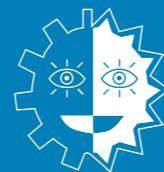
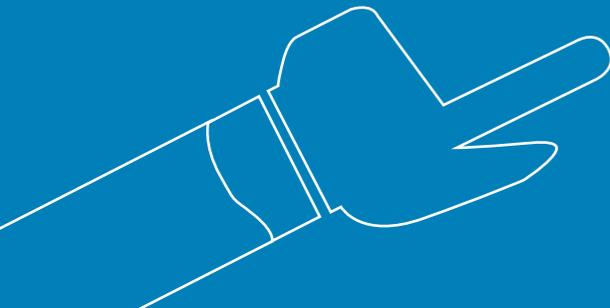
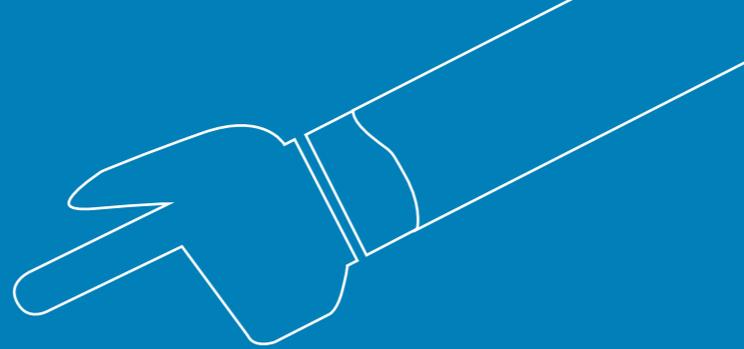


**WELLBEING
GOOD JOBS
IMPROVED HOUSING
STRENGTHENING PREVENTION
STRONG COMMUNITIES
IMPROVED MENTAL HEALTH**



Community Development
& Health Network

Community Development and Health Network (CDHN) is a regional network organisation with over 1800 members. Together we work to make Northern Ireland a fairer, more equal society, so we can end the unjust health inequalities which exist. This is our manifesto written in consultation with our members. It reflects their experiences, pressures, needs and hopes for the future. Its purpose is to influence politicians, policy makers and decision makers.



WHAT ARE HEALTH INEQUALITIES?

Health inequalities are the unfair and avoidable differences in the health of people in our society.

Health inequalities are produced and shaped by the unequal distribution of the wider determinants of health. They are unequally distributed because of an imbalance of power, wealth and resources.

"The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices." (World Health Organisation, 2012)

The unequal distribution of these determinants mean people from more socio-economically disadvantaged backgrounds have a shorter life expectancy and live more years with chronic illness and/or disability.

CDHN's mission is to build a fairer and more equal society; to improve people's lives, health and wellbeing through community development which releases individual and community capacity and influences change.

Through consultation with our members and carrying out research we found the determinants that currently have the most negative impact on the lives of people in Northern Ireland are poverty, employment, housing and the health and social care system. Our members spoke passionately about

societal values and wanting to see a balance between economy and people; our health and wellbeing. The role and future of the community and voluntary sector was also raised as an area for consideration.

While speaking with our members it became clear that it is the mental health of the population which is being most affected by the conditions we are creating as a society. Across Northern Ireland our members spoke in terms of an epidemic in relation to mental ill health. The statistics support this perspective and CDHN argue that this must be a key area for action in the next Assembly.

These issues shaped our manifesto.

"What good does it do, to treat people's illness and then send them back to the conditions that made them sick?" (Prof. Marmot, 2015)



WELLBEING



WELLBEING AS THE PRIORITY

Societal wellbeing is composed of social, economic, environmental and political factors, they are interdependent and are interrelated with health and wellbeing. These factors have a significant influence on the levels of health inequalities within society.

However, measurements such as Gross Domestic Product and employment figures have come to dominate our judgement of how well our society is doing, side-lining important environmental, health, and socio-political measures. Work has been happening on a global level (Commission on Measuring Economic Performance and Social Progress), national level (New Economic Foundation and Office of National Statistics) and regionally (Carnegie UK Framework for Wellbeing), to develop and promote the inclusion of a range of indicators to determine how well society is doing. CDHN supports the call for a broader understanding and measurements of wellbeing to be incorporated in the next Programme for Government. We also ask that this information is used to formulate cohesive policies which promote health and wellbeing and reduce inequality.

" This means that different government departments' policies complement rather than contradict each other in relation to the production of health and health equity. For example, trade policy that actively encourages the unfettered production, trade and consumption of foods high in fats and sugars to the detriment of fruit and vegetable production is contradictory to health policy, which recommends relatively little consumption of high-fat, high sugar foods and increased consumption of fruit and vegetables"
(World Health Organisation, 2008)

Recommendation

1. For wellbeing composed by social, economic, political and environmental factors to be the priority for the next Programme for Government
2. Publish an annual report which includes information on health inequalities, economic inequalities, poverty and political inclusion so people can develop a fuller understanding of Northern Ireland's wellbeing

REDUCING ECONOMIC INEQUALITY & POVERTY

Economic inequality and poverty are rising.

- Globally, 62 people now hold the same wealth as half the world's population. (Oxfam, 2016)
- In Northern Ireland the richest 1% is paid 9.1 times more than the average pay of the poorest (Equality Trust)
- 21% of individuals were in poverty in 2013/14. (Department of Social Development, 2015)
- 23% of children were in poverty in 2013/14. This is an increase from 20% the previous year. (Department of Social Development, 2015)

Traditionally, we have focused on reducing poverty with little thought about the effects of having a significant and growing gap between those at the top and those at the bottom of the economic ladder.

This is in part because the link between poverty and health and wellbeing is long established but now we have an ever growing body of evidence showing how economic inequality damages our health and wellbeing. An annual economic inequality and poverty report would provide an excellent vehicle for bringing this valuable information together and help build understanding between economic outcomes and social outcomes.

Recommendation:

1. Prioritise reducing economic inequality and poverty in the next Programme for Government
2. Deliver on the promise of eradicating child poverty
3. Publish an annual report on economic inequality and poverty
4. Promote and where possible strengthen actions which would mitigate against the impacts of welfare reform
5. Introduce pay ratios across the public sector
6. Ensure those living in poverty or low income have access to essential materials and support services by introducing a **poverty screening tool** and signposting to community services within primary care



GOOD JOBS FOR ALL

There is a well established link between employment and health and employment and inequality. Jobs and wages play a significant role, alongside a strong social security system, in reducing income inequality.

Good employment (secure, decent salary, level of autonomy) is known to be health protecting and promoting while poor employment (insecure, low paying, poor working conditions) can be damaging to health and contributes to food insecurity, fuel poverty, housing problems and long term personal financial insecurity all of which in turn impact health and wellbeing.

Northern Ireland needs to focus on creating jobs which benefit the health and wellbeing of individuals, communities, the population and the economy.

"A critical driver of inequality and poverty was the increase in the number of low paid jobs at the bottom of the market and a reduction in the number of jobs in the middle"

(New Economics Foundation, 2015)



EMPLOYMENT

IMPROVED HOUSING

There is a strong relationship between housing and health inequalities.

The private rental sector was identified as an area of concern by our members. Issues such as high rents and changes to rents and tenancies without due notification were identified. While Northern Ireland has higher levels of quality housing stock than the rest of the UK, our members felt that poor conditions combined with a reluctance by landlords to address them is impacting on their wellbeing.

The good work which is being carried out in reforming the social housing sector should be continued. As far as possible similar work should be undertaken for the private rental market.

Long term illness/disability prevalence was higher among children whose home had some/great problems of damp."

(Institute of Public Health, 2015)



HOMES

Recommendation:

1. All policies and actions relating to housing should be undertaken with the aim of providing affordable, secure, quality housing for all
2. Examine the feasibility of introducing rent controls in the private sector
3. Ensure on-going funding and support for advice services



PREVENTION



MANAGEMENT

BALANCING PREVENTION WITH MANAGEMENT

We have a health and social care system to be proud of, though there are changes which must be made in order to reflect changes in demographics, curb the rise of chronic disease and address financial pressures. Rebalancing the system between prevention and management and treatment will support the reduction in the level of chronic diseases, levels of co-morbidity and promote healthy ageing thus making treatment and management less complicated and costly. By taking preventative action which is proportionate and universal to the needs of our population groups we can reduce inequality.

Primary care and prevention does not receive the allocation of the budget required in order to slow the rise of chronic disease. It is time to rebalance the system and to invest in primary care and prevention in order to reduce inequality.



Recommendation:

1. Deliver a strong Public Health Act built on principles such as prevention, participation and partnership
2. Legislate that 10% of the health budget must be invested in early intervention and prevention
3. To implement and ensure appropriate resourcing of Transforming Your Care
4. Introduce the **poverty screening tool** into primary care and invest in building relationships with agencies and groups, in communities, who can help support people at risk due to poverty or low income

A STRONG AND SUPPORTED COMMUNITY AND VOLUNTARY SECTOR

Action on the wider determinants of health to reduce health inequalities requires a whole systems approach. This means there must be cross departmental and intersectoral collaboration and action. The community and voluntary sector is an important contributor to this collaboration, providing services, capacity building, advocating, raising awareness, monitoring and signposting.

How funding is managed, types of activities being funded and funding pressures are having a significant impact on the sector and what it can deliver. It has become increasingly difficult to get non service delivery activities funded and there is concern that the move to procurement may increase this difficulty. By focusing on service delivery we risk losing other vital activities which contribute to the reduction of health inequalities. A shift in focus from outputs to outcomes in funding may help address this issue.

New funding mechanisms, exacerbated by the financial climate, will leave many voluntary and community organisations vulnerable and create barriers to new entrants to the market. There is a risk that smaller organisations will be unable to compete on a level playing field, leaving the market dominated by a few large providers who may not have the trust of, or knowledge about the local community. This would severely limit patient choice and competition.

(Kings Trust, 2011)



Recommendation:

1. Carry out an open and transparent review of 2011 concordat
2. Renew commitment from government to its role in ensuring a stable and diverse community and voluntary sector
3. Support and fund the range of activities carried out the community and voluntary sector which are required to end inequalities
4. Ensure collaboration between community and voluntary sector and government to develop outcomes based approaches to funding, commissioning and other investments



COMMUNITY

IMPROVED MENTAL HEALTH

The conditions we create within society shape the health and wellbeing of communities and individuals. Research shows that unemployment, poverty, debt and financial insecurity (including struggling with housing payments) significantly increases people's risk of mental health problems such as depression, alcohol and drug misuse, anxiety and suicide. Northern Ireland has increasing levels of poor mental health across all indicators.

- Suicide has increased by 8% between 2007-09 & 2011-13
- Mood and anxiety prescriptions have increased by 20% since 2009. (DHSSPSNI, 2015)

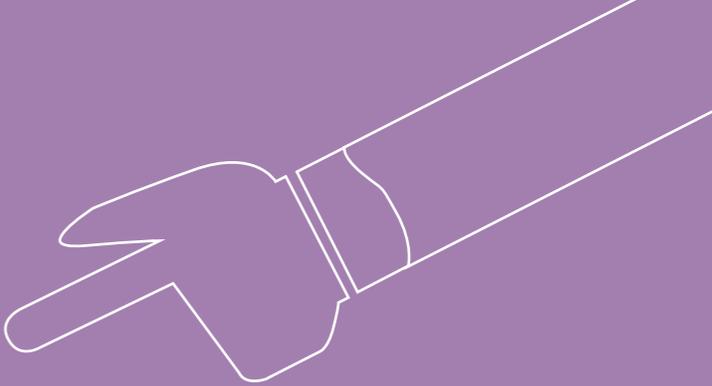
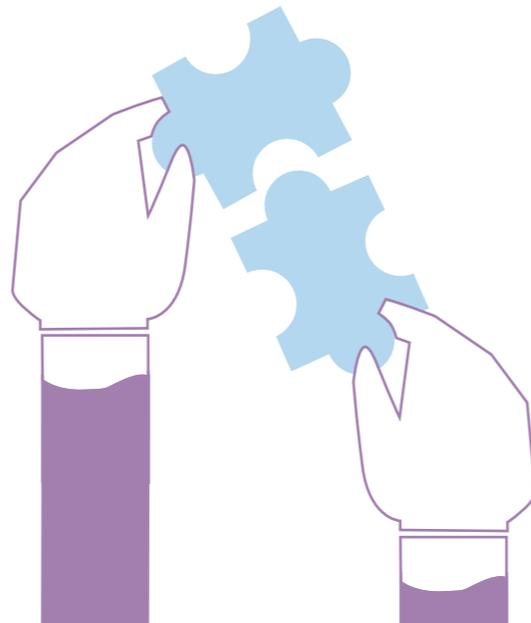
People living in deprived areas are at an increased risk of experiencing poor socio-economic conditions and this risk increased greatly since the economic downturn and changes to our social security system. It is therefore not surprising that self-harm and suicide rates are three times higher in deprived areas than in the least deprived.

People who experience chronic mental health problems are likely to die 10- 20years younger than the general public. Action is needed to address this.

Action is required to support and treat people who have mental health problems and we need action on the wider determinants of health in order to improve the mental health of the population.

Recommendation:

1. Protect funding for mental health
2. Guarantee the adequate provision of accessible community based mental health services
3. Monitor and take action to reduce the premature mortality of people with long term mental health problems and learning disabilities



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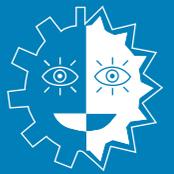
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