

Submission to Department of Health

Your Health is Your Wealth –  
Health and Wellbeing Framework 2012- 2020

Feedback on subgroup papers relating to options appraisal,  
international models, economics of prevention  
and the legislation technical paper.

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The Institute of Public Health in Ireland  
[www.publichealth.ie](http://www.publichealth.ie)

Dublin Office:  
5th Floor Bishops Square  
Redmond's Hill  
Dublin 2  
Ph: + 353 1 478 6300

Belfast Office:  
Forestview  
Purdy's Lane  
Belfast BT8 7ZX  
Ph: + 44 28 9064 8494

## **Introduction**

### **The Institute of Public Health in Ireland**

The remit of the Institute of Public Health in Ireland (IPH) is to promote cooperation for public health between Northern Ireland and the Republic of Ireland in the areas of research and information, capacity building and policy advice. Our approach is to support Departments of Health and their agencies in both jurisdictions, and maximise the benefits of all-island cooperation to achieve practical benefits for people in Northern Ireland and the Republic of Ireland.

IPH responded to the consultation call in 2011 and we welcome the placement of these supporting documents on the Department website with the request for additional comments.

## **Options Appraisal Paper**

1. Are there other advantages or disadvantages of the models described in the paper which have not been considered?

The report presents a comprehensive overview of models that could be introduced to support and operationalise the Health and Wellbeing Framework. The advantages and disadvantages of the various models are also well described. IPH welcomes the priority attached to addressing health inequalities and supporting intersectoral action to address the social determinants of health.

The relative strengths of the respective models in terms of supporting integration with primary care and strengthening the relationship between primary care services and population health strategies and outcomes should be described in more detail. To facilitate an overview of the models proposed a table or matrix listing the models, their potential strengths and weaknesses, governance methods and funding requirements would be useful.

It is evident from the paper that there are significant advantages to an integrated, coordinated and interdisciplinary infrastructure supporting collaborative action between health promotion, environmental health, departments of public health and health protection personnel.

The potential benefits accruing from North-South cooperation on health from the various models could also be stated. It would seem sensible that if a Health and Well-being Agency, similar to the Public Health Agency in Northern Ireland, was established, that shared expertise, actions and functions could result in efficiencies and economies of scale.

Clarification of the placing of responsibility for strategy, policy, implementation and monitoring and review is particularly welcome and it would be useful to consider the role of each of these structures in terms of issuing guidance documents to health and social service providers. In view of the different models proposed, the various modes of evaluation suitable to these models might be mentioned. For example an independent agency might be subject to bi-annual review by an external evaluator whereas this might be inappropriate for a directorate.

Option 5 which integrates with local authority structures may need to take into account issues such as reductions in funding and work force for local authorities and the length of time needed to introduce a change of this magnitude and working cultures.

2. Are there other models of service delivery that should be considered?

A comprehensive set of options has been presented

## **International Models Paper**

3. Are there other models of service delivery from other countries which should be considered?

A comprehensive assessment and presentation of the models of service delivery has been presented. The ways in which different models utilise and integrate economic assessments/ cost-benefit analyses in public health could be further explored as this is an area which is increasingly important in prioritising interventions and policies.

4. How should a Health in All Policies approach be implemented in Ireland?

Health in All Policies (HiAP) is a way of working across government to encourage all sectors to consider the health impacts of their policies and practices. It aims not only to maximise health but also to increase health equity. A HiAP approach looks outside the health arena at the general policy environment and identifies opportunities to influence and strengthen the complementary policy links between health and other sectors.

A range of measures and tools can be used to support a HiAP approach, including a health lens approach (Government of South Australia, 2010) as well as interministerial and interdepartmental committees, cross-sector action teams and legislative frameworks (WHO Regional Office for Europe, 2011). Health Impact Assessment (HIA) supports HiAP by providing tools to consider health as part of the policy development process and clarifying the consequences of different policy options for health and health inequalities.

Some key findings from an exploratory study<sup>1</sup> of how HiAP could be implemented in EU member states may be useful to consider in an Irish context:

- Develop overarching strategies and action plans that endorse a HiAP approach.
- A focus on win-win policies is recommended but Health must take a truly collaborative approach: ‘Health for All Policies’ as well as ‘Health in All Policies’.
- Working in partnership, particularly with communities, is a neglected area in the implementation of HiAP.
- Explicit political commitment to HiAP at the highest possible level is a pre-requisite for success. Health systems need to show leadership in advocating for health and the HiAP approach. This is particularly important given the current economic crisis.
- Although technical skills were recognised as important capacity and capability issues, stronger emphasis needs to be placed on the development of softer skills to influence other government departments and other sectors and to resolve conflicts and raise awareness of health equity.
- The development of concrete case studies demonstrating the benefits of HiAP and simpler tools could support countries at early stages in the development of this approach.

The health lens approach adopted by the Government of South Australia<sup>2</sup> may also be worth closer consideration. Here, linking HiAP with the government’s Strategic Plan

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<sup>1</sup> Howard R & Gunther S (2012). Health in All Policies: An EU literature review 2006-2011 and interviews with key stakeholders.

<sup>2</sup> Government of South Australia (2010). The South Australian approach to Health in All Policies: background and practical guide.

(SASP) provided the opportunity to establish HiAP as a whole-of-government concern, which had been a missing link in previous joined-up policy approaches. Implementing HiAP in South Australia has followed a number of steps including:

- Preparatory and awareness raising – informing other government sectors about HiAP
- Proof of concept – established HiAP leadership and governance structures
- Implementation – putting strategies in place to ensure ongoing sustainability.

The health lens analysis (HLA) approach is a key feature of HiAP in South Australia. HLA aims to identify key interactions and synergies between SASP targets, government policies and strategies, and the health and wellbeing of the population. The HLA process uses a range of methodologies and tools, including HIA, to examine these connections in a rigorous and systematic manner.

In considering governance tools and frameworks for HiAP, a useful reference is a pan-European review conducted on behalf of the Dutch Council for Public Health and Health Care<sup>3</sup> which includes a number of case studies. Key findings with regard to the structures supporting HiAP are shown in the table below:

|                    | <b>Structures</b>   | <b>Process</b>   | <b>Financial</b>  | <b>Mandate</b>  |
|--------------------|---|--|---|---|
| <b>England</b>     | Committee Subcabinet;<br>Dedicated Unit at the health Department  | Joined-up approach to developing national strategy   | Cross cutting spending reviews  | Public Agreements Services<br>HIA in mandatory Impact Assessment  |
| <b>Finland</b>     | Multi-sectoral National Committee of Public Health<br>With permanent secretariat and unity that foster intersectoral collaboration for health<br>Intersectoral Policy Programs for health promotion under Prime Minister's Office | Formal implication of height ministries in the implantation of Public Health Programme.<br>Bilateral dialogues for evaluation task |   | Multi-sectoral committee established by law;<br>Public Health Act that required intersectoral action at local level;<br>ministries legally required to collaborate to the evaluation.<br>All ministries are legally required to collaborate on the Public Health report |
| <b>New Zealand</b> | Public Health Advisory Committee<br>New Zealand HIA Support Unit  | 36 central agencies produce Statements of Intents on health.<br>Achieving For All Strategy (2003) developed in                     | Learning by doing Fund to support HIA by local level<br>Financing Intersectoral | Laws that involves local authorities in public health issues  |

<sup>3</sup> St-Pierre, L, Hamel, G, Lapointe, G, et al (2009) Governance tools and framework for health in all policies.

|               |  |  |  |  |
|---------------|--|--|--|--|
|               |  | collaboration with others departments. Objectives of health presented to be included in Departments' planning  | Initiatives at local level                             |  |
| <b>Norway</b> | Directorate of health with intersectoral responsibilities  | National Strategy on inequalities with intersectoral objectives<br>HIA promotes as a decision tool<br>Using Planning and Building Act as a lever for HPP at local level<br>Join-up evaluation process of Health Policies | Grant for local authorities working in health          |  |
| <b>Sweden</b> | Directorate of health with intersectoral responsibilities<br>New responsibilities to the public health institute | Health Policy developed with broad consultation<br>Objectives defined according to the governmental departments<br>Shared performance indicators   | Grant for local authority working in population health | A renewed public health policy with local level requirement<br>Administrative directives to the Departments<br>Formal evaluation of the Strategy prepared for Parliament |
| <b>Quebec</b> | Dedicated Unit for HIA within the Ministry of Health<br>Interdepartmental unit for HIA                           | Cabinet committee with new responsibilities linked to HIA  | Agreement with the National Institute of Public Health | HIA embedded in Public Health Act  |

## **Economics of Prevention Paper**

5. In your opinion, is this a comprehensive review of the economic benefits of the prevention of ill-health?

The report presents clear arguments for including an economic perspective within the Health and Wellbeing Framework and provides useful examples of economic evaluations conducted across a broad range of public health interventions. It also highlights the dearth of activity in this area in Ireland but does not examine the factors which may have contributed to this. A review conducted by IPH as part of the DETERMINE project<sup>4</sup> identified six factors contributing to the ability of countries across Europe to progressing work in this area:

- Support for addressing social determinants of health inequalities
- Acceptability of using economic arguments to achieve better health outcomes
- Clear and meaningful arguments
- Leadership from health ministries
- Availability of specialised personnel, data and techniques
- Consideration of health in assessment procedures.

Perhaps the most pertinent of these from an Irish perspective is the need to build capacity in public health economics among the public health workforce.

Further to this, IPH takes the view that the greatest economic gains can be accrued to population health through collaboration with other sectors. A salient example of this would be the estimated return to health from fuel poverty interventions – a Northern Ireland study estimated that for every one pound spent on tackling fuel poverty, this would bring 42 pence savings to the NHS from reduced health service use for the considerable ill-health associated with cold and damp homes. It is therefore disappointing to note that the report does not explore this avenue in any detail.

With regard to health services, two areas outlined below may benefit from further exploration:

- The cost-effectiveness of primary care compared to secondary care and the cost-benefit analyses in terms of health visitors and different models of primary care delivery
- The cost effectiveness of new or extended programmes such as routine childhood developmental assessment. As well as meeting government policy and international best practice with regard to optimal and equitable early childhood development, cost savings of such a programme are likely to be considerable.

6. Have you any further comments on the economic advantages of preventing ill-health and promoting health and well-being?

No

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<sup>4</sup> Institute of Public Health in Ireland & EuroHealthNet (2009). Economic arguments for addressing the social determinants of health inequalities.

## **Legislation technical consulting paper**

7. Do you agree with the key proposals posed in this document?

IPH welcomes this in-depth consideration of the role of legislation in protecting and enhancing population health in Ireland. Legislation under the remit of the Department of Health is comprehensively covered. The challenges faced by the group in terms of conducting a wider review of legislation with public health effects are acknowledged.

IPH also concurs that the importance of public health legislation goes beyond its direct enforcement and can also have far-reaching consequences in terms of public perceptions of the relative harms of hazardous behaviours and environmental agents such as tobacco smoke. IPH offers its strong support for the development of a public health law improvement process updating and consolidating existing legislation as set out in the report and evidenced by the issues raised in the first part of the consultation process. This is a critical process to support the achievement of policies aims and to reinforce public and health service confidence in the role of public health and its effectiveness.

8. Are there any other considerations in the area of legislation for public health that should be added?

The table outlined earlier considers legislation for public health.



## Contact details

For further information on this submission, please contact

Helen McAvoy  
Senior Policy Officer

Teresa Lavin  
Public Health Development Officer

Owen Metcalfe  
Director

Institute of Public Health in Ireland  
5<sup>th</sup> Floor  
Bishops Square  
Redmond's Hill  
Dublin 2

Institute of Public Health in Ireland  
Forestview  
Purdy's Lane  
Belfast  
BT8 7ZX

Tel: +353 1 478 6300

Email: [owen.metcalfe@publichealth.ie](mailto:owen.metcalfe@publichealth.ie)