

## **CASE STUDY – INVESTING FOR HEALTH STRATEGY**

### **Background**

In response to the poor state of the health of the people of Northern Ireland and to address the health inequalities which exist in society here, 'Working for a Healthier People' was identified by the former Executive as one of its five overarching priorities in its Programme for Government. This priority commits government to work to improve the health of all our people and to reducing health inequalities. Consequently, the Executive commissioned the Minister for Health, Social Services and Public Safety to take forward the development of a cross-cutting public health strategy – 'Investing for Health'.

### **Approach**

A variety of evidence was gathered and used to illustrate that our health is largely determined by our social, economic, physical and cultural environment. In particular, economic disadvantage and social exclusion were highlighted as critical determinants in the state of our health and largely responsible for the health inequalities which the strategy would seek to address. As a result, it was recognised that the factors which cause poor health and health inequalities e.g. poverty, unemployment, poor housing, low educational achievement and poor social and community environment were inter-related and could not be addressed by the health sector alone, but required concerted action across all Departments. Therefore it was vital that all Departments were involved in the development of 'Investing for Health', through the cross-Departmental Ministerial Group on Public Health (MGPH), through which they would collectively sign up to its aims, principles and objectives.

The 'Investing for Health' consultation document was published in November 2000. It sets out:

- the case for change,
- a proposed agenda for action, and
- proposals on who should do what, and how.

The consultation document contained information to illustrate the state of the population's health, including inequalities in health, to prompt debate on how these issues should be addressed. This included for example:

- life expectancy compared to other European countries;
- statistics on the main killers and other forms of illness and disability; and
- information on health inequalities including life expectancy by deprivation category, inequalities in health evident in childhood mortality rates by District Council area, and some statistics on ethnic minorities i.e. travellers.

This information was sourced from a variety of research on public health issues and from Northern Ireland Statistics and Research Agency (NISRA) material.

The consultation document proposed to strengthen the determinants of health and reduce the risks of premature death, disease and disability, and that the agenda would need to focus efforts on several groups of individuals and at different societal levels. Addressing inequalities was to be a key theme for all of the proposed action. The suggested approach was to target key priority groups, priority topics and priority settings.

In designing the consultation process, it was recognised that there were a number of challenging barriers to widespread participation. Firstly, those who are most at risk of the worst health are also those most likely to be marginalized or excluded from traditional decision-making processes and find it difficult to express their views. It was therefore particularly important to include their voices in the consultation exercise.

Secondly, as health inequalities are determined by a wide number of interrelated factors, responsibility for health improvement is distributed across a range of key stakeholders who may not define their everyday business in health terms. Improving health and achieving equity requires multi-sectoral responses and actions. The consultation process accordingly had to elicit responses from a broad range of interests – in effect, all those with a contribution to make to improving the health of the public.

Thirdly, 'Investing for Health' is concerned with the health of populations in a societal context, rather than the sickness of particular individuals. It requires people to think and act collectively as a community. The consultation exercise therefore needed to engage people proactively in a collective process, to raise awareness of the issues, to stimulate debate and agree a consensus on the action required.

In order to overcome these difficulties, MGPH engaged the Community Development and Health Network (CDHN) to administer the consultation exercise. CDHN is an organisation dedicated to supporting community development approaches to tackling inequalities in health. In addition, advice was sought throughout the consultation exercise from a Consultation Advisory Group established by MGPH consisting of experts in different aspects of health improvement and community development from the statutory, voluntary and community sectors.

A wide range of traditional and innovative methods were also employed, such as a Regional Photography Competition – "Pictures of Health" – and members of the travelling community were supported to make a quilt depicting what health meant to them, in order to encourage views and stimulate debate on 'Investing for Health'.

The consultation document also proposed the setting of a limited number of high level targets which would be challenging but attainable. It was suggested

that they should be formulated in terms of the main determinants of health and should include process as well as substantive targets. It was stated that they should measure progress towards reducing health inequalities and be selected for:

- their ability to motivate action;
- the availability of data to measure their progress; and
- their relevance to the aims and principles of 'Investing for Health', and which should measure progress towards reducing health inequalities.

This proposal was agreed in principle and consequently, a multi-sectoral, cross-departmental Targets Advisory Group was set up by the Ministerial Group on Public Health with the following terms of reference:

- to review the literature on target setting;
- to review the experience of target setting here and elsewhere;
- to develop criteria for the selection of targets;
- to identify appropriate areas for targets and suggest targets; and
- to identify the related information and research needs.

This work led to the development of the goals, objectives and targets which appeared in the final strategy document.

## **Outcomes**

The consultation exercise was originally due to end in April 2001 but was extended to 31 May 2001 due to the problems encountered by the rural community during the Foot and Mouth emergency. A total of 270 written responses, some of which represented the collective views expressed at public meetings, were received during the consultation exercise, almost one quarter from the community and voluntary sectors.

All the data collected from the consultation exercise was analysed by CDHN and the 'Investing for Health' Team in DHSSPS; published in a summary report and presented at a Feedback Conference in October 2001.

The vast majority of responses concurred with the general aims, values and principles of 'Investing for Health'. However there were strong views from the consultation on the following issues:

- There should be a greater focus on the wider determinants of poor health, i.e. poverty, the environment, living and working conditions, rather than the traditional emphasis on the lifestyle topics of smoking, diet and physical activity. As a result there was a rejection of the priority topics proposed in the consultation document.
- There needed to be a greater emphasis on the issue of poor mental health.

- There was strong support for greater community participation in local partnerships with statutory groups aimed at identifying local health needs and discussing how these should be addressed.
- There was almost universal support for targeting disadvantage and reducing health inequalities. Efforts needed to focus on the most disadvantaged in society as they suffer the worst health and the poorest quality of life. Helping these groups will show most health gains. This replaced the proposal in the consultation document for certain age groups to be given priority.

The final 'Investing for Health' strategy document was published in March 2002 and was widely distributed to government, statutory, community and voluntary organisations. During the first year since publication, the focus has been on the development of the processes and structures to ensure its successful implementation, and considerable progress has already been made in that regard. Progress has also been made on a number of specific actions flowing from the strategy which will make a contribution to achieving its overall aims of improving the health of the people of Northern Ireland and reducing inequalities in health. In addition, an Investing for Health Annual Report will be published and an Investing for Health Conference held to update progress on its implementation, celebrate the ongoing work to achieve the strategy's goals and objectives and build commitment to tackle the challenges ahead through improved partnership working.

Inter-Agency Investing for Health Partnerships have now been established in each Health Board area and at regional level the Ministerial Group on Public Health continues to meet to manage cross-Departmental action and monitor implementation of the strategy. This Group continues to be chaired by the Minister with responsibility for Health. At its meeting on 29 May 2003, the Group agreed to carry out a review of its future role and remit in the autumn. This review will take into consideration the recommendations on interdepartmental groups in the recent Response to Devolution Report. In addition, it is planned to carry out a mid-term review of the 'Investing for Health' strategy by 2006.

As part of the communication process, an Investing for Health website was launched in March 2003 at [www.investingforhealthni.gov.uk](http://www.investingforhealthni.gov.uk) to provide background information on the strategy and updates on its implementation. A recent preliminary evaluation of usage of the website carried out by Capita Consulting, using qualitative and quantitative data obtained from a broad range of respondents across the health, education, community and voluntary sectors has revealed:

- Over 90% of respondents from the primary education and community sectors commended its ease of understanding.
- Over 80% of respondents from all sectors agreed with the appropriateness of the information contained on the website.
- Over 70% of respondents from the education and community sectors found the website easy to navigate.

- 50% of Boards/Trusts respondents requested some improvements to the website.

## **Lessons Learned**

- **Cross-departmental working** – The establishment of a dedicated cross-departmental group (Ministerial Group on Public Health) to oversee the development of the strategy was vital. This demonstrated tangible joined-up government and provided a focal point in each department with who actions and targets could be agreed. It has also been essential in achieving effective cross-departmental co-operation in the implementation of the strategy. In this group, continuity of membership is extremely beneficial. When this continuity was disrupted through changes in membership or the deputisation of membership, this had an adverse impact on the group's effectiveness;
- **Effective Leadership** – Having the strong public commitment of the Minister for this strategy sent a powerful message to all concerned that this was an issue being taken very seriously. In addition, the close personal involvement of the Minister for Health, Social Services and Public Safety in chairing MGPB provided strong cohesive leadership in driving and co-ordinating cross-departmental development of the strategy;
- **Consultation** – Overall, having such a wide-ranging and innovative consultation process proved to be very informative and contributed greatly to shaping the final strategy. It also assisted in generating enthusiasm and commitment from the community sector, in particular, who feel they had a genuine say in how the strategy was developed and consequently have a substantial stake in the successful implementation of the strategy. A number of the techniques used were met with initial scepticism; however the effectiveness of these approaches in eliciting the views of some of the groups traditionally most difficult to engage resulted in this being overcome. It is vital that new and innovative methods are used to obtain the views of all sections of society, and in particular that efforts are made to design tailor-made techniques depending on the nature of the subject.