

HSC Public Health Agency *Improving Your Health and Wellbeing*

Priorities for Health and Well-Being Key Issues

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Public Health Agency

- Created in April 2009 focusing on public health improvement and protection functions / nursing & allied health professions of former HSC Boards
- Health improvement, research, communications & campaign functions of former Health Promotion Agency
- Includes European Centre for Connected Health, HSC R&D functions
- Minister McGimpsey's intention: PHA to have a major focus on partnership working, particularly with local government, and addressing health & well-being inequalities

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Background to Local Govt / PHA Joint Working

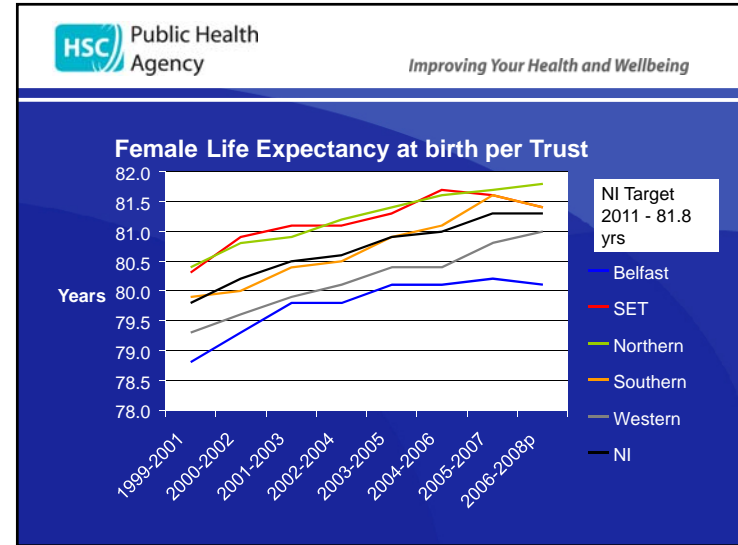
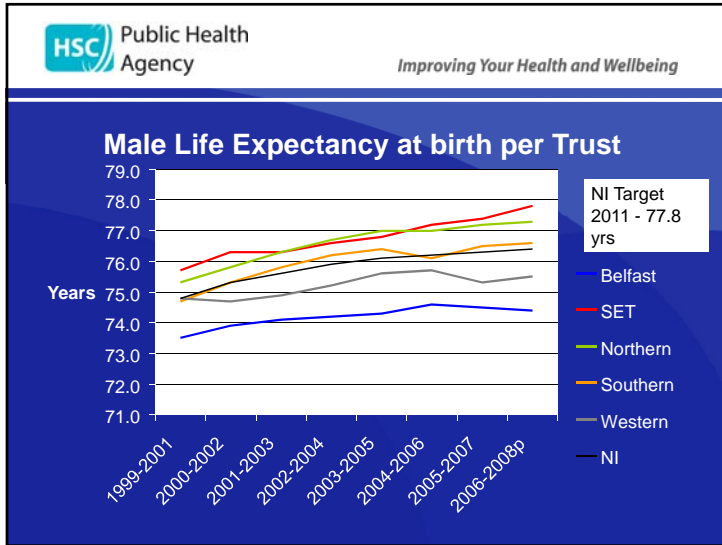
- Minister McGimpsey (Dec '08) invited expressions of interest from councils to host joint working arrangements
- Aim: to have better and more sustained impact on the underlying determinants of health and well-being inequalities
- How: more effective action through shared priorities, programmes, planning, community health profiles, evidence bases, governance, performance & evaluation
- PHA tasked with taking this forward
- To date nearly all councils signed up in 7 clusters

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Health Inequalities: some targets...

- Improve life expectancy by at least 3 years for men and 2 years for women
- Halve life expectancy gap between 20% most/least deprived wards
- People who live in the 20% most deprived areas are 40% more likely to die before 75 than the NI average

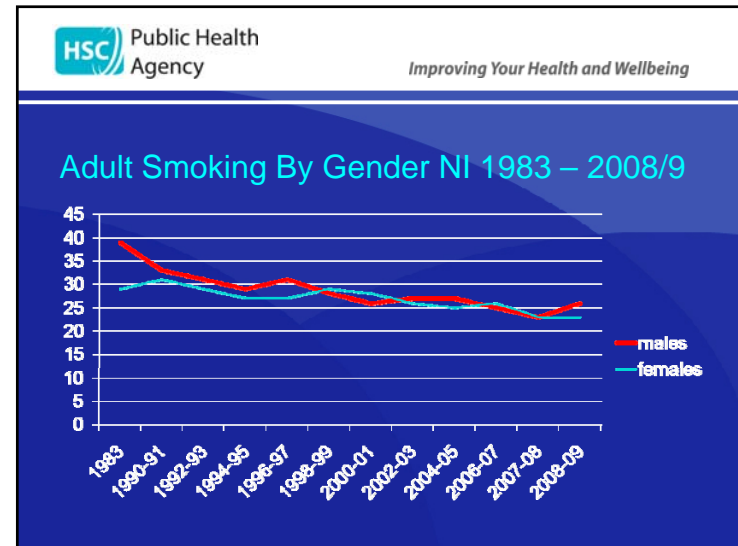




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Smoking


- Smoking has been identified as the primary reason for the gap in life expectancy between rich and poor
- Target: to reduce to 21% adults and 25% manual workers who smoke by 2011
- Lung Cancer death rates 57% higher in the 20% most deprived areas than the NI average



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Halt the Rise in Obesity by 2010

- Almost 1 in 5 children in NI are overweight or obese by the age of 5
- 58% of adult males and 48% of adult females are obese or overweight




SPL

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Alcohol

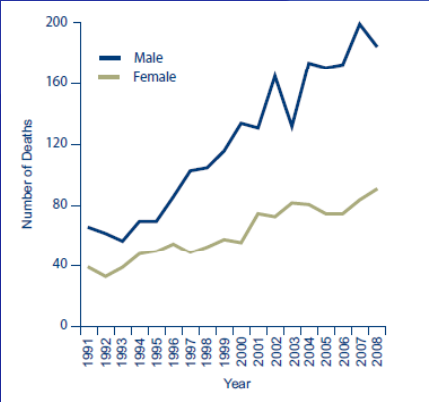
By March 2010:

- 5% reduction in adults who binge drink
- 10% reduction in young people who drink and report getting drunk



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Deaths in NI from Alcohol related diseases 1991-2008



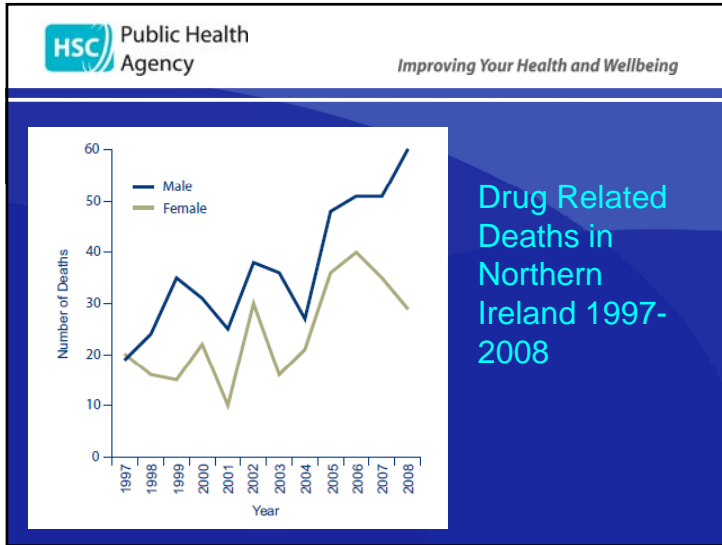
Year	Male	Female
1991	65	35
1992	55	30
1993	60	35
1994	65	40
1995	70	45
1996	75	45
1997	85	45
1998	95	50
1999	105	55
2000	115	55
2001	125	60
2002	160	65
2003	130	70
2004	165	75
2005	165	75
2006	175	75
2007	195	75
2008	185	85

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Illegal Drugs

- 5% reduction in young adults taking illegal drugs by March 2010
- 10% reduction in children at risk from parental alcohol/drug dependency by March 2011





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Drug Use in Young Adults 15-34 yrs 2006/7 - any illegal drug (%)

Area	Lifetime Prevalence	In last Year	In Last Month
Eastern	54.1%	23.4%	8.0%
Northern	38.0%	13.4%	2.5%
Southern	28.6%	13.7%	8.5%
Western	25.5%	13.3%	3.3%

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Suicide Prevention

- At least 15% reduction in the suicide rate by March 2011
- The suicide rate in the 20% most deprived areas is 73% higher than the NI average
- Male suicide rate is approx 3.5 times that of female

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Approach

- Project Steering Group provides leadership
- Joint local teams in each of the 7 cluster areas, supported by regional "task & finish" groups focussing on needs profiles, good practice, communications etc
- Focus initially on PHA / LG, but acknowledge many other players
- Build on commitment to joint working in a time of change
- Developing shared starting points and approaches
- Focus our capacity on effective approaches

Way Forward

- Focus now on action at 7 cluster level
- Local Government leadership at cluster level
- Involvement of other key local partners
- All clusters will have teams agreed by April and Action Plans in place by late summer 2010
- Acknowledge an ambitious, long-term commitment, in a time of great change, but great potential benefit to our communities