH Goal : To enable people to make healthier choices</p> <ul style="list-style-type: none"> • Under the proposed new targets within this goal, it is suggested that the number of people registered at GP surgeries who report alcohol problems will be monitored.

<p>We will seek to free society from the harm caused by illegal drug misuse by reducing the number of people who have taken illegal drugs during the previous year from 10% for men and 3% for women in 2002/2003 to 5% for men and 1% for women in 2025.</p>	<p>IFH Goal : To enable people to make healthier choices</p> <ul style="list-style-type: none"> Under the proposed new targets within this goal, it is suggested that the number of drug users enrolling on treatment programmes and the proportion of young adults aged 15-34 who have taken illegal drugs in the past year will be monitored.
<p>People will be encouraged and supported to avoid the full range of harmful, risk-taking behaviour that leads to sexual disease, teenage parenthood, obesity and the risk of accidents and other forms of harm.</p>	<p>IFH Goal : To enable people to make healthier choices</p> <p>Proposed new target:</p> <ul style="list-style-type: none"> By 2010, to achieve a 40% reduction in the rate of births to teenage mothers under 17 years of age. Under the proposed new targets within this goal, it is suggested that the uptake rate of specialist family planning services by teenagers and the number of newly acquired acute sexually transmitted infections (incl. HIV and Aids) will be monitored.
<p>We will seek to reverse the current increase in the level of obesity in men and women so that by 2025, the proportion of men who are obese is less than 15% and the proportion of women who are obese is less than 17%. (In 1997 17% of men and 20% of women were obese).</p> <p>Timescale: 2025 Target: Men <15%, Women < 17%</p>	<p>IFH Target : To stop the increase in the levels of obesity in men and women so that by 2010, the proportion of men who are obese is less than 17%, and of women to less than 20%.</p> <p>Timescale: 2010 Target: Men <17%, Women <20% Comment: IFH target is set for an earlier timescale – target less than “A Healthier Future”.</p>
<p>Harm will also be avoided by stopping the increase in levels of obesity in children by 2010 and reducing it by 50% by 2025.</p>	<p>IFH Goal : To enable people to make healthier choices</p> <ul style="list-style-type: none"> Under the proposed new targets within this goal, it is suggested that the rate of obesity amongst children will be monitored.
<p>We will reduce the rate of serious injuries from accidents in people of all ages by at least one fifth between 2002 and 2025. (The admission rate for serious injuries in 2002/03 was 349 per 100,000).</p> <p>Timescale: 2025 Target: At least one fifth</p>	<p>IFH Target : To reduce the rate of serious injuries from accidents in people of all ages by at least one tenth between 2000 and 2010.</p> <p>Timescale: 2010 Target: At least one tenth Comment: IFH target is set for an earlier timescale – target less than “A Healthier Future”.</p>

IFH Target : By 2010 to increase the levels of 5 year old children with no dental decay experience to 55% and to reduce the gap between the best and worst decayed/missing/filled scores by 20%.

Timescale: 2010

Target: no decay = 55%, gap = 20%

Comment: “A Healthier Future” does not specify a timescale and therefore comparisons cannot be made.

We will increase the level of 5-year-old children with no dental decay experience to 75% and reduce the gap between the best and worst decayed/missing/filled scores by 25%.

Timescale: not specified

Target: no decay = 75%, Gap = 25%

“A Healthier Future”	“Investing for Health”
<p>Contribution to Vision</p> <p><i>Improving population health and wellbeing by implementing the recommendations of the Review of the Public Health Function by 2010.</i></p> <p>A review of the public health function is currently underway. This review will support the further implementation of cross departmental action set out in Investing for Health. Public health will be prioritised throughout the HPSS at all levels. The outcomes will be reduced mortality and morbidity relating to coronary heart disease, cancers, stroke and chronic respiratory disorders.</p>	<p>Reduced mortality / morbidity due to:</p> <ul style="list-style-type: none"> • Coronary Heart Disease • Cancers • Stroke • Chronic Respiratory Disorders <p>Similar targets contained within IFH:</p> <ul style="list-style-type: none"> • To improve the levels of life expectancy • To reduce levels of respiratory and heart disease • Under the proposed new targets, it is suggested that mortality / incidence rates for cancers, mortality rate for coronary heart disease, mortality rate and hospital admission rates for respiratory diseases will be monitored.
<p><i>Mainstreaming the commitment to population health throughout the HPSS by 2010.</i></p> <p>On foot of the regional strategy, public health priorities will be reflected in all HPSS organisations. Performance measures for all HPSS organisations, including those which provide care, will include this as a</p>	<p>IFH will work in partnership with DHSSPS in their work to produce the Performance and Reporting Framework (PARF)¹.</p>

<p>core function. It will also be reflected in the training and development of all people working in the HPSS. Almost everyone in Northern Ireland comes into contact with the HPSS in the course of a year. This will ensure that we make the best use of that opportunity to promote health and wellbeing.</p>	
<p><i>Ensuring Investing for Health remains at the heart of the government agenda through a review of this cross governmental policy by 2007.</i></p> <p>Investing for Health includes cross governmental actions in relation to promoting workplace health, improving housing, promoting physical activity and sports, improving employability through local strategy partnerships, improved water and air quality through regulation and enforcement and food and road safety (see also Section 1(iv)). These medium-term objectives will be renewed and re-focused following the review.</p>	
<p><i>Implementing by 2010 the recommendations of strategies to promote health and wellbeing, including strategies relating to smoking, alcohol related harm, illicit drug use, physical activity, diet and sexual health.</i></p> <p>These strategies, also encompassed within Investing for Health, include for example the further development of smoking information campaigns and smoking cessation services, measures to tackle under-age drinking and the sale of alcohol to minors, access to drug addiction therapy and community-based education in relation to drugs, diet and sexual health. We will also develop proposals to further control smoking in public places in Northern Ireland. We will ensure that these objectives are promoted and prioritised at all levels in the HPSS.</p>	

¹ DHSSPSNI have consulted with the wider HPSS to develop a Performance Assessment and Reporting Framework (PARF) - a set of high level indicators associated with service priorities. The principal aim of the PARF is to provide Government and the public with an informative and balanced view of HPSS performance – both at a regional and a local level.