

## **Response to Health and Social Care: Reform and Transformation** **Getting the Structures Right**

**February 2016**

Belfast Healthy Cities is pleased to have the opportunity to comment on the Health and Social Care: Reform and Transformation - Getting the Structures Right consultation. We would be pleased to provide further evidence on any of the points noted, should that be helpful.

### **Introduction**

Belfast Healthy Cities is a partnership organisation seeking to improve health and wellbeing by identifying ways to tackle inequalities in health and create healthy urban environments. The organisation's key role is to fulfil the requirements of Belfast as a World Health Organization (WHO) Healthy City and to act as a link between the city and WHO Europe.

Within the city, the key roles for Belfast Healthy Cities are to provide a platform for intersectoral collaboration (co-design and co-production) and to work with partners to share evidence, build capacity and test new concepts and ways of working. The Public Health Agency is a core partner and funder of Belfast Healthy Cities, along with Belfast City Council, Belfast Health and Social Care Trust and NIHE. DHSSPS is also a key partner within the partnership, as are DOE, DSD, QUB and UU. Belfast Healthy Cities are also WHO Secretariat for the WHO European Healthy Cities Network and therefore have direct access to WHO Europe.

### **Context of response**

The Healthy Cities approach is based on the social model of health, which emphasises that health, is the outcome of wider social and physical living conditions. WHO defines health as “a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity.”

Phase VI (2014-2019) of the WHO European Healthy Cities Network is informed by Health 2020, the WHO policy and framework for Europe. The overarching goals of the network, which are drawn from Health 2020 are

- improving health for all and reducing health inequities
- improving leadership and participatory governance for health

The focus of Belfast Healthy Cities' work is on promoting health and wellbeing, and strengthening health equity through a social determinants approach to health and comments are made in this context.

## **General Comments**

- Accountability structures need to be clear, with clear indication of what decisions should be taken on a regional level and those that are more effectively made and executed at a local level.
- Reform should be informed by and complementary to reform of local government, including the introduction of community planning powers.
- Structures should reflect new ways of working, including taking a collaborative approach, recognising the skills and experience of the stakeholders, including the voluntary and community sector.
- Systems should be people-centred, increasing public participation in policymaking and service design as well as being structured in a way, which supports communities and individuals to become more involved in self-management of conditions.
- New approaches to improving health and wellbeing should be at the heart of structural reform including improving levels of healthy literacy and the introduction of new technology.
- Reformed structures should also offer greater flexibility in the commissioning period where needed, longer to facilitate greater analysis of need in complex situations, shorter where rapid action is needed.
- Decision-making on all levels should be evidence based, making full use of existing academic and community intelligence and expertise. Learning from other UK regions, Europe and globally should be used as appropriate. Gaps in knowledge should be addressed and research commissioned to strengthen the underpinning knowledge base.
- Governance structures should reflect the importance of strengthening equity, and also consider a whole of government approach to health

## **Additional Comments**

### **Accountability and monitoring:**

Belfast Healthy Cities believes that accountability structures and decision-making processes should be transparent and build on the principle of subsidiarity, ie. taken at the most local level possible straightforward. Clear and strategic direction by the Department is essential to ensure equity of provision across the region; however, local bodies will have data and expertise on local needs and are in a position to shape and commission services in a way that most effectively and efficiently serve the population in the area. Evidence suggest that co-design and co-production work best at the local level in implementation.

To support new structures, while monitoring should be robust, it should also be proportionate to the service provided. Findings from monitoring should be analysed closely and the learning used to ensure new systems are developing and functioning as intended on an ongoing basis. Belfast Healthy Cities would welcome a system of monitoring that

concentrates of outcomes and their impact on people and communities, supported by proportionate process monitoring. Longer budgeting and action plan periods would assist in this, by enabling a greater focus on delivering services and achieving outcomes. This is particularly important in relation to public health, where health outcomes typically are achieved over the medium to long term.

### **Collaborative Approaches:**

The WHO European health strategy, *Health 2020*, as well as the Northern Ireland public health framework, *Making Life Better* highlight that health can no longer be viewed as the responsibility of the Department of Health alone. *Health 2020* proposes new forms of governance for health, in which health and well-being are seen as the responsibility of the whole of society and of the whole of government, and encourages active public participation in policy-making.

The health sector is a statutory partner in the new community planning function led by Councils, and as such there is an opportunity to ensure the reform creates structures that can effectively support such collaborative approaches. It would be helpful to take into account the geographical areas and structures used for community planning, for example in identifying relevant areas and structures for service planning within Trusts.

Belfast Healthy Cities also believes that the I reform offers opportunities to strengthen relationships with the community and voluntary sector. The sector has significant data and expertise that can support policy development and service planning, and can also play an important role in supporting public engagement. The sector also offers an effective and efficient mechanism for providing a wide range of health related services. In this regard, longer budgeting periods could further improve efficiency, while also promoting job creation, as organisations can plan with greater certainty and invest in widening provision. While some organisations have a remit to pilot new approaches and there is a clear need for this function, it is important that the broader contribution of the sector is recognised. There are many examples of effective mainstream service delivery by voluntary and community organisations in the health arena, it is important that new structures and associated legislation gives the sector its place as an equal partner in policy development and service delivery.

Belfast Healthy Cities agrees that reformed structures should be more people centred and that there is scope for increased public participation in developing policy and service design, alongside increased self-management of conditions in Northern Ireland. Strengthening the PPI function of the health sector will be important in achieving this, while strong engagement with the voluntary and community sector also can effectively provide access to people and communities. It is important that people are supported to participate fully in both aspects of a reformed system. There is potential for this approach to develop into an important mechanism to address inequalities, for example by identifying, understanding and utilising co design processes for removing barriers to service take up. One way to build service user capacity and minimise inappropriate use of services is to improve levels of health literacy. WHO defines health literacy as 'linked to literacy and entails people's knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgements and take decisions in everyday life concerning health care, disease prevention and health promotion to maintain or

improve quality of life during the life course.<sup>1</sup> Belfast Healthy Cities facilitates a Health Literacy Working Group, with membership drawn from all sectors, which is developing criteria and resources to support increased understanding and application of health literacy.

In conclusion, co design and collaborative approaches offer an important mechanism for developing a streamlined, accessible, effective and responsive health service in Northern Ireland. In addition, collaboration can also ensure effective use of resources. This is confirmed by research for Health 2020, which found that more collaborative approaches led to more effective practice and stronger evidence gathered in relation to health promotion programmes and national strategies for key disease groups, such as cardiovascular disease or diabetes. This demonstrates that combining government leadership, supportive environments and approaches that promote a sense of control and empowerment can lead to success.<sup>2</sup>

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<sup>1</sup> Health Literacy: The Solid Facts, WHO Europe 2013

<sup>2</sup> Health 2020. A European policy framework and strategy for the 21st century, 2013, WHO. Available at <http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being>.