

TASC is an independent think-tank dedicated to addressing Ireland's high levels of economic inequality and ensuring that public policy has equality at its core. TASC has prepared this submission on the basis of the questions that were set out in the consultation form.

Q.1 What would you like the public health policy to achieve?

The public health policy should aim to protect the whole population from ill-health; facilitate people to live longer, healthier and more fulfilling lives; and reduce health inequalities by improving the health of the poorest, fastest.

In order to achieve this aim it must promote equality through the provision of high quality, publicly funded and universally accessible public health services, and by paying particular attention to those groups or sections in society where improvement in health and life expectancy are not keeping pace with the rest of the population.

The public health policy should provide the framework for achieving a single-tier health system, which is accessed on the basis of medical need and not on ability to pay. The specificities of the public health policy must also reflect a stronger focus on health and well-being rather than medical care.

For this to be achieved the public health policy must reflect all aspects of people's lives that also impact on their health and well-being, such as enabling children, young people and adults to maximise their capabilities; the provision of quality employment; the need to provide a healthy standard of living; the provision of healthy and sustainable communities; and a stronger focus on ill-health preventive measures.

The new public health policy must also recognise that 'upstream determinants' of inequalities in health contribute to individual lifestyle choices, which are associated with the increasing prevalence of chronic diseases such as diabetes, heart disease and many cancers. The recognition of upstream determinants of inequalities in health must be accompanied by strategies to address these issues in order to avoid 'lifestyle drift'- which is the tendency for policy to start off recognising the need for action on upstream social determinants of health inequalities only to drift downstream to focus largely on individual lifestyle factors.

Therefore, the public health policy should place a particular emphasis on the early years of a child's life - the foundation years. The evidence about the importance of the pre-school years to children's life chances and well-being as adults, points strongly to an approach whereby government policy should focus on developing children's capabilities in the early years.

Q.2 How do you think organisations and communities can work to achieve better public health?

A public health policy needs to take ‘a whole of government’ approach. Those government organisations whose policies and services impact on the health of the population must also sign up to achieve the aims of the public health policy. However, a top-down approach will not succeed; government organisations need to harness the spirit and commitment of communities and community organisations to achieve the aims of the public health policy.

There is a need for a structure and a framework that empowers communities to input and influence decisions that impact on their health and well-being. The HSE (or whatever body replaces it) must develop such a structure at local and regional level in partnership with community organisations. Empowerment can have positive health and social outcomes for individuals and communities.

However, much current policy and practice assumes that the main barrier to effective empowerment is the lack of skills and competencies, but the WHO Commission on the Social Determinants of Health states that the issue is one of redistributing power and resources. Working for more genuine and sustainable community empowerment particularly amongst those social groups with least power over decisions that affect their lives, will contribute to this.

Q.3 What mechanisms of governance, accountability and leadership are needed to ensure delivery and implementation?

The Department of Health is too narrowly focussed on the provision of medical services, and hospital services in particular. It should be re-configured to ensure that greater emphasis is placed on population health through the creation of a Population Health Division, which is staffed with the necessary expertise and headed at Chief Medical Officer / Assistant Secretary level.

The policy measures that are needed to improve health and well-being and reduce health inequalities requires greater inter-departmental co-ordination. The process of co-ordination must be driven at a political level through the creation of a Cabinet Sub-Committee on Population Health, which should be chaired by the Minister for Health. This Committee should provide the political leadership that is needed to drive the process of inter-departmental co-ordination of policies that directly or indirectly impact on health and well-being and health inequalities, across all relevant government departments.

The Dáil Committee on Health and Children should have a stronger remit on population health and health inequalities. The work of this Committee should reflect the overall aim of the public health strategy to protect the whole population from ill-health; facilitate people to live longer,

healthier and more fulfilling lives; and reduce health inequalities by improving the health of the poorest, fastest. The Dáil Committee on Health and Children must hold the Executive to account on progress in achieving the aims of the public health policy and it should be mandatory for the relevant Ministers to appear before them.

Effective governance, accountability and leadership must be supported through evidence-based approaches to public health policy making. There is a need for an Independent Review of Health Inequalities to identify the most effective evidence-based strategies for achieving better health and well-being and reducing health inequalities. The Independent Review should be modelled on the approach adopted for the Marmot Review in England. The Independent Review should report within 12 months, and its recommendations should then be used to form the basis of a new population health policy in Ireland.

The Cabinet Sub-Committee on Population Health and Dáil Committee on Health and Children will play pivotal roles in implementing policy measures and strategies identified in the Review, with progress reported to the Dáil on an annual basis.

This will require a much greater focus on ‘outcomes’ which can be achieved through the development of a population health outcome framework that sets out the broad range of policy measures aimed at improving and protecting health across the life course and reducing inequalities in health that persist. The achievement of better population health outcomes will require the collective efforts of all parts of the public health system, as well as across public services and wider society.

There is a need for a commitment to greater transparency, with data on health outcomes published nationally and locally by the CSO. This is essential for monitoring progress on achieving better health outcomes and reductions in health inequalities. A strong commitment to transparency and the availability of data will empower people, whereby transparency is used to drive accountability, ensuring that all stakeholders are supported to lead efforts to improve health and well-being and reductions in health inequalities.

Q.4 What are your two key messages to make Ireland’s public health policy first class?

Firstly, Ireland’s public health policy can only be first class if it provides the range of public health services and other interventions needed to improve the health and well-being of the whole population. This should include specific policy measures aimed at addressing the variations in health outcomes for the most disadvantaged sections of the population e.g. those on low incomes or disadvantaged groups such as Travellers.

Secondly, Ireland’s public health policy can only be first class if it reflects the wider social determinants of health such as income, education, environment and occupation and puts in place the necessary organisational structures to allow a cross-sectoral approach to health and

well-being. The public health policy should include cross-departmental and integrated policy measures aimed at addressing these wider social determinants of health. Examples include a highly progressive taxation system; an education system that includes the foundation years (0-5) as the first pillar in a tripartite education system – foundation years leading to school years leading to further, higher and continuing education; and the provision of quality housing.

Q5. Please comment on any other issues that you would like to raise?

TASC published a report (June 2011) *“Eliminating Health Inequalities – A Matter of Life and Death”*. The report clearly demonstrates the link between economic inequality and health inequalities. The overall aim of a new public health policy should be to protect the whole population from ill-health; facilitate people to live longer, healthier and more fulfilling lives; and reduce health inequalities by improving the health of the poorest, fastest.

This aim cannot be achieved in the absence of a more equal distribution of wealth, income and resources combined with investment in social protection and quality public services. The TASC report identifies a series of redistributive measures that need to be implemented to create the conditions for reducing and ultimately eliminating, health inequalities. The report recommends that an Equality Statement be published as part of the annual budgetary process, which explains how the government is ensuring that budgetary decisions are informed by equality considerations. The Equality Statements should also cover all areas of public spending, and include the distributional impact of proposed budgetary measures on all income levels.

Are you a health professional or other healthcare work? No