Community Development and Health Network (CDHN) is a regional network organisation, consisting of over 1800 organisations. We support and engage our network to advance their knowledge and skills in community development, to influence policy in order to reduce health inequalities.

Health inequalities are the unfair and avoidable differences in the health status of people in our society. They exist because of the conditions in which people are born, grow, live, work and age, the wider determinants of health.

The timing of the review, alongside the reorganisation of our health system, local government reform, including the introduction of community planning and reform of executive departments offers an unparalleled opportunity to align priorities and consolidate current legislation and policy to improve the health of the public. To capitalise on this opportunity the scope of the legislation must be broadened and the bill should be approached as a “fresh start.” To broaden the scope the Act requires both principles and objectives which reflect contemporary threats to public health and public health practice. CDHN arrived at this view after examining the data on health of the population and public health legislation from around the world.

This response outlines the principles which CDHN contend would provide strong foundations for a modern Public Health Act. Rather than propose detailed objectives at this early stage we have suggested how these should be approached given a widened scope. Nor have we included any detail with regards to duties, powers and responsibilities as we feel that transparent and honest dialogue regarding these should take place once a definitive scope for the Act is established.

**To modernise the Act CDHN recommends that the principles the Act be focused on:**

* **Equality**
* **Prevention**
* **Improvement**
* **Protection**
* **Partnership**
* **Participation**

Broadening the scope and incorporating the above principles would produce a Public Health Act which reflects the UN Sustainable Development Goals such as; ensure healthy lives and promote wellbeing for all at all ages and reduce inequality within and among countries. During the development of these goals the UN paid special attention to the rising tide of non-communicable disease.

**Equality**

Advances in public health surveillance and intelligence means we know life expectancy has been steadily increasing for the overall population, but it also enables us to collect and interrogate health data in a more detailed, nuanced way. We capture differences life expectancy for groups within the population and interrogation of the data shows that “*avoidable mortality accounted for over 80% of the male deprivation gap and two thirds of the female deprivation gap. (DHSSPSNI, 2015).”* Health inequalities can be seen over and accumulating throughout the lifecourse and across a range of measures. Inequalities have a significant impact on the economy with “UK estimates that inequalities in illness account for productivity losses of £31-£33 billion per year, and lost taxes and higher welfare payments in the range of £20-£32 billion per year.” (Marmot et al, 2011) Given the depth of knowledge and understanding about the health of the public, the differences within this and the financial costs it would be remiss to have modern Public Health Act which was not informed and shaped by such information. **Added to this, and of highest importance the Government should act to ensure no citizen or community is at greater risk of avoidable death, illness, disease or disability.** The review of the Public Health Act provides an excellent opportunity for Government to address to health inequalities.

**Prevention and Improvement**

Advances in public health alongside changes in living and working conditions and an increasing older population means that non-communicable diseases (NCD) or chronic diseases, such as cardiovascular disease, cancers, respiratory disease, mental ill health and diabetes alongside alcohol and drug misuse pose the biggest threat to the health of the public and the biggest burden of disease.

“Reducing the global burden of NCDs is an overriding priority and a necessary condition for sustainable development. As the leading cause of death globally, NCDs were responsible for 38 million (68%) of the world’s 56 million deaths in 2012. More than 40% of them (16 million) were premature deaths under age 70 years.” (World Health Organisation, 2014)

In Northern Ireland there were 983 deaths due to respiratory disease and 3114 due to cardiovascular disease between 2010 -12 which are attributable to avoidable causes. (DHSSPSNI, 2015)

**“**Total cost of mental illness in Northern Ireland in 2002/2003

Total £2.8bn

Health and social care £372m (13%)

Output losses £789m (28%)

Human costs £1.6bn (59%)”

(Mental Health Foundation, 2010)

A Public Health Act which is focused on prevention should help reduce rates of non communicable disease while improving the health of the population should assist is the management and treatment of non-communicable disease.

The table below provides examples of countries where equality, prevention and improvement have been included within public health legislation.

|  |  |
| --- | --- |
| Act | Purpose |
| NorwayNorwegian Public Health Act 2012 | To contribute to societal development that promotes public health and reduces social inequalities in health. Public health work will promote the population’s health, well-being and good social and environmental conditions, and contribute to the prevention of mental and somatic illnesses, disorders or injuries |
| AUSTRALIASouth Australian Public Health Act 2011 | “To provide a modernised, flexible legislative framework, so South Australia can better respond to new public health challenges as well as traditional hazards” “Decisions and actions should not, as far as is reasonably practicable, unduly or unfairly disadvantage individuals or communities and, as relevant, consideration should be given to health disparities between population groups and to strategies that can minimise or alleviate such disparities.” (part 2 section 13 |
| GREECE | Law on Public Health 2005 “Action to support vulnerable groups and to reduce socioeconomic inequalities in health is an essential part of public health.” (Article 2) |
| British Columbia Public Health Act (2008) | This Act replaces the outdated legislation, supports improved health and wellbeing of British Columbians and helps to address current public health issues including new challenges in infectious disease control like SARS or pandemic influenza, environmental toxin exposures, prevention on chronic disease, injuries and poisoning and bioterrorism threats. |
| Sweden | To create societal conditions that will ensure good health on equal terms for the entire population |

**Protection**

In terms of health protection CDHN feels that the proposed Act meets the challenges faced in this area. We fully agree with an “all hazards” approach. Such an approach should future proof the Act by covering all risks to health from any method of infection and contamination. As mentioned, transparent and honest communication and negotiation is required when determining duties, powers and responsibilities, this holds true for what has proposed within the current scope of the legislation. This can only take place once scope is established.

**Partnership and Participation**

Given that many of the wider determinants of health lie outside health policy and legislation a whole systems approach is the most effective way of addressing the determinants and affecting the health of the public. Community involvement and action should not be over looked when seeking to affect the health of the public and creating a whole systems approach. There are many good examples of co-operation which lay excellent foundations of addressing public health issues, Making Life Better Ministerial and Implementation groups, community planning and joint working arrangements, these can and should be strengthened through the principle of participation and partnership in a modern Public Health Act.

South Australia Public Health Act illustrates how partnership and participation can be core to a Public Health Act.

*“11—Participation principle*

 *Individuals and communities should be encouraged to take responsibility for their own health and, to that end, to participate in decisions about how to protect and promote their own health and the health of their communities.*

*12—Partnership principle*

 *(1) The protection and promotion of public health requires collaboration and, in many cases, joint action across various sectors and levels of government and the community.*

*(2) People acting in the administration of this Act should seek ways to develop and strengthen partnerships aimed at achieving identified public health goals consistent with the objects of this Act*” (South Australian Public Health Act, 2011)

**Objectives should be set using a wider determinant approach**

CDHN maintains that setting clear objectives within the Act will create impetus and focus on action. Within health and Social Care there are policies and frameworks such as the Making Life Better, Transforming Your Care, Bamford Review, Fitter Future for All, Healthy Child, Healthy Futurewhich have prevention and health at improvement at their core but change is slow and unlikely to meet the rising demand on services having to manage the outcomes from the rise of NCD’s. The Public Health Act provides an excellent window for driving forward in preventing ill health, improving health, protecting health and reducing inequality.

There are examples such as South Australian Act and Queensland which contains objectives and these augment the principles contained with the legislation. The clearest piece of legislation in terms of directing action is the Swedish Public Health Act. This sets 11 objectives which are based on the wider the determinants of health. Our public health policy is based on a whole systems and wider determinants approach. This approach is important because it is by influencing these determinants that we can shape outcomes rather than always being focused on managing the outcomes. CDHN assert that we should align our public health legislation with public health policy which is evidenced based and therefore takes a wider determinant approach.

CDHN was disappointed with the proposed modernisation of the Public Health Act, it fails to reflect current public health issues and practices. To do this CDHN strongly contend that the scope of the Act should be broadened and that the use of both principles and objectives would strengthen the Act. We examined Public Health Acts across the globe and filtered these to propose six principles and an approach for setting objectives. These would set a strong foundation on which collaboration can take place to out-work duties, responsibilities and powers. It is only when agreement is reached on principles and objectives can we move onto to have open and honest communication regarding power, duties and responsibilities

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