

INVESTING FOR HEALTH Consultation Paper

The Community Practitioners and Health Visitors Association's Response

Introduction

The CPHVA welcomes the opportunity to comment on the DHSS&PS consultation paper Investing for Health.

The emphasis on pursuing health improvement through a broad range of social, economic and environmental policy areas is welcome. It heralds a move away from the medical model of health provision and the acknowledgement that the determinants of health are multi-factorial.

Purpose, Values and Principles

These appear to adopt the approach necessary to tackle health inequalities and ensure that services are targeted at those most in need, The Values and Principles outlined in the Document reflect the Principles of Health Visiting which acknowledge the socio-economic determinants of health. However, adequate ongoing funding is essential if these principles and values are to be fully realised.

The important contribution that community nurses and health visitors can make to improve the public's health, needs to be recognised, particularly in relation to their role on the Primary Care Groups. Community nurses have always acted in an advocacy role for their clients, have an in-depth knowledge of community needs and as such are ideally suited to take the lead in these commissioning groups.

Equality

Social class and poverty are important defining markers, which impact on health. As such they should be incorporated into the equality impact assessment process for the Investing for Health document. The CPHVA are concerned that funding allocation to communities has been ad hoc in the past and is one area that needs particular attention in relation to equality impact assessment.

Policy Context:

Key policy areas impacting on health

The CPHVA welcome the recognition of the need to involve wider public policies in tackling health inequities. As alluded to in the document there are already a number of projects that demonstrate a partnership approach in the provision of health and social care. These initiatives have been successful because they have involved not only people at policy level but also community workers and

health professionals on the ground. The key to the success of these initiatives needs to be examined so that they can be replicated in other areas with similar needs. Needs should be assessed at local level with input from a range of health professionals and relevant stakeholders. A unified and united approach to service provision should be taken to reduce inequity. There also needs to be some monitoring mechanism in place to ensure that a partnership approach is implemented. Key individuals should be identified within government departments, statutory organisations and within local councils/communities to carry this forward.

Agenda for Change

Priorities

Key issues that need to be addressed in taking this agenda forward are improved co-ordination and integration of existing service provision. There are a plethora of services in existence that provide excellent support to families and individuals within communities but they need better co-ordination to avoid duplication. Current service provision is often inequitable, as it is often those communities that are already well organised who are better able to access funding.

Priority Groups

The family unit should be considered as a priority group. Within the family setting the mother in particular tends to be the main provider of care and the lifestyle communicator. Her ability to provide a healthy environment will influence her children's health and possibly their lifestyle in the future.

People in the middle years are also an important group particularly when one considers the morbidity and mortality prevalent in this age group. Input at this stage should impact on health service provision in the future as they will be the elderly in the next 2-3 decades. Encouraging healthier lifestyles now should reduce chronic illness with subsequent reduction on the drain of NHS resources in the future.

Priority Settings

To ensure a safer workplace the Government needs to set clear guidelines and legislate accordingly otherwise organisations will put profits before the safety of their workers.

Homes other than the usual family home need to be mentioned. These include sheltered accommodation, children's homes, and residential settings for the elderly, mentally ill and people with learning needs.

Schools are undoubtedly an excellent setting to enhance the health of young people. However there is no mention of the valuable contribution that school nurses make to the health of this population. Currently in Northern Ireland school nurses carry very large school population caseloads and work mainly at lower

grades than their counterparts in the rest of the United Kingdom. Subsequently their time is mainly spent carrying out routine screening and vaccination programmes. Whilst this work is of value their time could be better utilised if a skill mix team approach was adopted. Lower grade qualified staff could undertake these tasks freeing up higher grade school nurses to undertake more health promotion activities. In Scotland, for example, school nurses are to be trained to the same level as health visitors, receive the same grade also and their numbers are to be increased in an attempt to improve the health of schoolchildren.

More innovative programmes like drop-in centres and peer education programmes should be set up to facilitate more accessible services for young people.

Priority Topics

Smoking

Legislation is needed to ensure that all public places have facilities that are dedicated smoke free zones. Tax-saving incentives need to be offered to pubs, restaurants and other public venues that are totally non-smoking.

The government should also mount a media campaign highlighting to parents the detrimental effects of smoking in the home to the health of their children.

School nurses should be given responsibility in partnership with teachers to initiate evidence based programmes aimed at addressing smoking amongst young people in schools.

Eating for Health

School should be encouraged to sell healthy snacks in their tuck shops.

Sponsorship funding from soft drinks and confectionery companies to allow schools to put vending machines on their premises should be banned. School canteens should be monitored to ensure that they have appetising healthy choices on their menus at affordable prices.

Programmes should be initiated in schools to address the problems of obesity and eating disorders in young people.

Alcohol and Drugs

Identification Cards should be made compulsory for young people to gain admission to night-clubs and pubs. This may prevent them from early exposure to a drugs and drink culture. The sale of alcoholic drinks from off licenses should be more strictly monitored and heavier fines should be imposed on those traders flaunting the law by selling alcohol to underage drinkers. The Government should highlight through a media campaign the cost to society of alcohol-related illness, injury and deaths to counteract the positive images in the media by alcohol manufacturers.

Promoting Mental Health

Positive mental health starts before birth as recent evidence indicates that babies of mothers who suffer from anxiety in the antenatal period are more likely to suffer a range of health problems later in life. (Glover 2001)

A succession of recent research evidence indicates the detrimental effects of maternal postnatal depression on babies and older children. The DHSS&PS need to ensure there is a regional strategy in place to manage this very important issue. Early intervention by health professionals, particularly health visitors have been shown to be effective in reducing the impact of this debilitating illness. However, extra resources are needed for Health Trusts to put effective care pathways in place to manage Postnatal Depression.

Cross-border co-operation in this area should be encouraged to share expertise and reduce duplication of research initiatives.

Access to mental health could be improved if more Community Psychiatric Nurses worked in Primary Care. This would reduce the stigma of mental health services and hopefully reduce waiting times also.

More flexible working hours, particularly for working parents, childcare facilities and access to leisure facilities through workplaces could help reduce work-related stress.

Unemployment is associated with poor mental health and suicide risk. Reduction in unemployment and the provision of low cost Council leisure facilities for the long-term unemployed could alleviate the worst effects of this.

Departmental Contributions to Investing for Health

The Very Young

Parenting programmes should be evidenced based, co-ordinated, flexible and tailored to meet the needs of parents. Women should be encouraged through the use of financial incentives and flexible work practices to attend antenatal education classes so that they are better prepared for the realities of parenthood. This education for parenthood should begin in secondary schools and should be compulsory for both sexes.

The document recommends that vulnerable women should be supported through pregnancy and after childbirth. While it is very important to provide extra support to 'vulnerable' women, all women are to some extent vulnerable at this time in their lives and need support. Because of demographic changes in society, the extended families are not as available to new mothers as they may have been in the past. Therefore, other measures to support mothers in this very important transitional stage in their lives need to be put in place. Universal screening to detect Postnatal Depression should be introduced into all Health Trusts and appropriate intervention strategies put in place to target those women who are subsequently identified. Maternity leave needs to be increased to at least 4-6

months following childbirth to encourage continued breastfeeding. Good, affordable and accessible childcare provision needs to be increased to facilitate mothers/single mothers to return to employment following childbirth. For those mothers who prefer to remain at home to look after their children, flexible mortgages, housing benefits and tax incentives should be offered to allow them to do so.

Access to training and education facilities at local level should be promoted for single parents and the unemployed.

Lack of transport in rural areas needs to be addressed to provide equity of access to childcare provision.

Children and Young People

School Nurses have an important role in promoting healthy lifestyle choices amongst young people in primary and secondary schools. They need to work with teachers and Health Promotion Agencies to adopt a co-ordinated approach in addressing this issue.

School nurses could address emotional difficulties in young people by being available for counselling at drop-in-centres.

Providing information about health matters both to pupils and teachers in areas such as asthma, anaphylaxis and sexual health are just some of the areas that school nurses could play a more active part in.

Older People

The minimum pension should be raised to £100. Similar benefits to those in the South of Ireland e.g. an electricity allowance, heating allowance, free telephone rental and free colour television license should be introduced.

Settings

Parents on Income Support should be given vouchers to buy safety equipment to reduce the number of home accidents.

Primary care health professionals e.g. health visitors and GP's who are in close contact with women in the home should receive regular training in detecting domestic violence. They should liaise closely with organisations such as Women's Aid to provide support to victims of domestic violence.

A liaison health visitor should be attached to each Refuge centre so that those women and children temporarily staying there are able to access routine health checks and vaccinations.

Women's Aid plays a vital role in supporting women who are victims of domestic violence. To ensure that this essential service for women continues core funding needs to be made available to support their efforts.

Reducing Inequalities

The Department of Education needs to collaborate with local community groups to explore more flexible ways of providing accessible education to those most in need. Rural areas are particularly disadvantaged especially for the unemployed who cannot afford private transport and where public transport is inadequate.

The level of Working Families Tax Credit should be reviewed. At its present level there is very little incentive for people availing of it to return to employment because to do so they lose Housing Benefit, Free School Meals and Free Prescription charges.

Working Across Governments

Encouraging wider participation is essential to get a wider focus on taking these proposals forward. There are many good examples of community groups who have gained experience in assessing health needs and developing innovative ways of addressing these needs e.g. (Creggan Health Information Programme, Derry). Representatives from community groups like these should be encouraged to participate in this process. Others who should contribute include Trade Union representatives, education providers and voluntary agencies.

Health Impact Assessment

This is a very welcome proposal that should help reduce negative consequences of any new development on the public's health. This process needs to be inclusive and transparent so that all those likely to be affected by any new development have complete confidence in it.

Monitoring

The DHSSPS must ensure that consultation takes place at local level when developing Health and Welfare Improvement Plans. Many health professionals including health visitors already routinely carry out health profiles of their caseloads. This information should be collated at Trust level to avoid duplication of effort and to target resources where they are most needed. Communities should also be consulted and there are a number of effective methods already available to achieve this.

Investing for Health Partnerships

The Partnership approach is welcomed in addressing this process. However the proposed partnerships should be inclusive and be able to demonstrate that it is representative of all relevant stakeholders. Dissemination of progress and results needs to happen regularly so that the public and service providers are kept informed and have ownership of it.

Primary Care

The role of Primary Care Professionals in contributing to this process is essential to the success of these proposals. The concept of Primary Care Teams is seldom a reality on the ground. GP domination of Primary Care continues to ensure a medical model approach to delivering health services. Health Promotion and prevention frequently take a back seat when it comes to funding allocation.

The HPSS Workforce

Recognition needs to be given to the valuable contribution that community nurses and health visitors make to improve the public's health. They need to be encouraged to take a leading role in future Primary Care Groups so that the needs of their clients at ground level can be articulated. Multi-disciplinary training should be encouraged. Training in teamwork would encourage respect for individual professions and help to break down barriers.

Working Together – North/South, East West and Internationally

We have much to learn from sharing good practice. Dissemination of evidence based practice is essential to providing effective innovative health care services. Centres of excellence can be run more efficiently if they are providing health services for a larger population. Educational Institutions could share courses so that they could be run more cost effectively. Community groups can learn a lot from the experiences of other groups in similar circumstances whatever their location.

Information technology and easier access to travel has made the world a smaller place and solutions to problems in one country may be just as relevant in another. Sharing of research into disease prevention and health promotion across countries to pool expertise and reduce costs should therefore be encouraged.

Conclusion

This Document contains many excellent proposals to improve the health of the population of Northern Ireland.

The valuable contribution health visitors and other community nurses have traditionally made to the public's health, needs to be recognised and further developed. Their experience in health promotion and health needs assessment needs to be harnessed so that they can input at all levels to play their part in the Investing for Health Agenda.

Finally these proposals need to be backed up with increased resources if this document is to make a real difference to the health and wellbeing of the people of Northern Ireland.

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