UK Public Health Association

Community sustainability - a national perspective

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Welcome to the UK Public Health Association

UKPHA is a unifying and powerful voice for the public's health and well being in the UK, focusing on the need to eliminate inequalities in health, promote sustainable development and combat anti-health forces.

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UKPHA SPECIAL INTEREST GROUPS

The UK Public Health Association's Special Interest Groups provide an opportunity for UKPHA members to come together to influence policy, advocate and create awareness around a particular issue or area of interest. They are excellent cross-sectoral networking groups and can contribute to CPD points for many professional schemes.

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UKPHA CHILD PUBLIC HEALTH SIG

- **Mission Statement**
- We believe that every child has the right to good health and wellbeing, and the expectation of good health in adult life. The UKPHA Child Public Health SIG works in a sustainable and inclusive way to put the health, wellbeing, development and progress of infants, children and young people first, and to ensure that the children's workforce has a strong, outward facing public health vision.
- **Aims**
- Specifically the group aims to:
- Focus on the UKPHA's key priorities [combating health inequalities, promoting sustainable development and challenging anti-health forces] in relation to their impact on the health and wellbeing of infants, children and young people.

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CHILD PUBLIC HEALTH SIG

- Raise awareness of the wider social determinants of child health and work to influence national and regional policy to ensure that the health inequalities experienced by infants, children and young people are reduced and that health opportunities are maximised.

- Ensure that the aims and the work plan of the Child Public Health SIG are transparent and pertinent to the work plans of the other SIGs, recognising that the health and wellbeing of infants, children, young people and families is intrinsic to the broader public health agenda.

- Support the development and implementation of a clear evidence base which demonstrates the interventions that have a positive impact on the health of infants, children and young people and are effective in reducing inequalities in health in the settings and neighbourhoods in which families live, play, work and love.

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CHILD PUBLIC HEALTH SIG

- Influence [and lobby for] the right of every infant, child and young person to have access to a universal programme of prevention and health promotion delivered by a range of appropriately skilled professionals in a range of settings which best meets individual need, and ensure that families are supported to have good access to such services within their local communities.

- Raise awareness of the vital contribution and long-term impact that a skilled child public health workforce will have on overall population health gain, with particular recognition of the value that health visitors and school nurses contribute and lobby for an increase in resources to match need

- Promote recognition of and support for the child centric partnerships that currently exist [and those which need further development] within neighbourhoods, which promote the best interests of infants, children and young people, facilitating local resilience and supporting the development of community assets, led by community health champions from both local and national VCFS groups and the public sector, which intrinsically sustain health and wellbeing, and promote community cohesion
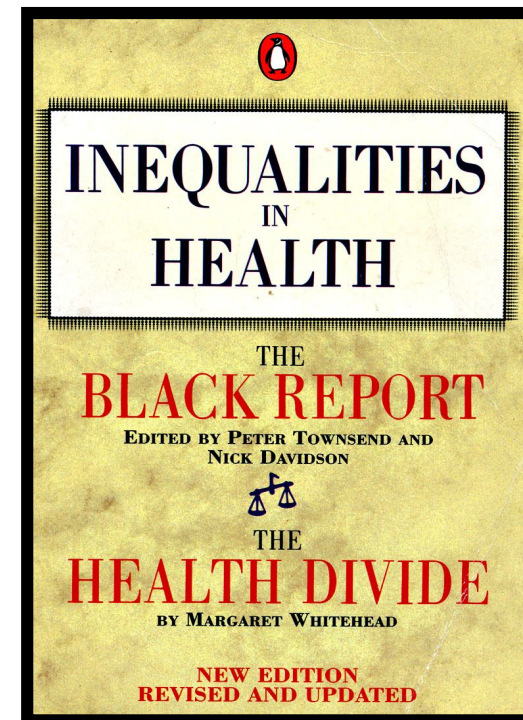
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From "No Society"

To :   "Big Society"/"Fair Society"??

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Health Inequalities

"We have concluded that early childhood is the period of life at which intervention could most hopefully weaken the continuing association between health and class."

The Black Report 1980

INEQUALITIES
IN
HEALTH

THE
BLACK REPORT
EDITED BY PETER TOWNSEND AND NICK DAVIDSON

THE
HEALTH DIVIDE
BY MARGARET WHITEHEAD

NEW EDITION
REVISED AND UPDATED

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Health Inequalities

Sir Donald Acheson's Definition of Public Health (1988)

"the science and art of preventing disease, prolonging life and promoting health **through the organised efforts of society**"

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Health Inequalities

Independent Inquiry into Inequalities in Health
Sir Donald Acheson 1998

- The Acheson Report concluded that the "weight of scientific evidence supports a socio-economic explanation of health inequalities."

- 'Poverty, low wages and occupational stress, unemployment, poor housing, environmental pollution, poor education, limited access to transport and shops, crime and disorder, and a lack of recreational facilities all have had an impact on people's health' *Acheson 1998*

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Independent Inquiry into Inequalities in Health

Sir Donald Acheson 1998

*"while there are many potentially beneficial interventions to reduce inequalities in health in adults of working age and older people, many of those with **the best chance of reducing future inequalities in mental and physical health relate to parents, particularly present and future mothers, and children."***

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The environmental conditions to which children are exposed including the quality of relationships and language environment in the earliest years literally "sculpt" the developing brain.

Available evidence shows that **investment in early childhood is themost powerful investment a country can make**, with returns over the lifecourse many times the size of the original investment.

Irwin, Siddiqi & Hertzman, 2007, Early Child Development: A Powerful Equalizer, World Health Organisation

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Early Child Development: A *Powerful* Equaliser" World Health Organisation

The environments that are responsible for fostering nurturant conditions for children range from the intimate realm of the family to the broader socioeconomic context shaped by governments, international agencies, and civil society. These environments and their characteristics are the determinants of ECD; in turn, ECD is a determinant of health, wellbeing, and learning skills across the balance of the life-course.

Irwin, Siddiqi& Hertzman, 2007, Early Child Development: A Powerful Equalizer, World Health Organisation

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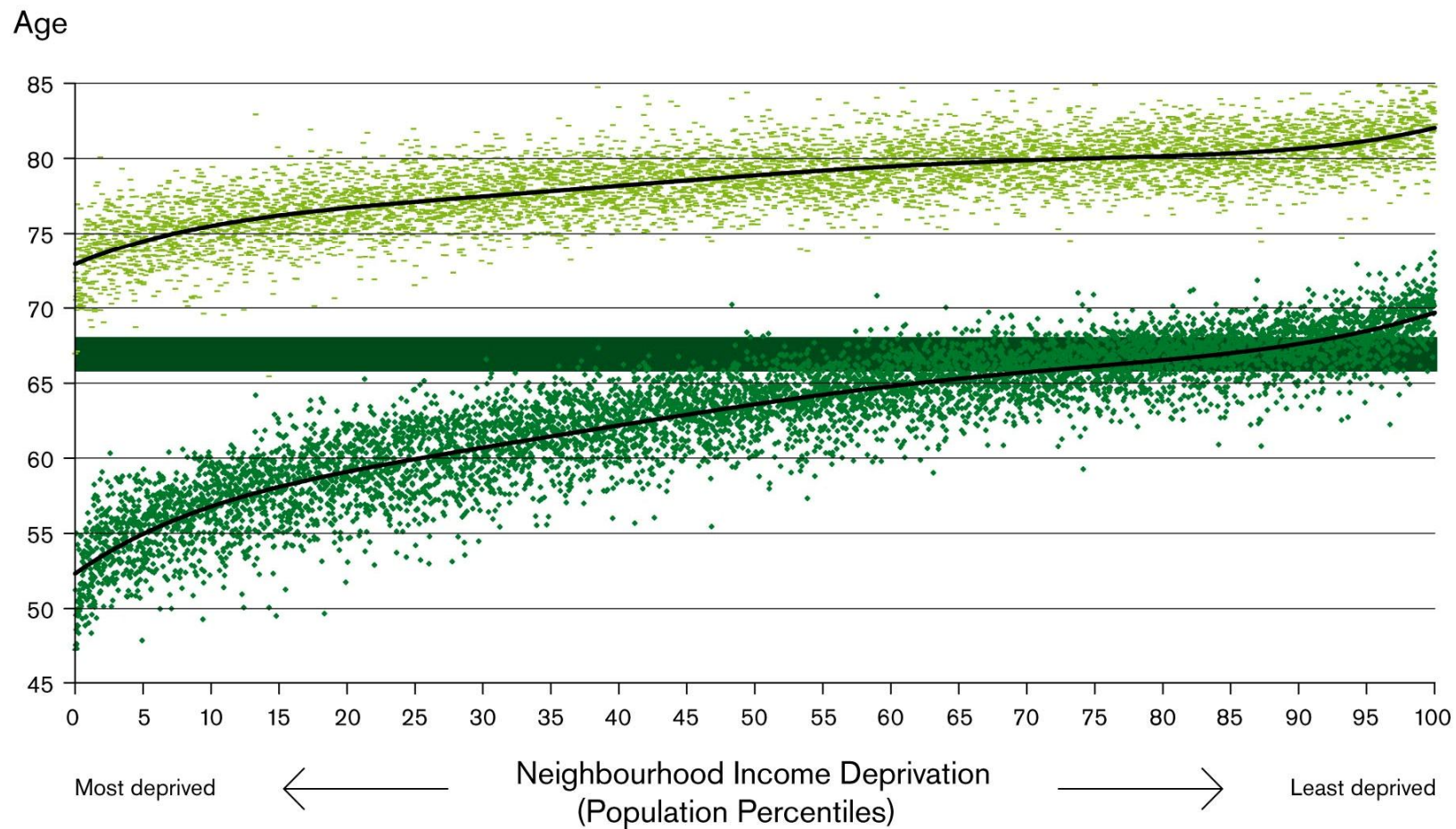voice of the public health movement

'The Strategic Review of Health Inequalities

in England – post 2010'

Sir Michael Marmot – February 2010

"Rise up with me against the organisation of misery"

Pablo Neruda

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Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003

Age

Most deprived ← Neighbourhood Income Deprivation (Population Percentiles) → Least deprived

- Life expectancy
- DFLE
- Pension age increase 2026–2046

Source: Office for National Statistics[5]

Policy Objective A

Give every child the best start in life

<u>Reduce inequalities</u>

1 in the early development of physical and emotional health, and cognitive, linguistic, and social skills.

2 Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient.

3 Build the resilience and well-being of young children across the social gradient.

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Policy Objective E :
Create and develop healthy and sustainable places and communities

Develop common policies

1 to reduce the scale and impact of climate change and health inequalities

2 Improve community capital and reduce social isolation across the social gradient

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What is the UKPHA's Position?

UKPHA Health Visiting Matters Report

The Report identified five intertwined key issues, reaching a single concluding recommendation for each:

1. Health visiting should be commissioned as a universal service that works in partnership with families to support parenting and address key public health priorities and in doing so helps to safeguard children and young people – in response to the need to establish secure funding.

2. Expertise about health visiting and best practice to be available at local, regional and national levels, there should be a funded leadership programme and establishment of new roles and career pathways – in response to the need to establish best practice criteria and leadership.

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'Health Visiting Matters'

3. Health visitors should be employed in an organisation that embodies the criteria identified as essential for developing a dynamic and positive health visiting service so a focused debate is needed about new organisational forms to meet this need – in response to future employment options for health visitors need exploring.

4. Opportunities for improving recruitment and retention should be capitalised on, a national taskforce should be set up to focus specifically on developing the health visiting workforce – in response to the need to improve recruitment, education and regulation.

5. A specific organisation or body should be established, to be responsible for collating research knowledge relevant to health visiting, in an accessible format for purposes of commissioning, quality assurance, practice and education – in response to the need to strengthen the evidence base.

UKPHA Response to the NHS White Paper

- The White Paper does not give a clear direction for the redevelopment of health services for children and young people.
- We strongly endorse the findings of Sir Ian's Kennedy's review of NHS services for infants, children and young people.
- In particular, there must be a strong focus on the need for partnership working across all agencies who work with children and families, joint commissioning and the need for such services to be the responsibility of the Local Authority. This strengthens the call for local democracy in health care.
- Engagement with children and families lies at the core of the offer and is seen as integral to service provision and outcomes. It is crucially important that children's services are incorporated into the local democratic processes relating to Health and Wellbeing Boards

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(Contd.)

- Clarity is needed on the future role of health visiting and school health teams as leaders of the child public health workforce.

- They are key players in public health with a distinct role in reducing health inequalities.

- Through their work with children and families, they connect primary care, early years' services, schools and public health teams.

- Careful attention should be given to the commissioning of these services, their organisational location and deployment

- School Nurses and Health Visitors should be incorporated into the new Public Health service

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A sustainable community is one where there is:

- Affordable sustainable housing
- Good local employment
- Pedestrian bicycle and public transport networks
- A pedestrian dominated public realm
- A rich and diverse natural environment
- Local facilities and resources
- Locally produced good wholesome food
- A rich and diverse cultural heritage
- Vibrantly textured social networks
- Informed and empowered individuals families &communities

Image from http://sustainable-everyday.net

What is social capital?

- The existence of community networks
- Civic engagement (participation in these community networks)
- Local identity and a sense of solidarity and equality with other community members
- Norms of trust and reciprocal health and support

Source: Robert Putnam

PUBLIC HEALTH & SUSTAINABLE DEVELOPMENT

Social capital is of fundamental significance for community development:

- Pinpoints key ideas that touch the essence of community development – above all, the need to listen to what local people are saying.

Health Development Agency (2004), Developing Healthier Communities

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PUBLIC HEALTH & SUSTAINABLE DEVELOPMENT

Community development builds on *weak or neglected notions of social capital:*

- While a lot of work is done with individuals, the main interest is in bringing people together in informal groups and more formal organisations.
- Words like 'enable', 'facilitate', 'encourage', 'self-help' and 'community action' constantly recur as we look for ways of getting people to plan and act together – collective rather than individual action.

Health Development Agency (2004), Developing Healthier Communities

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PUBLIC HEALTH & SUSTAINABLE DEVELOPMENT

"...community development offers the best means by which health authorities might contribute to remedying underlying health determinants.'"

Labonte "A community development approach to health promotions" University of Edinburgh 1998

Tackling health inequalities – the community perspective

The essential elements of community development key to this are:

- Personal care and empowerment
- Supporting the development of social support, networks and groups
- Community organising to develop leadership and local action
- Coalition building and advocacy
- Developing participatory politics and political action

Labonte "A community development approach to health promotions"
University of Edinburgh 1998

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Barriers to Participation

"…organisation development, and a cultural shift, will be necessary if public service organisations are to build into their mainstream agenda the making of effective, equal partnerships with local people. Such change can only come about by building appropriate knowledge, skills, attitudes and relationships within organisations."

Kings Fund key points "What's to stop us?" Dec 2001

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Public health now full circle – back in local authorities where it began

Why are we entering a new period with old language?

– Why not 'Health and Wellbeing' instead of 'Public Health'?

– Doctor? Nurse? – are these the right terms or sets of skills?

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The overarching philosophy of the Public Health White Paper must acknowledge that:

- *Improved public health can best be achieved by acting on the fundamental truth that good health is the outcome of biological, social, economic and environmental factors. People working across the public, voluntary and business sectors all have the potential to be co-producers of good health in partnership with the individuals, families and communities with whom they engage.*

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- Major current health issues (chronic diseases such as diabetes, CVD are largely a product of the mystification of health (it is produced by the NHS and its icons - Drs and Nurses) and the failure of society to get to grips with the wider determinants of health through judicious planning transport housing education and agricultural/food supply policies. Plus of course through the active encouragement of individual and community self-determination. Currently, we have a public who are of the faith that their health and well-being rests almost exclusively in the hands of the revered NHS

- The new PH White Paper must turn this deeply-held assumption on its head both philosophically and by brave practical action. It will need to strengthen the message that producing good health is everyone's business, and that GPs can be leaders for public health within their communities

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Evolution not Revolution?

"It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change"

Charles Darwin

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