

“Fit and Well – Changing Lives

2012 – 2022”

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DHSSPS



Background - IFH



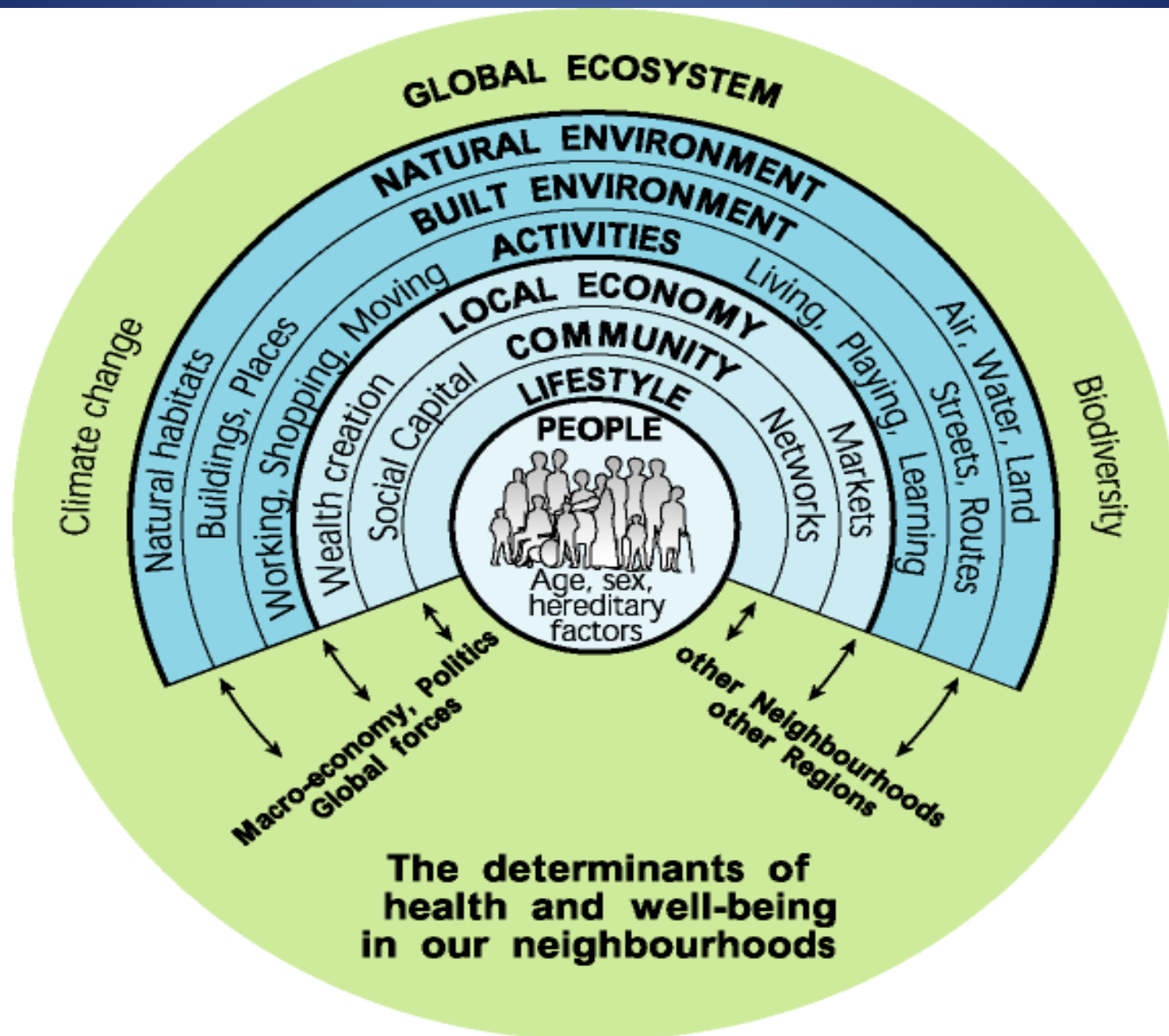
- Investing for Health 2002 - shift the emphasis by tackling the factors which adversely affect health & perpetuate health inequalities
- Action to address the wider determinants of health
- Framework based on intersectoral partnership at government & local levels
- Goals
 - to improve health status of all our people
 - to reduce inequalities in health

“Investing for Health”

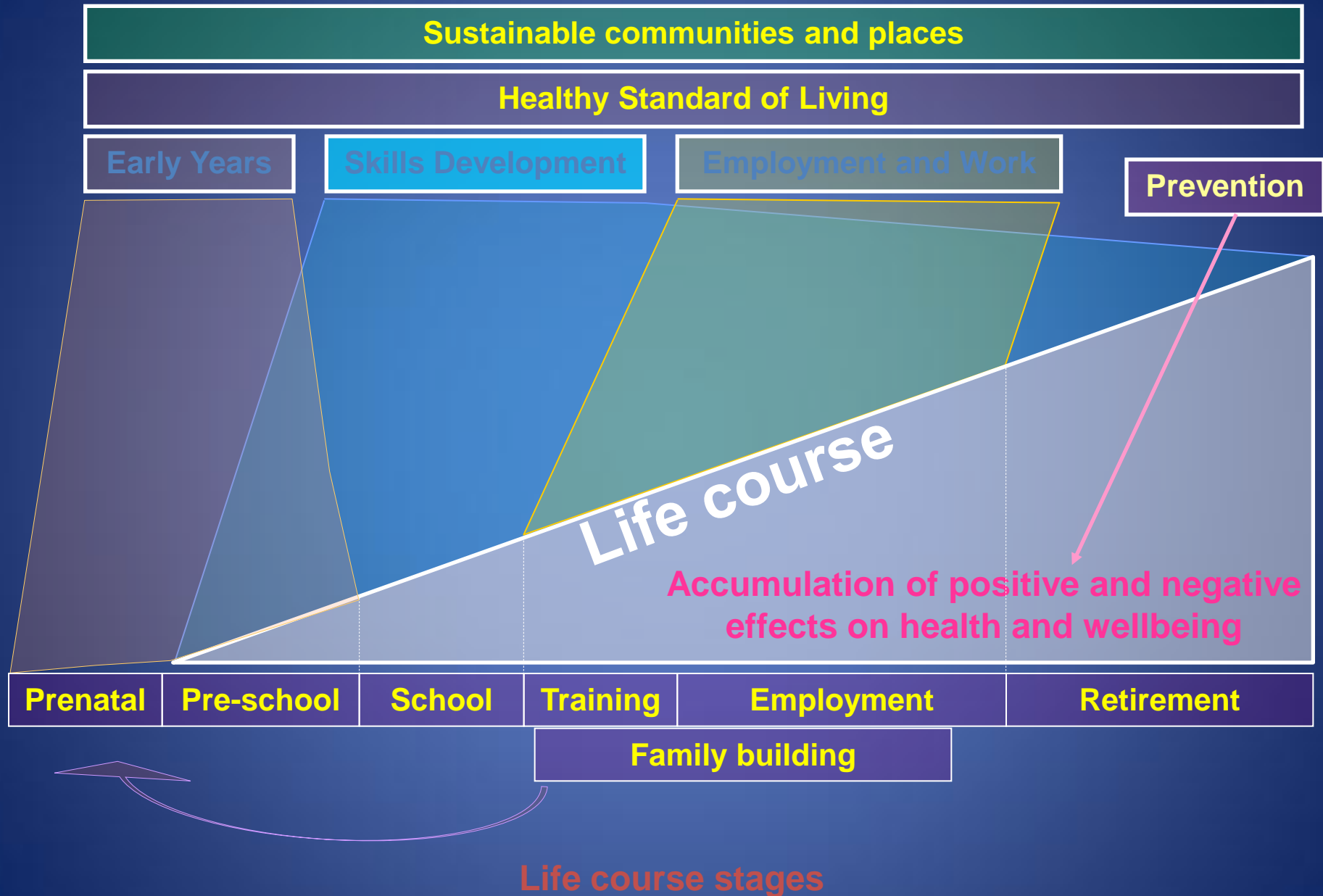
- “Investing for Health” is by far the best health policy document at national level from a country in the English speaking world I have seen.” *Sir Donald Acheson*

IFH Review 2009/10 – key findings

- Need for public health strategy based on ethos and principles of IFH
- Updated for emerging social, economic and legislative developments/new bodies of evidence
- “Whole systems” approach required



Areas of action



YOUR Health Matters

THE ANNUAL REPORT OF THE CHIEF MEDICAL OFFICER FOR NORTHERN IRELAND 2007

UNDER-AGE DRINKING blue bag generation



Are we all to blame?

For many years we have had concerns about young people's drinking – an increasing number of young people are turning up at A&E the worse for wear for alcohol, and young people actually needing treatment for their 'alcohol problem'. We all have views and concerns about this and we are all quick to point the finger at others, at places where young people can buy alcohol even though they're 'under-age', at people who buy alcohol for young people, at the police who 'don't do anything about it', at parents who don't seem to care – at, well at almost anyone except ourselves.

And that is perhaps the real issue – when it comes to under-age drinking we all have a part to play in the problem. Young people are growing up in a modern, complex adult world. They see all the adverts about alcohol. They watch all the programmes on television where alcohol is a normal part of life. They watch how adults drink. They listen to how adults speak about alcohol, and they notice how adults behave when they drink too much. They also watch and listen to their parents – both what they say about alcohol, but also what they do about alcohol. ► page 3



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

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an tSeirbhís

Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí

an tSeirbhís

Poist, Resydenter Heism
an Fowk Sionar

ALCOHOL • MEDICAL EMERGENCIES • SEXUAL HEALTH • GIVING BLOOD • SMOKING

suicidal
teenagers

- Safety and quality
- Population health
- Medical advice

OP BOY, 13, DIED

Altnagelvin baby

deaths probe

in man's death

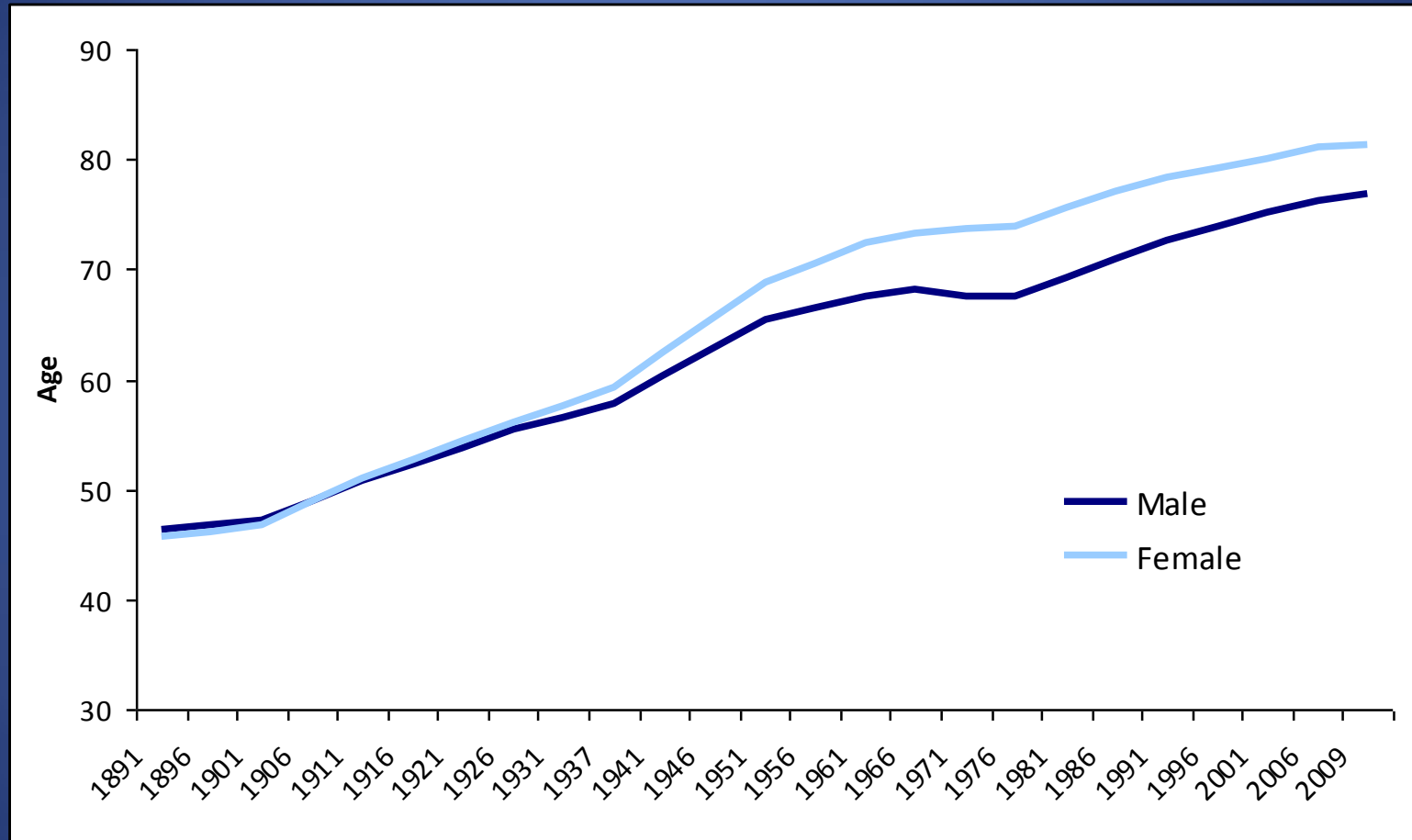
Cancer
screening
scandal

HORROR
Shipman may have killed

Smoking



Life expectancy at birth in Northern Ireland 1891 - 2009



Health Challenges for NI

- Demographic – ageing population - growth in chronic conditions
- Higher rates of preventable illness and premature deaths in most deprived areas
- Correlations with wider determinants such as educational attainment
- “At risk”/vulnerable groups

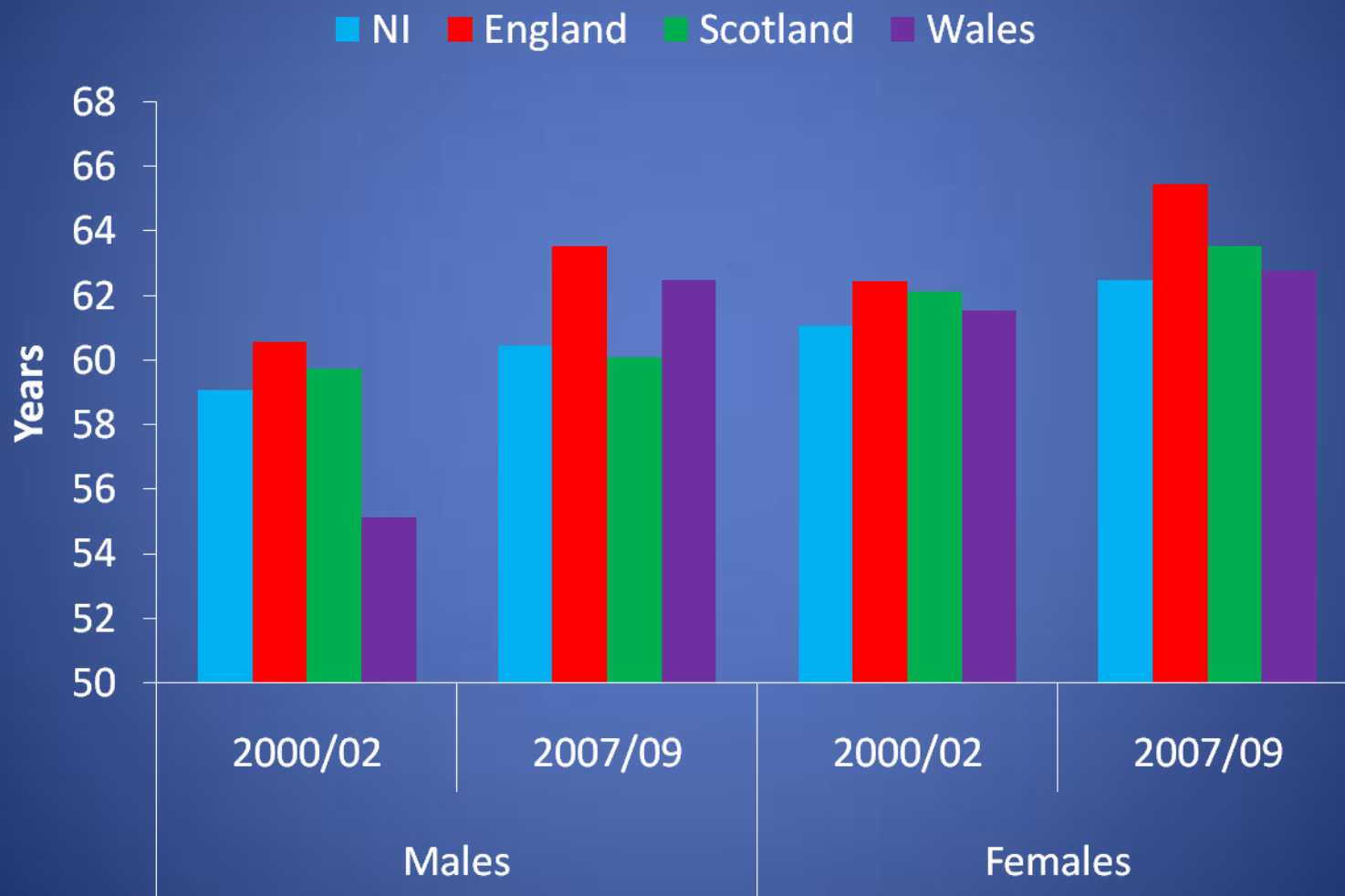
Public health challenges

- Health impact and social cost of alcohol as much as £679m per year
- 1 in 5 adults in NI have a mental health condition (anxiety/depression)
- 59% of adults were either overweight or obese
- Tobacco is the greatest cause of preventable illness and premature death

WIDER DETERMINANTS

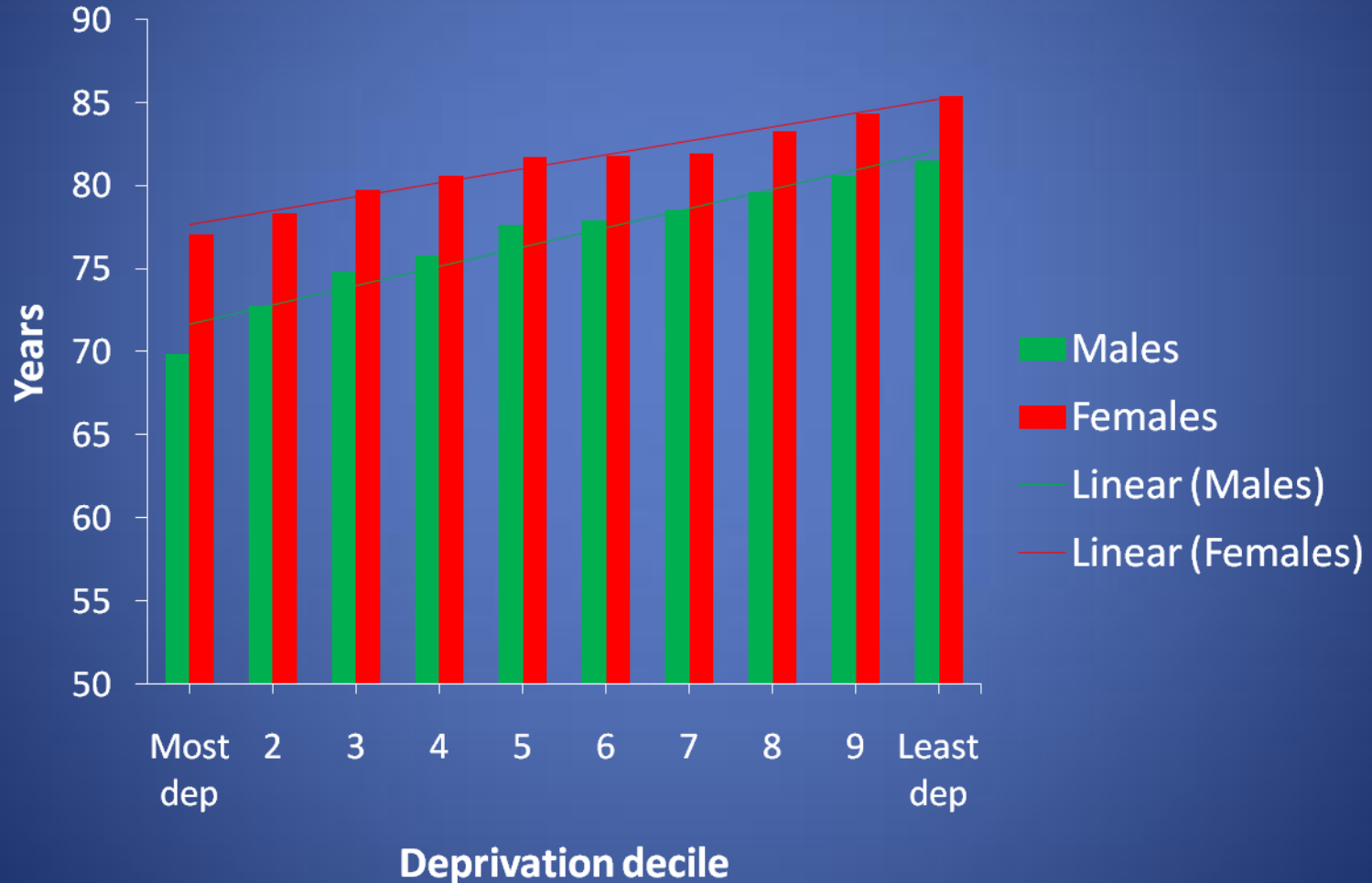
- More than 1 in 5 children growing up below the poverty line
- 44% of households in fuel poverty (76% in 75 years+ age group)
- Unemployment rate 8.2 %:
 - 45.5% unemployed for 1 year +
 - Rate for 18-24 yr olds 22.3%

Healthy life expectancy

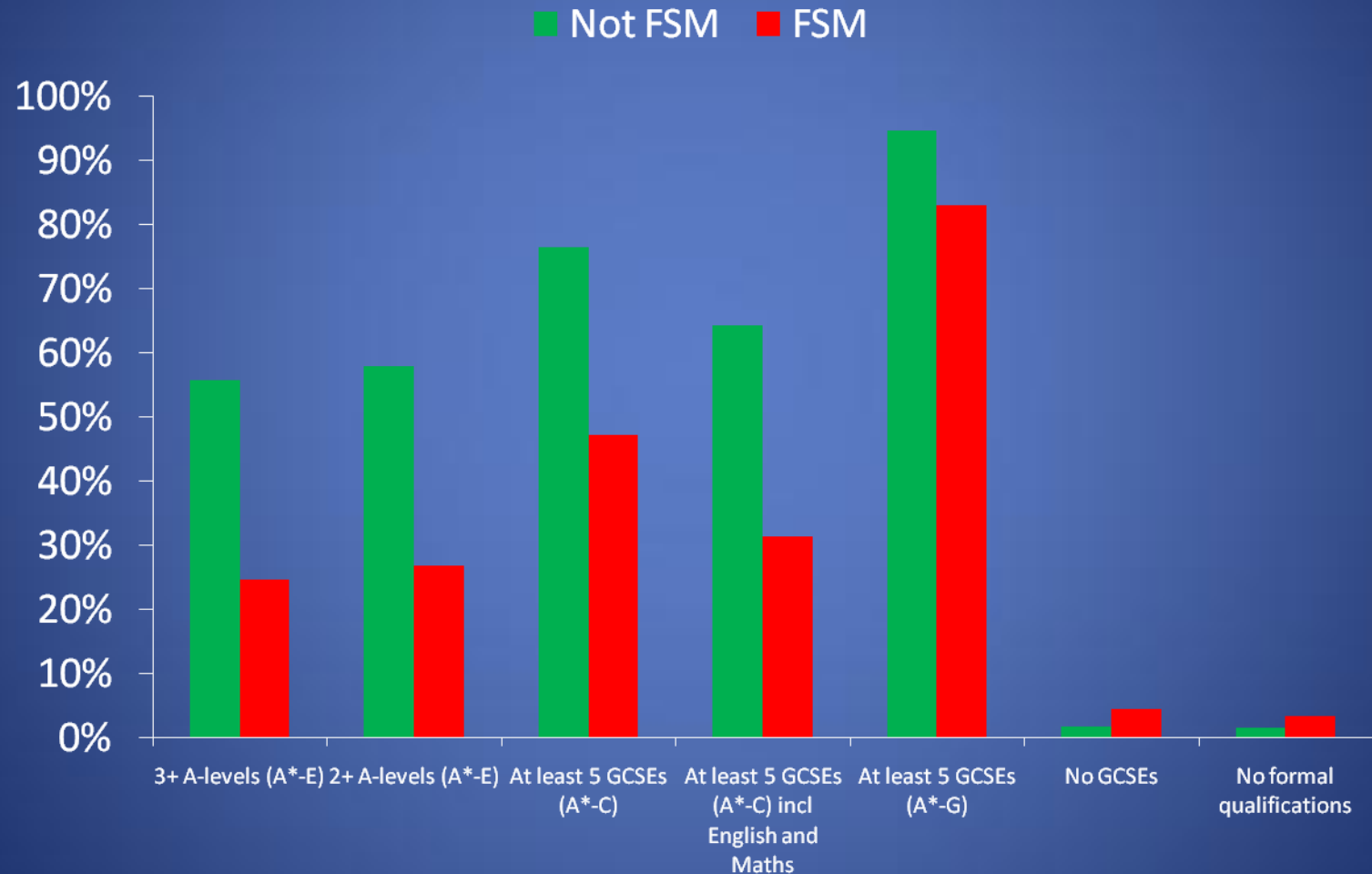


Life expectancy by Deprivation

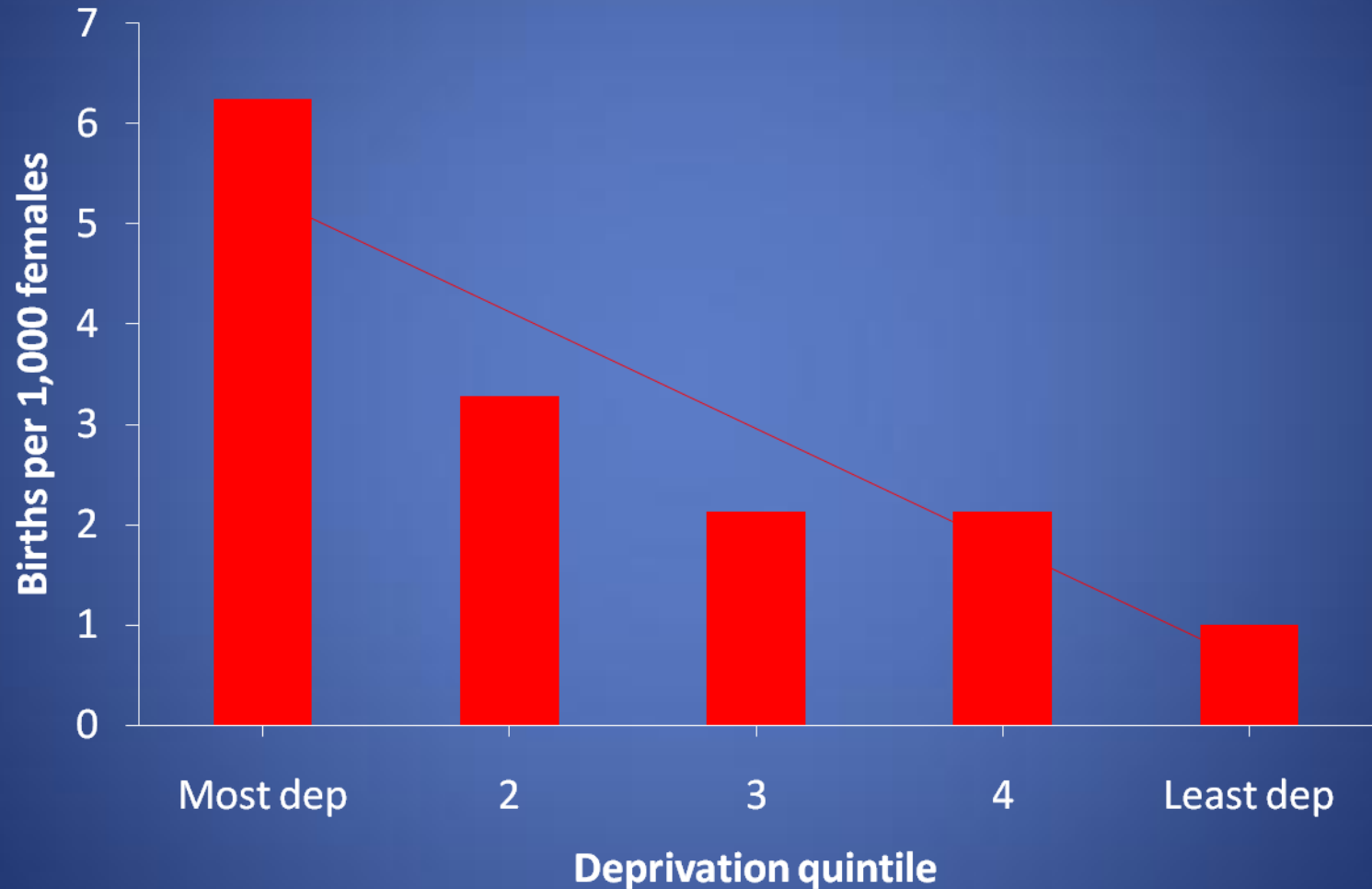
Northern Ireland 2008-10



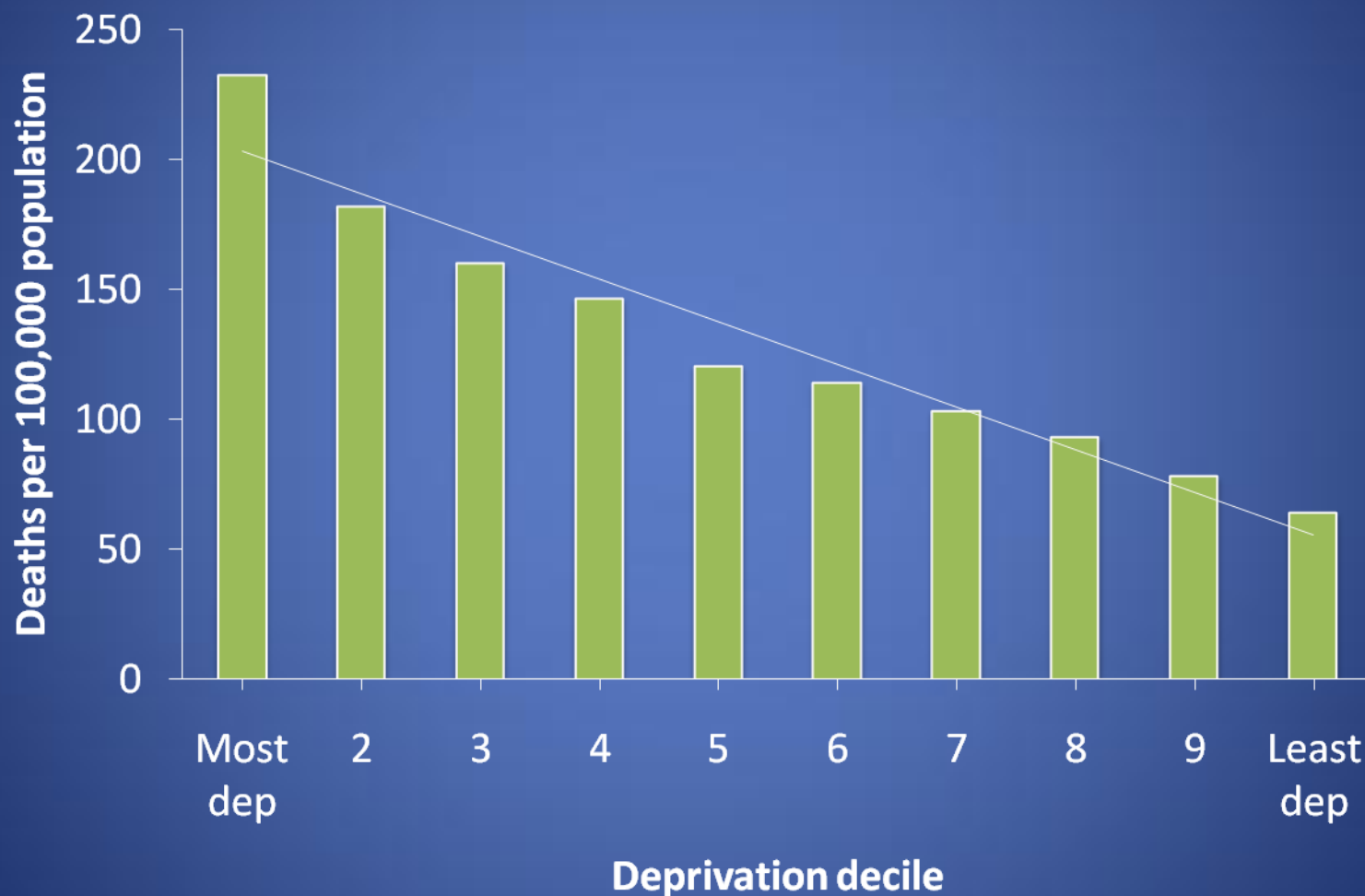
Qualifications of school leavers by free school entitlement 2009/10



Teenage (under 17 years) birth rate 2008-10



Standardised Death Rate (SDR) due to smoking related causes by Deprivation, 2005-09



“Fit and Well – Changing Lives”

- **Based on values, principles and broad aims of IFH**
- **Strategic/high-level and cross-government**
- **Focus on wider social determinants**
- **Emphasis on health inequalities/‘social gradient’**
- **Engagement/empowerment individuals, families, communities**
- **Life course approach**
- **Outcome focused**

VISION

“Where all people are enabled and supported in achieving their full health potential and well-being.”

This is intended to build on the aim to improve health and wellbeing and reduce inequalities in health.

Values

- Health as a fundamental human right
- Policies pursue equality of opportunity and promote social inclusion
- Individuals and communities fully involved in decisions relating to health
- All citizens have equal rights to health, and fair /equitable access to health services and health information according to their needs

Fit and Well – Changing Lives

Strategic Framework

Pre-birth
Early Years

Children
and Young
People

Early
adulthood

Adults

Later Years

Sustainable Communities

Building Healthy Public Policy

Policy aims

- **Life course**
 - Give every child the best start
 - All children and young people to develop the skills and capacity to reach full potential and have control over lives
 - Young adults to grow, manage change and maximise potential
 - Working age adults to have a full and satisfying life and social wellbeing
 - People in later years to have a satisfying and active life
- **Themes**
 - Promote healthy safe, sustainable places and thriving communities
 - Ensure health is a consideration in the development of public policies

Each life stage and underpinning theme

- a policy aim
- long term outcomes to aspire to 2012 - 2022
- outcomes to achieve by 2015 (linked to budget period)

Outcomes are based on encouraging action:

- Securing safe and supportive environments
- Seeking to maximise potential
- Promoting good physical and mental health and wellbeing

Example - Give every child the best start

Long term outcomes:

- Children have safe and supportive family, living, play and learning environments**
- Children are prepared for school and later life**
- Children to have achieved their full potential (cognitive, linguistic, emotional, behavioural and physical)**

Give every child the best start

Shorter term outcomes:

- positive parenting supported**
- high quality Sure Start services in areas of disadvantage**
- all children and families offered full range of health protection, health promotion, surveillance, screening and immunisation programmes and needs assessed....**

Sustainable Communities

- **Healthy, sustainable and safe physical environments and supportive services**
- **Improved community capacity and social capital**
- **Community health and wellbeing improved, particularly those of most disadvantaged areas**

Strategic Priorities

- **Early Years**
- **Supporting Vulnerable People and Communities**

Priority Areas for Collaboration

1. Support for Families & Children
2. Equipped for Life
3. Employability
4. Volunteering/Giving Back
5. Use of Space & Assets
6. Using Arts, Sports & Culture

IMPLEMENTATION

➤ *Partnership working remains key:*

- **Government level [MGPH]**
- **Regional level [Delivery Board]**
- **Local level [Local Arrangements?]**

Whole Systems Approach required :

- **PFG**
- **Delivering Social Change**

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

Monitoring , research and evaluation

Long term outcome:

- **Policy, research and practice supported by robust data and evidence base**

Short term outcome:

- **Key high level indicators by Dec 2012**

Next Steps

- **Consultation period ends 31st October**
(dhsspsni.gov.uk – current consultations)
- **Analysis of responses**
- **Finalise and publish early 2013**
- **Implementation....**