Lecture 6 Leadership & Governance
Tuesday 26 March 2013
Belfast City Hall

Background

Governance for health promotes the joint action of health and non-health sectors, of public and private actors and of citizens for a common interest. It requires a convergent set of policies, many of which reside in sectors other than health as well as some that are outside of Government. This collaboration is more urgent than ever during such a period of austerity. This lecture explored how organisations can take up the challenge and provide clear leadership for health.

The lecture, the last in a series of six, was chaired by Dr Eddie Rooney, Chief Executive, Public Health Agency. He welcomed the delegates to the final lecture in the series and summarised the content of the lecture series thus far. He introduced the guest speakers and reinforced the importance of this lecture and discussion on 'leadership and governance' and the impact that this can have on tackling inequalities.

Dr Andrew McCormick, Permanent Secretary, DHSSPS, *DHSSPS commitment to governance, innovation and leadership*

Andrew congratulated Belfast Healthy Cities in the delivery of an important series of lectures and emphasised that it is timely to have discussions on how strategically organisations can best have impact on inequalities.

He began by explaining the social determinants of health model saying that the theory has been around for a long time but reinforced the message of a joined up governance approach for interventions that make a difference. He stated that if a difference is to be made there is a need to see how to provide leadership for health not just health services. This language has been around for a long time but there is a need to have true engagement and influence change – we need to do more.

He highlighted health inequalities in Belfast in particular, the range of life expectancy from Donegall Square to Finaghy Road South which has a difference of 7 years. This is unacceptable particularly given the short distance between the two areas.

As an example of joined up work Andrew highlighted MARA (Maximising Access in Rural Areas) projects which is led by the Public Health Agency in partnership with Department of Agriculture and Rural Development (DARD) in rural areas. He made the point that, to have a healthy city a healthy hinterland is essential.

Andrew suggested that people are familiar with the issues and have been working towards addressing health inequalities through '*Investing for Health, the 10 year Public Health Strategy for Northern Ireland 2002 – 2012'.*

Andrew said that there came the need to refresh and review Investing for Health. Evaluation of the strategy has highlighted a number of successes and improvements, the challenge however is to identify gaps in achievements and offer solutions. He indicated that there is a need to look at income and poverty levels more comprehensively and that partnership working remains key.

Andrew explained the process of developing the successor strategy '*Fit & Well'*. Consultation responses to this draft strategy are currently being reviewed by the department. Consideration will be given to the Health Committee's review of inequalities before a final strategy is launched.

He finished by reinforcing that a *whole systems approach* is required to effectively move forward and tackle inequalities. '*Whole systems approach'* is an easy phrase to use but more difficult to make work.

Professor Ilona Kickbusch, Director, Global Health Programme, Graduate Institute of International & Development Studies, *Improving leadership and participatory governance for Health*

Ilona began by saying that this is the new era of public health – that the authoritarian type of public health cannot be delivered anymore. She highlighted that it is not health goals but overall societal goals that are needed and that these should be the centre focus – 'we are moving from action for health to intersectoral action for overall societal goals'. In addition to this she stressed the importance of a *common language* to take governance forward as health language may not help in the process and may not attract or encourage professionals in the non-health sector. Public Health messages have become too complex. She reinforced the need to stick to the one narrative, which needs to be developed jointly.

Ilona highlighted that a global, social and political approach to address current public health challenges is required. Organisations and government need to go beyond solely focusing on behaviour and lifestyle factors – there is a need to deal with wider determinants of health - 'toxic environments'. Dealing with the "causes of the causes" of health inequalities is important – we need to do this jointly.

Ilona suggested that health messages have become too complex – leaving it difficult for non-health sectors to engage. There is a need to create synergies across government and demonstrate what works. Evidence shows that a 'settings' approach to public health can be effective in tackling social determinants. One determinant which is often neglected is the 'commercial' determinant of health, e.g. impact of the media; speed of communication; mobility and access 24-7 and the impact that people constantly working anti-social hours has on social networks and family. Health literacy is also an important issue to consider – it is estimated that only one third of people generally across Europe are health literate.

Ilona highlighted the need for the health sector to be clear advocates for healthy lifestyles e.g. having chocolate in vending machines in hospital settings is not promoting the right messages. Ilona indicated that the choice of the consumer seems to supersede everything else as well as health.

Ilona talked about Health in All Policies (HiAP) and the value of using a *Health Lens* approach. However she highlighted that HiAP terminology could be seen by other sectors as health wanting to dictate and demand something. The use of the phrase '*Co-benefits'* may be a more useful term. Healthy public policy may also be a better phrase that Health in all policies.

Promoting and selling the co-benefits messages with partners/ other sectors can be productive. For example, in relation to the promotion of cycling, this may result in less transport and congestion making the surroundings more pleasant; reduce impact on the environment through reduction in CO2; potential increase sales of bicycles; as well as have positive health benefits for cyclists.

Dr Jessica Allen, Project Director, Marmot Review, University College London, *Impacts of the economic downturn on health inequalities*

Jessica highlighted some of the findings from work undertaken by UCL on the impacts of the current economic climate on health inequalities in London. The economic downturn has resulted in increased fuel poverty, suicides, stress and mental health problems, overcrowding, unemployment, higher level of social protection, and house repossessions, all of which have had huge impacts on social and physical health. Currently there is 17 years difference in life expectancy between geographical areas within Westminster constituency.

She explained that *Pay Day* loan shops are crippling society and affecting already vulnerable people. Homelessness has increased dramatically in London. To avoid homelessness many vulnerable women are taking to the streets as sex workers as often they are then provided with shelter. In addition, there has been an increase in the number of houses that are no longer affordable. Welfare Reform has already and will continue to force people to move to outer areas of cities where housing is cheaper.

Jessica also highlighted the growing numbers of young people who are out of work/training and stressed this is a public health emergency for the future as evidence clearly shows the link between ill health and unemployment and once someone is out of work for a few years it is hard to reverse this.

Jessica highlighted current work to build an indicator set to measure the effects of the economic downturn in London. The indicators are classified under four domains: Employment, Income and migration of families, Housing and Health and well-being. She stated that 'we will not be able to reverse trends quickly but there are inexpensive things we can do to tackle inequalities that currently exist. Some departments are stating that they cannot afford to work on health inequalities and early interventions in this

current financial climate – Jessica highlighted that '*this is the time for more action not less'*. Working in partnership and engagement of communities is paramount to move forward. Health needs to be the core business of all departments. Engagement of the private sector is also important.

Panel debate

A panel debate took place chaired by Leslie Boydell, Belfast HSC Trust. Panel members included: Ilona Kickbusch; Jessica Allen; Eddie Rooney, Chief Executive, Public Health Agency; Colm Donaghy, Chief Executive, Belfast HSC Trust; and Peter McNaney, Chief Executive, Belfast City Council.

Panel members were asked by the chair to highlight one key message they had heard from the three presentations that has struck a cord with them and identify the challenge in taking this forward in Belfast. Ilona and Jessica responded to each Chief Executive and the chair then opened the discussion to questions from the floor.

Comments from panel members

Eddie Rooney

Eddie commented that there is a need to deal with toxic environments to be able to tackle inequalities. Getting this beyond theoretical models and making this practical is difficult but important and agreed that action at a city level is a good place to start in terms of a whole systems approach. He added that a radical approach is needed especially in today's climate and that it is essential to 'make it real' and do things differently. He stressed the need to make the emotional connection with inequalities – the need to become angry at social injustices. He proposed more focus on a health lens approach to policy and action. We also need greater use of social marketing approaches to support communication on health and inequalities.

Eddie said that over the years Belfast Healthy Cities has had a positive influence on sectors in relation to messages around the impact of the wider environment.

Peter McNaney

Peter stressed that money (or lack of) drives change and allows for opportunities to do things differently. He stressed the importance of keeping the health message simple so that all staff (of which there are over 20,000 in Belfast City Council) can understand and work towards achieving.

Peter highlighted that the Council owns 12 leisure centres and 10% land in the city. He stressed the importance of engaging with citizens to make best use of these facilities and increase levels of physical activity.

Peter finished by saying that there is a need to be 'real in what we can do'. Community planning can support efforts to tackle inequalities.

Colm Donaghy

Colm indicated his support and need for a more radical approach in terms of leadership and governance through strategic partnership. He believes that now is a good opportunity to take forward this concept – especially HiAP.
He also stated that democratisation of public health is essential and there is a need to consider how to make health equity a priority for politicians.

Response from speakers

Ilona Kickbusch

Ilona highlighted the importance of social creativity in terms of solving particular issues for example engaging with children to design playgrounds, adding that there is a need to be context specific. She reinforced the importance of sending out the right '*message*' in health messages and including the linkages to social, environment and commercial determinants. Messages need to be defined as a way to support engagement, for example, do not label a project negatively such as 'obesity project' rather use words that look at positive aspects and what is real to people.

Jessica Allen

Jessica outlined that true public engagement is important to getting political interest in health inequalities. She also stated that there are more immediate things that can be done to support intersectoral working e.g. ensuring that public buildings such as schools are fully utilised by the community outside of school hours for activities such as functions, events, consultations and public meetings.