

Learning from NI public health strategy – Investing for Health

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Presentation will cover -

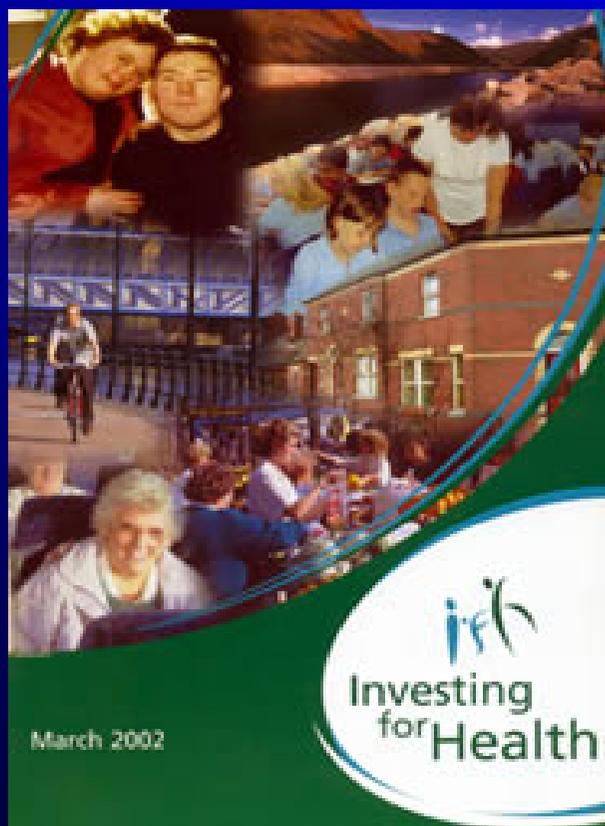
- What is Investing for Health?
- What has been achieved?
- 3 things that worked
- 3 things we learned
- Looking ahead



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What is it?



- A strategy which seeks to shift the emphasis by taking action to tackle the factors which adversely affect health & perpetuate health inequalities
- Goals
 - “to improve health status of all our people”
 - “to reduce inequalities in health”
- Based on taking action to address the wider determinants of health
- A framework for action based on intersectoral partnership at government & local levels



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Context

- Developed in 2000 – 2002 during first Stormont Executive
- First “Programme for Government” recognised that a successful society must include health improvements – “ Working for a Healthier People.”
- First cross-departmental strategy
- Strong leadership of Health Minister
- Involved all Executive departments through MGPH



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Context cont'd

- Extensive consultation exercise to engage all stakeholders
- Non-traditional methods
- 3 Priority groups proposed did not gain support – focus changed to most disadvantaged neighbourhoods & population groups



Part **3** WORKING TOGETHER



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Investing for Health – to improve health and reduce health inequalities

- Cross cutting objectives on -
 - poverty in families
 - education and skills to achieve full potential
 - mental and emotional well being at individual and community level
 - living and working environment
 - neighbourhoods and wider environment
 - accidents
 - enabling healthier choices



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“Investing for Health”

“...The underlying idea is that if we invest even small amounts of time, money and effort now in the proposed approach, we can make substantial future gains in health.”

Bairbre de Brún

“Investing for Health” is by far the best health policy document at national level from a country in the English speaking world I have seen.”

Sir Donald Acheson



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Investing for Health – Implementation

- Ministerial Group on Public Health -strategic oversight and cross departmental working
- 4 HSS Board – led cross - sectoral Investing for Health Partnerships
- PHA now responsible for regional & local implementation



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Investing for Health review – Positives

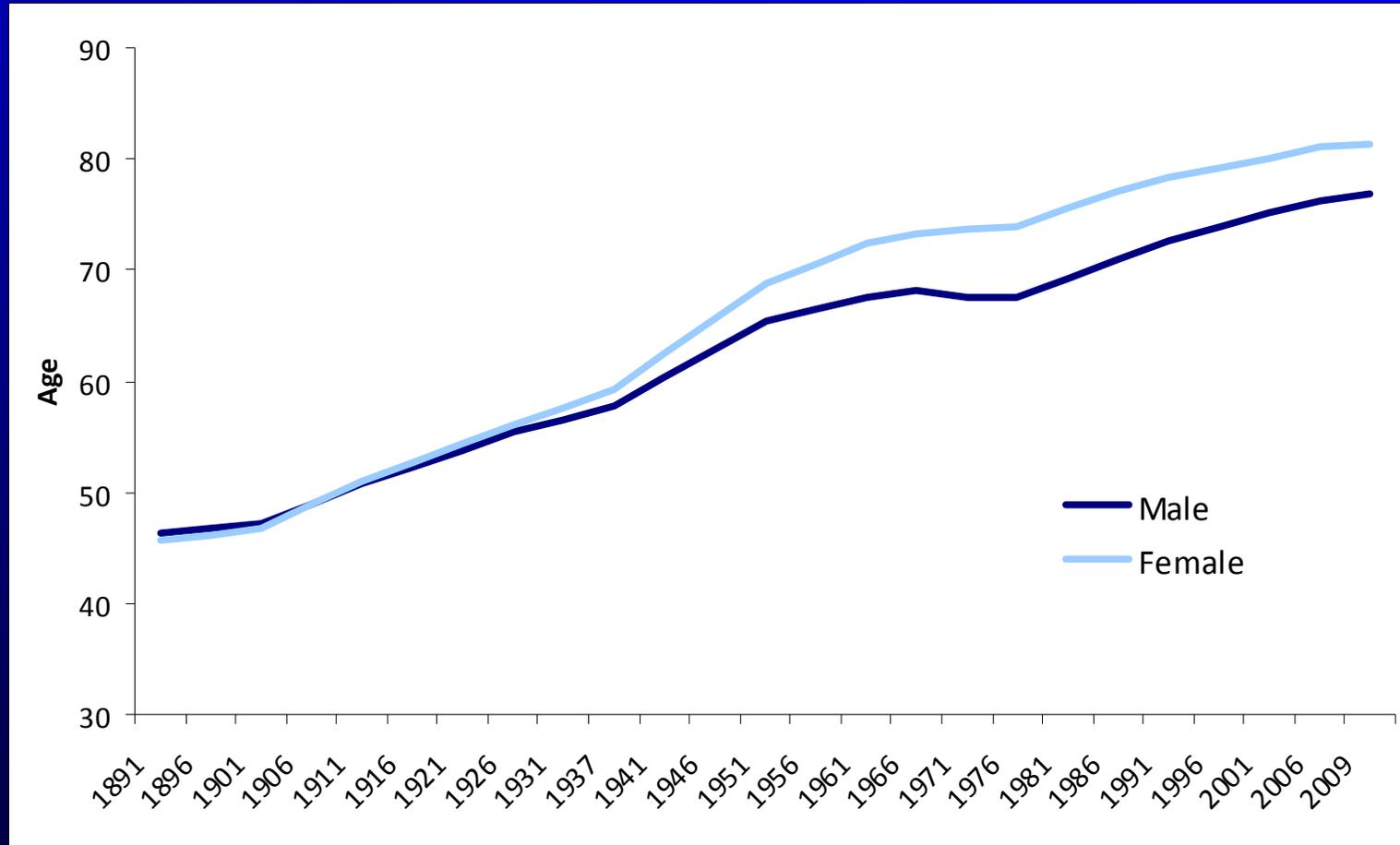
- Focus on wider determinants of health
- Purpose and sense of direction to those within and outside of health
- Inclusive approach to development and delivery
- Strong local ownership and commitment even now



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Life expectancy at birth in Northern Ireland 1891 - 2009

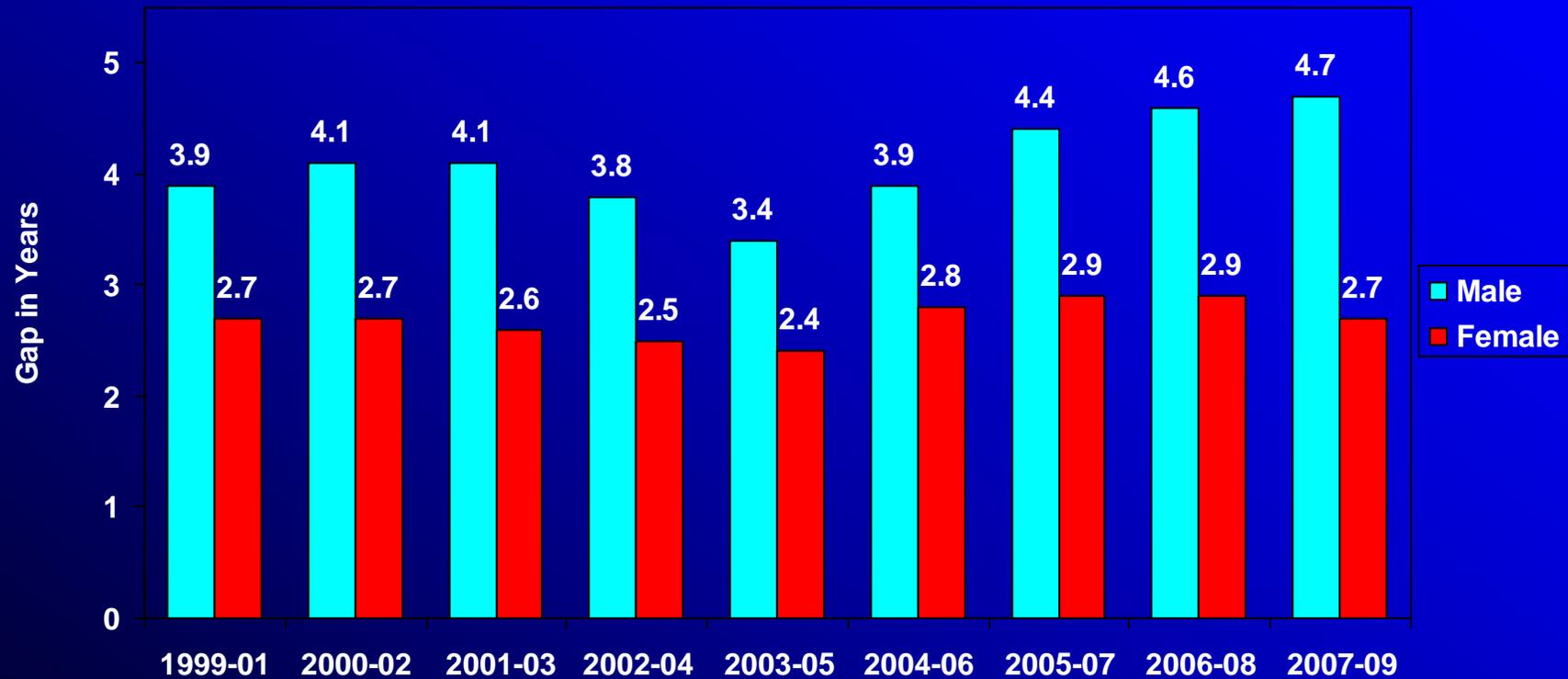


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Life Expectancy

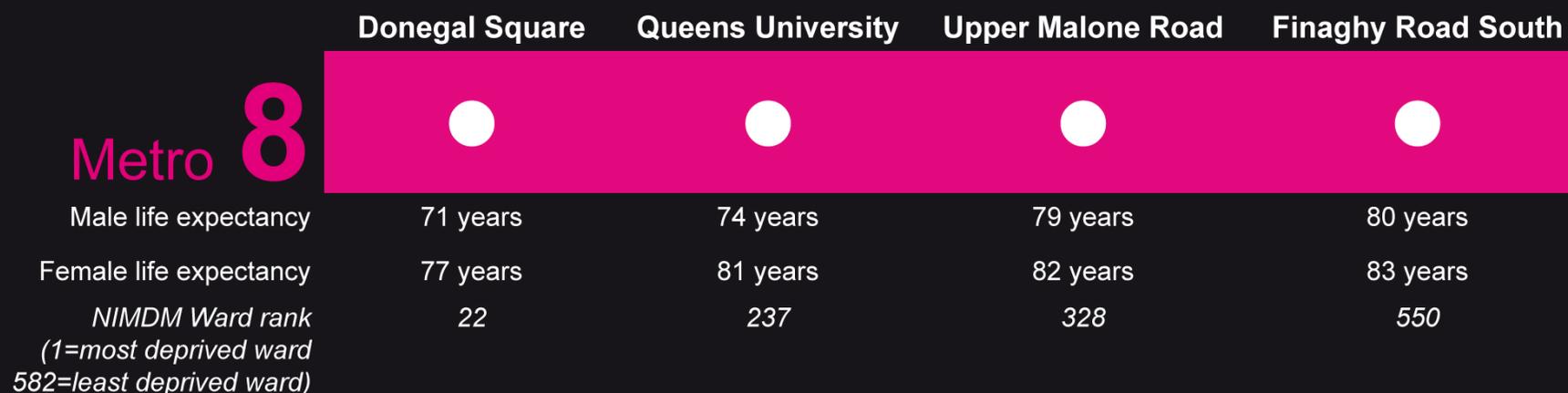
Gap between most deprived areas and NI overall



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Life expectancy at selected points along a Belfast Metro bus line (2006-08)



Please note these figures are for illustrative purposes only and are subject to statistical error; the areas have small population sizes which affect the robustness of the statistical calculations. Figures presented have been calculated at ward level and therefore cover a wider area than just that immediately surrounding the Metro stop illustrated.



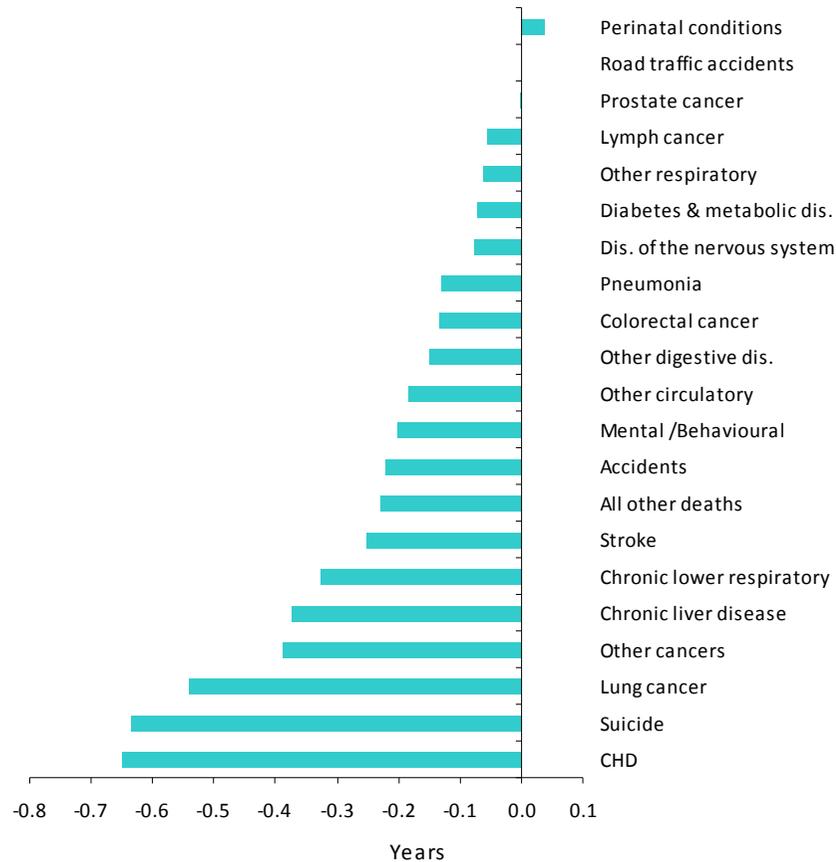
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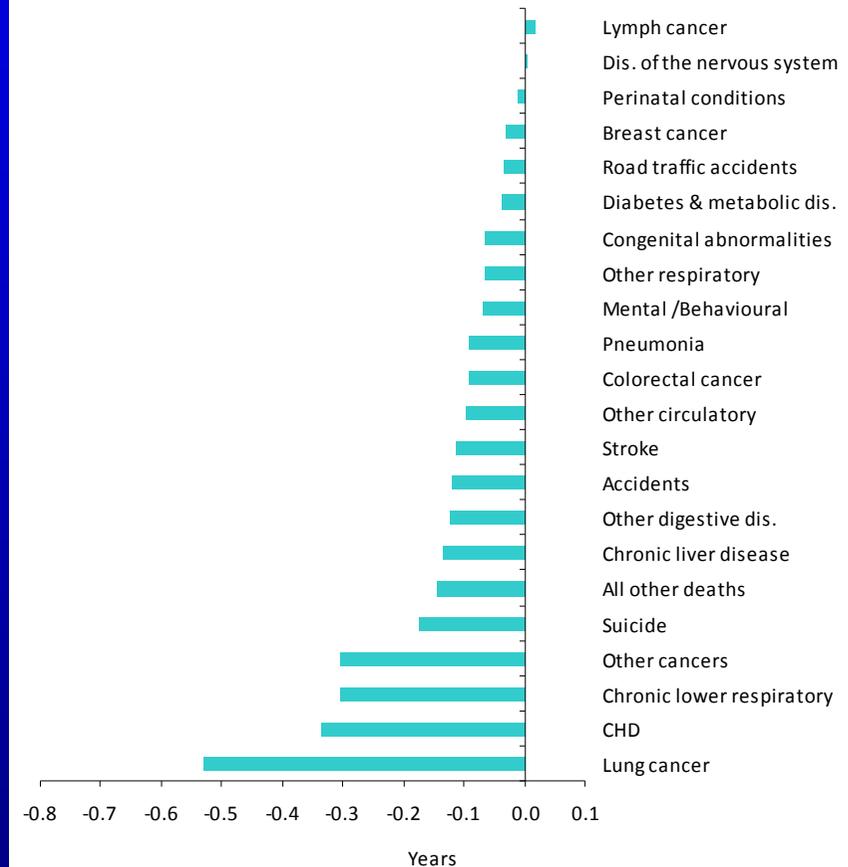
Life expectancy gap 2006-08

Causes of death contributing to the gap

Male deprivation gap -4.6 years



Female deprivation gap -2.9 years



Negative numbers indicate that deprived areas had higher death rates than in NI overall. Conversely, positive numbers indicate that deprived areas had lower death rates.



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3 things that worked

- Greater awareness of the complexity of factors that influence health and the need to work together
- Mobilisation at local level
- Engagement and involvement of communities/ 3rd sector



3 things we learnt

- Need to ensure connection between local and regional levels, particularly at regional level
- Strengthened direction, structures & monitoring at strategic level & need to better inform other government strategies at development stage
- Courage when determining priorities
- Levering funding advantages & disadvantages



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What's new since 2002?

- More cross government strategies and implementation; Poverty, Neighbourhood Renewal, Community Safety, Sustainable Development
- Changed socio – economic and political context Programme for Government – shift towards economy bias
- Updated evidence base internationally, nationally and locally
- Re-structured Health Service establishment of the Public Health Agency & introduction of statutory duty of Well being
- Demographics – ageing population, minority and ethnic groups



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Looking Ahead

- New strategic direction set within updated policy context, based on social determinants approach and focussed on those determinants evidence base shows are most powerful.
- More focus, better use and alignment of resources



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Looking ahead

- Need strengthened and better connected structures, at all levels

“The idea of partnership is not new but new approaches are needed if it is able to address the formidable challenge of improving health and reducing inequalities.”

Sir Liam Donaldson



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Our plans (subject to approval)

- Update strategy – 10 year horizon, review every CSR period
- Identify short, medium & long term outcomes
- Emphasis on social determinants & health inequalities
- Overarching, cross-departmental, but also across DHSSPS/HSC & local government



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Dr J McKenna, CMO (1992)

“When data about the number of beds or of operations or of prescriptions written ... are confined to dusty, unopened files ... history will ask rather what successes were recorded in this decade in eliminating the inequalities, in reducing the morbidity and in improving the health of the population of Northern Ireland.”



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