A FRAMEWORK FOR IMPROVED HEALTH AND WELLBEING
2013 – 2025

FOREWORD BY AN TAOISEACH

We have a lot to be happy about in Ireland; our population is increasing, life expectancy is increasing, infant mortality, mortality from cancer and heart diseases have all improved. Yes we have major economic and financial issues at the moment, but as a Government we are working resolutely to address these and we are succeeding.

Economic progress alone is not enough. We want a vibrant Irish society where everybody participates and feels they belong. Health and wellbeing is fundamental to this. Much of our improved health status is due to progress in the formal health sector.

A great deal of it is due also to actions and developments in other areas - clean air and water, better housing, safer roads, safer food, safer workplaces, actions to address poverty and inequality. All have an impact and we want to make sure that all sectors appreciate that they have a role to play and that health and wellbeing is affected by a whole range of factors across the life course.

Equally, we are seeing different health problems emerging; frequently the cause is our modern lifestyle. This trend is worrying and unless we make some significant changes, we are facing an unhealthy and costly future. The health sector alone cannot address these problems; we must change our approach.

That is what Healthy Ireland is about - taking some important steps towards making Ireland a healthier and more prosperous nation. It is the Framework which will bring together people and organisations from the length and breadth of the country into a national movement with one aim: supporting all of us to enjoy the best possible health and wellbeing. It is designed to include Government Departments, local authorities and public bodies, businesses and employers, sports and voluntary groups, communities and families.

Through Healthy Ireland, its goals and actions, and through working together, we will create a coherent policy and sustainable co-operative action for health and wellbeing. An essential part of this is to develop by the end of this year the measurements to make sure we are making the progress that we want. At Government level the Cabinet Committee on Social Policy will oversee implementation of the Framework.

By publishing and implementing Healthy Ireland, we as Government are committing to playing our part and leading the way. We are in turn calling on leaders from every sector of society to join us, and to help us. By getting involved, by working together, we can make real progress on making Ireland a healthier nation.

An Taoiseach, Enda Kenny, T.D.

INTRODUCTION FROM THE MINISTER FOR HEALTH

Ireland is facing serious challenges within our economy, our society and our health service. Our health and wellbeing is shaped by many things in the world around us – our family, our home and neighbourhood, our education and work, our friends and community, in addition to other social, environmental and economic factors.

The current health status of people living in Ireland, lifestyle trends and inequalities in health outcomes are leading us toward a future that is dangerously unhealthy and very likely unaffordable. The work that is underway to build a health service that is accessible and fair will only succeed if we build an environment that supports people and their families to lead healthier lifestyles.

Evidence and experience from around the world clearly shows that to create positive change in health and wellbeing, it takes the involvement of the whole community, the whole of Government, all of society working in unison.

Healthy Ireland draws on existing policies, but proposes new arrangements to ensure effective co-operation and collaboration across Government, the health system and other relevant areas. It is about each individual sector helping to improve health and wellbeing, multiplying both our efforts and our results.

I would like to thank the very many people, organisations and Government Departments who contributed to the development of Healthy Ireland. Many people contributed through participating in the consultation process and working group. Others attended meetings in the development phase and undertook background research and analyses. Others advised and commented on drafts of the Framework, and all provided freely of their expertise and commitment. This participation and support reflects our shared vision to address the risks to the health of all our people and to work collaboratively and purposefully for a healthier and fairer Ireland.

Dr. James Reilly, T.D. Minister for Health

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1.0 HEALTHY IRELAND AT A GLANCE

1.1 Introduction

Health is a personal, social and economic good, and the health and wellbeing of individuals, and of the population as a whole, is Ireland's most valuable resource. A healthy population is essential to allow people to live their lives to their full potential, to create the right environment to sustain jobs, to help restore the economy and to look after the most vulnerable people in society. A healthy population is a major asset for society, and improving the health and wellbeing of the nation is a priority for the Government and the whole of society. This means that all sectors of society and the whole of Government need to be proactively involved in improving the health and wellbeing of the population.

When a person experiences health problems, suffers illness or has a disability, the loss of health and wellbeing affects every part of his or her life and those around them. Similarly, adverse trends in the health of the community and the population impact on the whole of society.

Considerable progress has been made in Ireland to address lifestyle risks and ensure better detection, treatment and control of disease and threats to public health. Mortality rates have decreased and life expectancy has risen. However, these improvements are at risk with increases in adverse population trends related to obesity, diabetes and physical activity.

Current adverse health trends in Ireland are similar to those causing concern in other developed countries. They include projected significant increases in levels of chronic disease, exposure to health risks, growing health inequalities, and difficulty in accessing care when it is needed. The projected growth in incidence of chronic diseases will undoubtedly lead Ireland toward an unhealthy and extremely costly, if not unaffordable, future. Action is required to create change and try to address these negative health trends before our problems grow larger.

Healthy Ireland is a collective response to the risks that threaten Ireland's future health and wellbeing, as well as its economic recovery. It is a new national Framework for action to improve the health and wellbeing of the population of Ireland over the coming generation. It sets out four central goals for improved health and wellbeing, and outlines clear routes and strategies to achieve these goals, in which all people and all parts of society can participate.

The Healthy Ireland Framework draws on existing policies but proposes new arrangements to ensure effective co-operation and collaboration and to implement evidence-based policies at government, sectoral, community and local levels. It is about each individual sector helping to improve health and wellbeing, multiplying all efforts and delivering better results.

1.2 Vision

A Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility.

Healthy Ireland is designed to bring about real, measurable change and is based on an understanding of the determinants of health. Health and wellbeing are affected by all aspects of a person's life; economic status, education, housing, the physical environment in which people live and work. Health and wellbeing are also affected by policy decisions taken by Government, the individual choices people make about how they live, and the participation of people in their communities.

This understanding calls for a partnership approach in all of the actions set out in the Framework. Healthy Ireland is designed to harness the energy, creativity and expertise of everyone whose work promotes health and wellbeing, and encourages all sectors of society to get involved in making Ireland a healthier place to live, work and play.

The Framework describes four high-level goals and details 64 actions that will work together to help achieve these goals.

Goal 1: Increase the proportion of people who are healthy at all stages of life

This means addressing risk factors and promoting protective factors at every stage of life - from pre-natal, through early childhood, adolescence, adulthood and into old age, to support lifelong health and wellbeing.

Goal 2: Reduce health inequalities

Health and wellbeing are not evenly distributed across Irish society. This goal requires not only interventions to target particular health risks, but also a broad focus on addressing the wider social determinants of health – the circumstances in which people are born, grow, live, work and age – to create economic, social, cultural and physical environments that foster healthy living.

Goal 3: Protect the public from threats to health and wellbeing

Healthy Ireland is designed to ensure effective strategies and interventions to protect the public from new and emerging threats to health and wellbeing are implemented. Being prepared to prevent, respond to, and rapidly recover from public health threats through collaborative working is critical for protecting and securing the nation's health.

Goal 4: Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland

It is beyond the capability of any one Government Department or organisation to promote society-wide health and wellbeing. This can only be done through society-wide involvement in and engagement with health and wellbeing promotion and improvement activities - from individuals making positive lifestyle choices and projects run by community and local groups, to policy and legislative changes at the highest level of government.

1.3 Implementation

Healthy Ireland, whilst guided by a clear vision, is very much outcomes driven, with targeted actions grouped under six broad themes:

- *Governance and Policy*
- *Partnerships and Cross-Sectoral Work*
- *Empowering People and Communities*
- *Health and Health Reform*
- *Research and Evidence*
- *Monitoring, Reporting and Evaluation*

The Cabinet Committee on Social Policy will oversee the delivery of this Framework. The Health and Wellbeing Programme in the Department of Health has responsibility for strategic planning and co-ordination of the implementation of the Framework actions. A multi-stakeholder Healthy Ireland Council will be established to provide a national advisory forum to support the implementation of the Framework across sectors. With this robust governance and accountability structure at its core, the Framework will be accompanied later in 2013 by a high-level implementation plan and an Outcomes Framework. Detailed and more specific implementation plans for priority policy areas will also be developed.

Implementation plans will be subjected to high levels of consultation across Government, health and other sectors. Specifying direct responsible individuals for each action will be an important characteristic of Healthy Ireland implementation plans.

1.4 Research and Evaluation

An important feature of Healthy Ireland is its focus on research, to ensure that goals, programmes and funding decisions are based on robust evidence about the determinants of health and best practice approaches in addressing them.

A Healthy Ireland research plan will be developed to build the knowledge base and ensure that the highest quality and most up-to-date data, scientific knowledge and evaluation tools are available to support the implementation and monitoring of the Framework's actions and guide the development of new policies into the future.

Basing Ireland's health promotion policies and programmes on robust evidence means that interventions will be in line with international best practice, cost-effective, integrated with service delivery and more likely to make an impact.

Healthy Ireland will be subject to rigorous monitoring and evaluation. An Outcomes Framework will be developed that will specify key indicators to underpin each of the four high-level goals. Targets for quantifiable improvements will be set, where appropriate. Regular measurement of these indicators will allow progress to be assessed over time.

1.5 Participation

Healthy Ireland has been informed by feedback from an extensive consultation process within Government, the health sector and wider public and private society. It reflects international experience and evidence of what determines health and reflects best practice in how to prioritise and invest for health and invest for long-term sustainable health benefits.

It proposes a necessary shift towards a broader, more inclusive approach to governance for health, moving beyond the health service, across national and local authorities, involving all sectors of society, and the people themselves. It will be about focusing and redirecting existing resources, accelerating progress on existing initiatives, and creating new and innovative programmes.

Healthy Ireland describes supportive mechanisms to ensure effective co-operation between the health sector and other areas of Government and public services concerned with social protection, children, industry, food safety, education, transport, housing, agriculture and the environment.

It invites the private and voluntary sector to participate through well-supported and mutually beneficial partnerships. It provides an outcomes driven approach to implementation to ensure existing resources are used to better effect, with better evidence and better monitoring and evaluation.

Moving towards a healthier future will take senior government and societal commitment, time, planning and strong leadership to ensure consistent implementation. It will result in people living in Ireland being supported to make healthier choices in their day-to-day lives, in health-promoting and sustainable environments.

2.0 WHY IS A HEALTHY IRELAND FRAMEWORK NEEDED?

Ireland is, like many other developed countries, facing serious challenges within the economy, society and the health system. The current health status of people living in Ireland and their lifestyle trends are leading us toward a costly and unhealthy future. A review of the literature relating to health trends and the wider determinants of health is in Appendix 1.

2.1 Defining Health and Wellbeing

By 2020, incidence of type-2 diabetes and cardiovascular diseases is expected to rise by 20 to 30%

Health means everyone achieving his or her potential to enjoy complete physical, mental and social wellbeing. Healthy people contribute to the health and quality of the society in which they live, work and play. Health is much more than an absence of disease or disability, and individual health, and that of the country, affects the quality of everyone's lived experience. Health is an essential resource for everyday life, a public good, and an asset for health and human development. [1,2]

Wellbeing is an integral part of this definition of health. It reflects the quality of life and the various factors which can influence it over the course of a person's life. [3] Wellbeing also reflects the concept of positive mental health, in which a person can realise his or her own abilities, cope with the normal stresses of life, work productively and fruitfully, and be able to make a contribution to his or her community. [4] Consideration of health and wellbeing requires a shift in focus from what can go wrong in people's lives, to focusing on what makes their lives go well. [5]

Health is not evenly distributed in society, with prevalence of chronic conditions and accompanying lifestyle behaviours being strongly influenced by socio-economic status

2.2 Is Ireland Healthy?

Ireland has a population of 4.6 million people. [6] This represents an 8% increase since 2006. The population is growing and has also become more diverse. The latest census data show that the number of people living in Ireland but born outside the State increased by 25% to 766,770 in the period 2006-2011. This now represents 17% of the population. People living in Ireland are now living longer than ever before, but not all are living those longer lives in good health.

Many people living in Ireland and their families are affected by chronic diseases and disabilities related to poor diet, smoking, alcohol misuse and physical inactivity. [7] Enjoyment of health is not evenly distributed in society, with prevalence of chronic conditions and accompanying lifestyle behaviours being strongly influenced by socio-economic status, levels of education, employment and housing. Chronic conditions are responsible for a significant proportion of premature deaths. The prevalence of conditions such as hypertension, coronary heart disease, stroke and type-2 diabetes increases dramatically with age, is greater in lower socio-economic groups and generally higher in males. By 2020, the number of adults with chronic diseases will increase by around 40%, with relatively more of the conditions affecting those in the older age groups. [7]

Furthermore, between 2010 and 2020 the number of adults with diabetes is expected to rise by 30%, the number with chronic obstructive pulmonary disease by 23%, the number with hypertension by 28% and the number with coronary heart disease by 31%. [8-11]

Cancer is the second major cause of death in Ireland, after cardiovascular disease, accounting for over 8,000 deaths per year. [12] An average of nearly 30,000 new cases of cancer are diagnosed each year. [13] This is 50% more cancers per year than in the mid-1990s. The number of newly diagnosed cancers is increasing by 6-7% annually and unless a major reversal of trends occurs in the near future, the number is likely to double in the next 20 years. [14] The underlying risk of developing cancer is increasing by less than 1% annually and the expected increase is primarily due to the higher proportion of elderly people in the population but may also be influenced by the projected growth in the total population. This is the biggest predicted rise in the 27 EU Member States. [15]

Other Irish health trends and the relative difference in trends according to socio-economic group are listed overleaf.

Overweight and Obesity

- In Ireland, 61% of all adults and 25% of 3-year-olds are overweight or obese; 26% of 9-year-olds have a body mass index outside the healthy range. [16-18]
- Three in four people over fifty in Ireland are either overweight or obese. [19]
- Body mass index, cholesterol and blood pressure are persistently higher amongst low-income social classes. [7, 20] Poorer individuals and those with lower levels of education have the highest levels of obesity.
- 9% of 3-year-olds in lower socio-economic groups are obese compared to 5% in higher socio-economic groups and at least one fifth of children in all social classes are overweight. [17]
- The incidence of heart disease, cancers, type-2 diabetes, (including type-2 diabetes in children and adolescents) is set to increase. [7] Obesity is the leading cause of cancer in non-smokers.[21]

Mental Health

- Mental health is a growing health, social and economic issue and it is expected that depressive mental illnesses will be the leading cause of chronic disease in high-income countries by 2030. [22] One in every four people will experience mental health problems during his/her lifetime. [23]
- More Irish young people die by suicide than in other countries. [24] In Ireland, the mortality rate from suicide in the 15-24 age group is the fourth highest in the EU, and the third highest among young men aged 15-19. [25, 26]
- One in 20 of participants aged over 50 years in an Irish longitudinal study on ageing (TILDA) reported a doctor's diagnosis of depression, with a similar number reporting a diagnosis of anxiety. [19]
- Levels of depression and admissions to psychiatric hospital are higher among less affluent socio-economic groups. [27] Mental health problems are also related to deprivation, poverty, inequality and other social and economic determinants of health. [28] Economic crises are, therefore, times of high risk to the mental wellbeing of the population and of the people affected and their families.

Smoking

- Around one million people in Ireland smoke tobacco products.
- 12% of children aged between 11-17 years are current smokers. [29]
- Smoking rates are highest (56%) amongst women aged 18-29 years from poor communities, compared to 28% of young women from higher social classes. [30]
- The annual death toll from smoking-related diseases in Ireland is at least 5,200, with many thousands more, and their families, affected through chronic illness and disability.[31]
- One in every two smokers will die of a tobacco-related disease; these diseases include a wide range of cancers, as well as respiratory and cardiovascular diseases. [89]

Alcohol and Drugs

- The alcohol consumption rate for Ireland is one of highest in Europe at 11.9 litres per capita in 2010. [32]
- Alcohol is responsible for approximately 90 deaths every month, which include many alcohol-related cancers and heart diseases. [33] High alcohol consumption may also contribute to obesity, through the additional calories consumed by regular drinkers.
- Alcohol is a contributory factor in half of all suicides. [34]
- Use of illegal drugs in the last year is reported at 7% of adults between aged 15-64 years. [35]
- Drug use was the direct and indirect cause of 534 deaths in 2008, including deaths attributed to heroin, methadone, benzodiazepines, and medical and trauma deaths. [36]
- Between 1998 and 2007, benzodiazepines were implicated in nearly one-third (31%) of all deaths by poisoning, with the annual number increasing from 65 in 1998 to 88 in 2007. In 2010, over 900,000 GMS prescription items related to benzodiazepines. [37]

Sexual Health

- There were 20 births per 1,000 to mothers aged 15 – 19 in 2001, and 12 per 1,000 in 2011. [38]
- In 2011, there were 13,259 notifications of sexually transmitted infections (STIs) in Ireland, which represents a 12.2% increase over 2010, and continues the upward trend observed since 1995. [39] Chlamydia Trachomatis accounted for 48.3% of notifications. Survey data suggest an increase over time in the number of adults reporting that they had been screened for and/or diagnosed with HIV or an STI. [40]
- In 2011, 320 people were diagnosed with HIV; this represents a 3% decline over 2010 and continues the downward trend in new HIV diagnoses observed since 2008. [39]

Trends to date clearly illustrate the near and longer-term challenges for health and social care services and the consequent impacts on individuals, families, communities and society. As described previously, there is now a higher proportion of people living longer and whilst there has been improvement for some lifestyle risk factors, others show a marked deterioration. Estimates for the growth of chronic conditions over the next 30 years point to a problematic, extremely costly and unsustainable future for the health services. It is essential that these problems are addressed now or the next generation will face a future defined by rising ill-health and crippling health costs.

2.3 *Rising Costs to Health Systems and Society*

Health comprises the second largest component of public expenditure in Ireland after social protection. [42] From 2000 to 2009, the Irish public healthcare spend more than doubled in real terms to €15.5 billion per annum. Spending is mainly directed towards diagnostics and treatment services for diseases and injury. Chronic diseases and their risk factors are major drivers of healthcare costs, as well as associated economic losses.

Obesity presents a real clinical, social and financial challenge which could have a detrimental legacy lasting decades, the scale of which is only starting to emerge. The annual estimated economic cost of obesity is approximately €1.13 billion. [43]

Alcohol is responsible for a wide range of health and social harms; dealing with the consequences of its use and misuse places an estimated burden of €3.7 billion annually on the resources of the State. [44]

Mental health problems have huge personal impacts on those who experience them, and result in significant costs related to loss of productivity, premature death, disability, and additional costs to the social, educational and justice systems. It is estimated that the economic cost of mental health problems in Ireland is €11 billion per year. [45] The economic crisis is expected to produce secondary mental health effects that may increase suicide and alcohol related death rates. [28]

6-15% of the total health budget is spent on treating tobacco related disease – this amounts to between €1-2 billion every year. In 2008, smoking-attributable diseases accounted for an estimated €280 million in hospital costs alone. [31] There are also significant productivity losses due to excess absenteeism, smoking breaks and lost output due to premature death.

2.4 *Recovering Ireland's Health and Prosperity*

There is an overwhelming economic argument for action: national and international evidence shows that health is an economic good in its own right and is a key factor in employment, earnings, productivity, economic development and growth. Better health can lead to economic growth, not only through an increase in total GDP as the population increases, but also, more importantly, through long-term gains in human and physical capital that raise productivity and per capita GDP. [41] Protecting health and putting in place targeted, cross-sectoral and cost-effective prevention programmes and

policies will play a central and supportive role in Ireland's short and longer-term economic recovery programme, as well as reducing the prospect of unaffordable future health costs, which will certainly arise if current health trends are not addressed.

The creation of healthy generations of children, who can enjoy their lives to the full and reach their full potential as they develop into adults, is critical to the country's future. A healthy society and workforce benefits all sectors, so responsibility for prevention programmes cannot rest solely with the health system but must be shared across Government Departments; departments that will benefit in terms of less expenditure on sickness benefits as well as greater productivity and contributions to the exchequer. Wider participation from the private and voluntary sectors will produce even more effective results. Ireland's economic recovery will be defined as much by the health and wellbeing profile of the population as by core economic trends or growth.

2.5 Conclusion

The rationale for taking on this significant programme of work is clear – both in terms of health costs and potential health benefits. Proven economic benefits flow from having a healthy society. Prevention at the population level results in better value, increased productivity and improved quality of life. [46]

Unless we change course, healthcare will become unaffordable for society and for the country.

3.0 THE CHARACTERISTICS OF AN EFFECTIVE RESPONSE

The development of the Healthy Ireland Framework placed a strong emphasis on ensuring the measures proposed were based on robust evidence and reflected national and international best-practice.

This was achieved through an extensive national consultation process. Detailed analyses were undertaken to examine and understand health and wellbeing trends and systems in Ireland and in other countries[1].

This commitment to evidence-based action means that the goals, strategies, structures and principles of Healthy Ireland are based on international and national evidence and experience about what works in improving health and wellbeing.

The health sector must assume both a stewardship and advocacy role to support other sectors in pursuing health and wellbeing goals

Key principles and approaches that have proven to be effective have emerged from the research evidence and have been adopted in drafting this Framework.

Leadership and Accountability

Effective health and wellbeing improvement calls for new ways of working and requires a mandate and formal commitment from central Government. Successful programmes also use advocacy and networking to bring partners together and mobilise broad-based political and cultural support for equitable, sustainable and accountable approaches to improving health. [3] The health sector must assume both a stewardship and advocacy role to support other sectors in pursuing health and wellbeing goals.

The Healthy Ireland Framework has the support of all Government Departments, and puts in place structures to ensure that clear direction, accountability, good governance and support for collaborative working underpin all its actions. This governance structure will allow objectives set by Government to be subject to rigorous monitoring and continuous evaluation. All partners will be engaged in planning, to establish the right participants for each action, to identify common indicators and benchmark progress over time, and relative to other countries.

Intersectoral Approach – a whole-system response

Whole-of-government and whole-of-society approaches, often termed Health in All Policies (HiAP) highlight the fact that the risk factors of major diseases, or the determinants of health, are modified by measures that are often managed by other Government sectors as well as by other actors in society. Broader societal health determinants such as education, employment and the environment influence the distribution of risk factors in the population, thereby resulting in health inequalities. Whole-system approaches shift the emphasis slightly from individual lifestyles and single diseases to societal factors and actions that shape our everyday living environments.

Broad-based policy approaches are therefore needed, to ensure that health is an integral part of all relevant policy areas, including environment, social and economic policies. For example, the Environmental Protection Agency (EPA) in its draft strategic plan commits to "the development of stronger and more robust approaches and promoting the essential role that protecting the environment plays in improving the health of the population". To do this successfully a whole-system approach is needed.

Intersectoral working or HiAP is a politically challenging strategy that requires deliberate efforts to be promoted. Healthy Ireland acknowledges and seeks to address these challenges through its vision, goals, structures and actions. The intersectoral approach will require the use of validated tools and support mechanisms to drive this agenda, including for example, Health Impact Assessment, inter-ministerial and inter-departmental committees, cross-sector action teams, joined-up workforce development, legislative frameworks. In Ireland, the Government has committed to incorporating poverty impact assessment as part of an integrated social impact assessment. Health impacts will be a core feature of this new tool.

[1] Outputs from these preparatory activities include a literature review on the economics of prevention, an analysis of the public health system in Ireland and a review of public health legislation. All of these documents are available on www.doh.ie

Partnerships and Reaching Beyond Government

Effective partnerships with citizens and communities, supported by a wide network of public and private stakeholders, are essential to gain insights into health and wellbeing at the local level. Building partnerships wins support for action at grassroots level and contributes to community development. [3] Identifying partners at every level of society, from government to business, to community and family will contribute to the implementation of mutually beneficial health and wellbeing programmes.

Building Community and Personal Responsibility

Many health and wellbeing indicators are affected by individuals' personal lifestyle choices. For example, the World Health Organisation attributes 60% of the disease burden in Europe to seven leading risk factors: hypertension, tobacco use, alcohol misuse, high cholesterol, being overweight, low fruit and vegetable intake and physical inactivity. The effects of these risk factors can be minimised if individuals can be motivated and supported to make healthier choices. To be effective, action to control the determinants of health must include developing understanding and skills, and promoting informed health choices. This means informing people and communities about how to improve their health and wellbeing and empowering and motivating them to do so, whilst working to remove or at least minimise any legislative or practical barriers that impede their ability to make healthy choices.

Healthy Ireland will help to raise awareness and promote healthy lifestyle choices among the public by understanding and acknowledging the broad causes of ill-health and by devising targeted, inter-sectoral public information strategies and actions to address them.

Life Course Approach

Patterns of health, illness and disease are influenced at different stages of a person's life, and what happens during the early years has lifelong effects. [49] Healthy Ireland adopts a life course perspective that approaches health as an integrated continuum rather than as disconnected and unrelated stages.

Supporting people to enjoy a healthy and active life, starting in the womb and continuing through childhood, adolescence, adulthood and older age, is a fundamental goal of this policy Framework. Key transition points, such as entering or leaving school, starting a family or retirement, present opportunities for intervention, with healthcare services, educational institutions and employers, for example. [50] Healthy Ireland seeks to impact positively on health indicators and contribute to closing the gap in health and wellbeing between socio-economic groups. Empowering people throughout their lives will help create better conditions for health.

Early Intervention and Healthy Ageing

Investment in early intervention initiatives aimed at children and families in terms of child development, educational disadvantage and parenting has been shown to provide a greater rate of return than later intervention. [51] The most effective time to intervene in terms of reducing inequalities and improving health and wellbeing outcomes is before birth and in early childhood.

Age-related chronic diseases also have their origins in early life experiences. The determinants of positive ageing also extend beyond health and personal social services to include socio-economic, environmental and other social policy factors.

A truly systematic, life course approach to healthy ageing starts at birth and therefore reinforces the need to prioritise early intervention. Positive and healthy ageing also requires targeted, multi-sectoral interventions aimed at key risk groups in the population.

Healthy Ireland will adopt a strategic focus on the synergies between health and wellbeing for both young and older people.

Measurement and Evaluation

For sustainable success in improving health and wellbeing and tackling health inequalities, activity must be monitored and evaluated across the various levels of the system. [48] This entails developing indicators and setting measurable targets, coupled with a formal reporting process, to monitor progress.

4.0 VISION, GOALS AND FRAMEWORK FOR ACTION

4.1 Vision and Goals

The vision is: A Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility.

This vision recognises the fundamental value of health and wellbeing to individuals, communities and society as a whole and acknowledges that to achieve a healthy society where everyone can benefit, every section of society must play its part.

The four goals of Healthy Ireland are set out below. These four goals are interlinked, interdependent and mutually supportive.

Health and wellbeing is a public good and an asset for Ireland's development and economic recovery

***Goal 1**: Increase the proportion of people who are healthy at all stages of life*

This goal aims to improve levels of health and wellbeing at all stages of a person's life, to decrease the prevalence of unhealthy behaviours that contribute to chronic disease and to increase the degree to which diseases and conditions are either prevented, or detected early to allow for successful intervention.

By adopting a life course approach to promoting health and wellbeing – focusing attention on risk factors and effective interventions at key transition points in a person's life – Healthy Ireland seeks to impact positively on health critical indicators.

***Goal 2:** Reduce health inequalities*

This goal requires a focus on reducing the gaps between the highest and lowest occupational classes and socio-economic groups, and between the wealthiest and most deprived areas, in order to reduce health inequalities. Reductions in health inequalities now will deliver real benefits for society and future generations of people living in Ireland.

This goal will require complex solutions that reach across sectors and create economic, social, cultural and physical environments that foster healthy living, supported by socially targeted interventions that address the specific needs of at-risk groups.

***Goal 3:** Protect the public from threats to health and wellbeing*

This goal aims to ensure that Ireland has effective and integrated strategies and interventions to protect the public from new and emerging threats to health and wellbeing. Being prepared to prevent, respond to, and rapidly recover from public health threats is critical for protecting and securing our nation's health. The 2009 H1N1 influenza pandemic underscored the importance of communities being prepared for potential threats. Strong state and local public health systems are the cornerstone of an effective public health response.

***Goal 4:** Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland*

The core of this policy Framework does not solely lie in the rationale, or evidence that supports it. It also lies in the partnerships that will allow the Framework to be implemented, and the agreement that sharing the benefits entails sharing the responsibility for taking part.

As the challenges to creating a truly healthy population are many and complex, relationships must be built between sectors and their roles acknowledged in addressing the determinants of health and wellbeing. Partnerships – between Government Departments, across sectors or within the community – are essential to the full implementation of the Framework.

Many inter-sectoral Government strategies, guidelines and programmes already exist; for example, Age Friendly County Programme, Smarter Travel: A Sustainable Transport Future, Our Sustainable Future - A Framework for Sustainable Development, The National Drugs Strategy, Warmer Homes: a Strategy for Affordable Energy in Ireland, Wellbeing in Post Primary Schools: Guidelines for Mental Health Promotion and Suicide Prevention, and Get Active: Physical Education, Physical Activity and Sport for Children and Young People. Other work is currently in development, such as the Positive Ageing Strategy, the Children and Young People's Policy Framework and the Sexual Health Strategy.

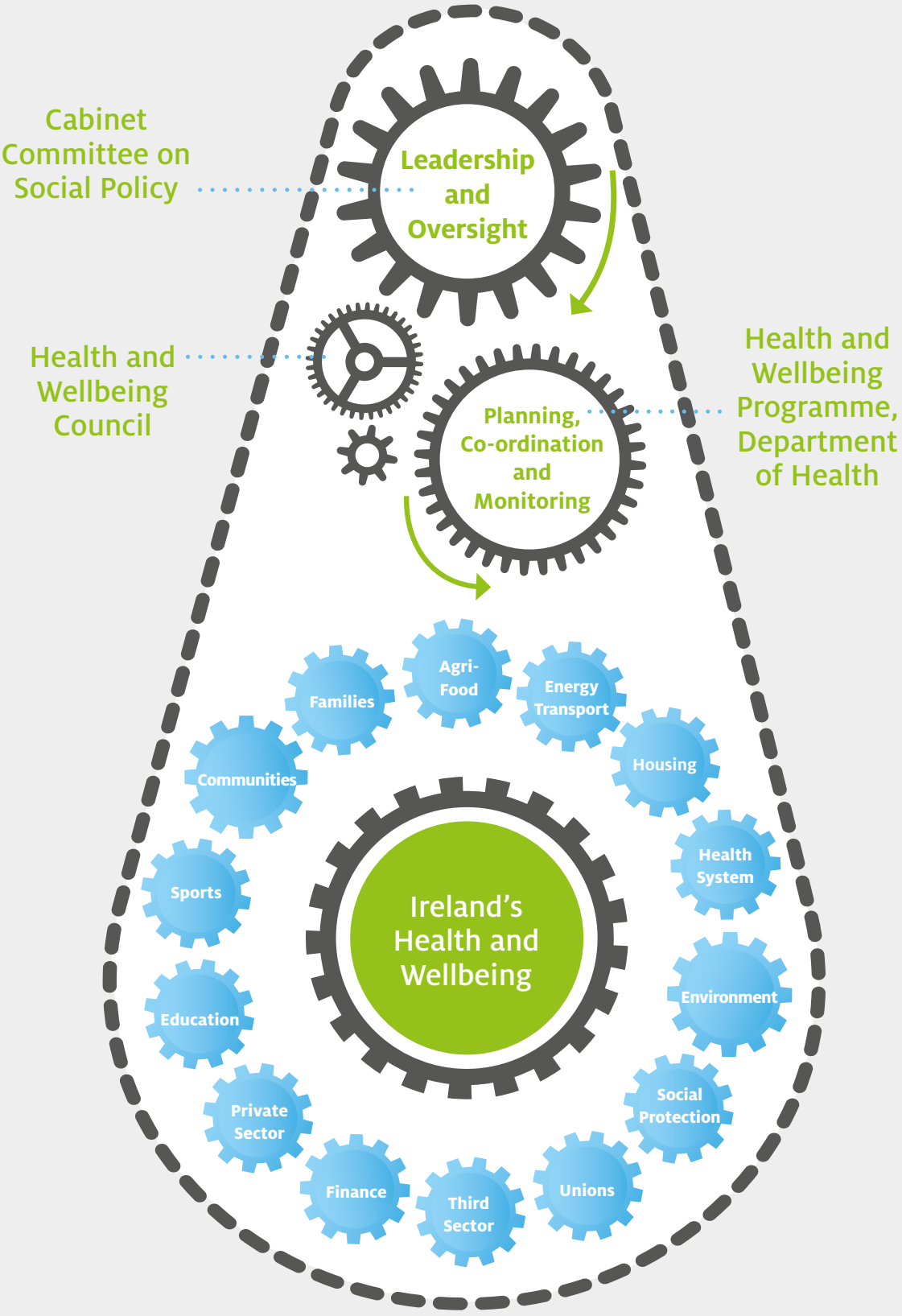
Conclusion

Healthy Ireland provides an overarching governance structure and monitoring mechanisms to support the implementation of these strategies with a view to improving health and wellbeing for all people, at all stages of life and in all sections of society.

Healthy Ireland's four goals have broad potential for implementation, and will succeed through a combination of consolidating and reconfiguring existing work, where necessary, and creating new initiatives.

Participation from all sectors of society is needed, and Healthy Ireland's partnership approach will help unlock any barriers to that participation (See diagram page 17).

HEALTHY IRELAND WORKING IN PARTNERSHIP



4.2 Framework of Actions for a Healthy Ireland

Healthy Ireland provides a framework of actions and programmes, which link back to the goals; many of them will assist in the achievement of more than one goal.

The actions will be implemented as integrated and co-ordinated projects that will be tracked and supported through the Health and Wellbeing Programme in the Department of Health and reported to the Cabinet Committee on Social Policy.

Actions are grouped under six themes:

Theme 1	Governance and Policy
Theme 2	Partnerships and Cross-Sectoral Work
Theme 3	Empowering People and Communities
Theme 4	Health and Health Reform
Theme 5	Research and Evidence
Theme 6	Monitoring, Reporting and Evaluation

The Framework also identifies the partners who have a role to play in delivering each action, which may be added to over time. In developing an implementation plan for Healthy Ireland (see Section 6), directly responsible individuals will be identified to lead on each action.

New strategic actions will be added to the Framework in time, as partnerships are developed and mature, and as the governance and accountability measures are embedded within workflows.

These actions form the basis of how a whole-system approach to health and wellbeing will be delivered across sectors. A series of ethical principles will underpin this work: equity, fairness, proportionality, openness and accountability, solidarity and sustainability. Healthy Ireland's Framework of 64 actions for improved health and wellbeing are listed by theme on the following pages.

THEME 1 – GOVERNANCE AND POLICY

To influence the broader determinants of health, a whole-of-government and whole-of-society approach is required. Under the Healthy Ireland Framework, governance for health considerations across policy domains will be led at the highest level of Government.

In addition, legislation, regulation and policy direction will be progressed across Government Departments to facilitate the implementation of multi-stakeholder policies and evidence-based actions for improved health and wellbeing. Actions designed to strengthen governance will improve accountability, transparency and participation.

Reference	Action	Partners*
1.1	The Cabinet Committee on Social Policy, chaired by An Taoiseach, will oversee the implementation of Healthy Ireland. The Committee will oversee, monitor and address common Government policy, agenda, targets and action plans to improve health and wellbeing.	DT and other Government Departments on Cabinet Committee on Social Policy.
1.2	Establish a multi-stakeholder, Healthy Ireland Council which will provide a national advisory forum to support implementation of the Framework across sectors.	Civil society, community and voluntary sector, private sector, government and statutory sector, unions.
1.3	Establish a Health and Wellbeing Programme in the Department of Health, within existing resources, to spearhead the co-ordination and monitoring of implementation of Healthy Ireland.	DH, HSE Directorates.
1.4	Policy units in Government Departments and partner organisations will work with the Health and Wellbeing Programme to produce integrated, co-ordinated intersectoral plans to address risk factors and social determinants of health.	All relevant Government Departments, HSE Directorates, statutory agencies and other sectors.
1.5	The Health and Wellbeing Programme will work with the Social Inclusion Unit in the Department of Social Protection to facilitate the development of integrated Social Impact Assessment (SIA) as a feature of policy development and policy impact analysis.	DH, DSP, DECLG, all other relevant Government Departments, HRB, IPH and relevant academic expertise.

* Glossary of abbreviations to describe partners is set out in Appendix 3

Reference	Action	Partners*
1.6	All public sector organisations and workplaces will be required by Government to promote and protect the health and wellbeing of their workforce, their clients and the community they serve. These commitments will be detailed in corporate, strategic and/or business plans.	Public sector organisations.
1.7	Establish formal multi-sectoral committees to provide national, co-ordinated mechanisms to address and respond to issues that affect human, environmental and animal health, in line with EU Council requirements.	DH, HSE Directorates, DECLG, local authorities, relevant statutory agencies and others as appropriate.
1.8	Examine, rationalise and streamline the work of intersectoral groups, link areas of common interest and provide for more efficient mechanisms for policy development and implementation.	Government Departments, HSE Directorates, statutory agencies and other organisations involved in cross-sectoral groups.
1.9	Draw up specific proposals in relation to the potential role of local authorities in the area of health and wellbeing, having regard to the principles set out in Paragraph 2.5 of the Action Programme for Effective Local Government.	DH, DECLG, local authorities, HSE Directorates.
1.10	Detail actions that will improve collaborative networks responding to public health threats between professionals in public health medicine, environmental health, infection control and prevention, public health laboratory and reference services and public health emergency preparedness.	DH,HSE Directorates, DECLG, local authorities, relevant statutory agencies and others as appropriate.

THEME 2 – PARTNERSHIPS AND CROSS-SECTORAL WORK

The achievement of the goals set out in the Healthy Ireland Framework depends on the participation of many sections of society. The establishment of a Healthy Ireland Council at national level reflects the emphasis and priority being placed on partnership and cross-sectoral involvement. This Council will hold its inaugural meeting during Ireland's Presidency of the EU.

It will be very important to consider how responsibility for action on health determinants and health behaviours is balanced between the State, private sector and employers, communities, families and individuals. It will be equally important to ensure every sector and part of society can play a role, from business, enterprise, academia, media, professional bodies, philanthropic organisations, community and voluntary bodies to representative bodies, organised societies, associations, foundations, community fora and individuals. The relationships forged and sustained across sectors, and the support given to defining a common purpose, will be critical to implementation of the Framework.

It is important to identify local structures for implementation and how these can be supported through this Framework to work on common agendas. It is at this level that individuals, community and voluntary groups and projects, sporting partnerships, local schools, businesses, primary care teams, community Gardaí, etc. can interact to work together.

Local Authorities already play a critically important role in protecting and promoting health and wellbeing at local level; this is particularly so in areas of disadvantage. The public health nurse is also well-placed to lead on engagements and interactions at local community level.

Reference	Action	Partners*
2.1	The Health and Wellbeing Programme in the Department of Health will co-ordinate the development of models and supports to promote and foster advocates for health and wellbeing in all sectors of society and develop key partnerships with voluntary and other organisations, which can favourably influence health and wellbeing.	Government Departments, HSE Directorates, statutory agencies, local authorities, C & V Bodies, and the private sector.
2.2	Local health partners will engage with local authorities in their work to address local and community development, with the aim of co-ordinating actions and improving information-sharing for improved health and wellbeing.	Local authorities, HSE Directorates, DECLG, DH, C & V Bodies, and the private sector.
2.3	Health and wellbeing impacts will be assessed locally and an integrated Social Impact Assessment approach at the local level will be mandated. Tools and supports for local authorities will be developed, to assist them in working across sectors at national and at county level in undertaking health and wellbeing assessments.	DSP, DH, DECLG, Local authorities, HSE Directorates, County and City Managers' Association.

* Glossary of abbreviations to describe partners is set out in Appendix 3

Reference	Action	Partners*
2.4	Agree a method and timeline to explore the potential contribution of interagency Children's Services Committees (CSCs) to improve the health and wellbeing of families and communities.	DCYA, C&FSA, DH, HSE Directorates, DSP, local authorities, CSCs.
2.5	Review the feasibility of co-terminosity of health service areas with local authority city/county boundaries, as aligning service provision and administrative boundaries has been identified as a significant enabler for implementation of actions.	DH, DECLG, DCYA, HSE Directorates.
2.6	Analyse existing community support infrastructure to promote and enable active citizenship and volunteering across the lifecycle. Where possible these supports will be consolidated and strengthened, so as to increase the proportion of children and adults of all ages involved in these activities. The work of the former Taskforce on Active Citizenship is relevant in this regard.	All relevant Government Departments, statutory agencies, C & V Bodies and private sectors.
2.7	Health and social policy planners, commissioners and funding programmes will prioritise community-based programmes for those most at risk, experiencing the greatest disparities and with the greatest opportunity for impact and mainstreaming.	DH, other relevant Government Departments, public bodies.
2.8	Implement evidence-based prevention and early intervention initiatives aimed at children and families, initially focusing on areas of disadvantage, drawing evidence emerging from the Prevention and Early Intervention Programme.	DCYA, C&FSA, DH, DSP, HSE Directorates and others.
2.9	Implement a communications plan that will ensure the Healthy Ireland brand – a symbol and identifier for Health and Wellbeing projects, programmes and actions – is used appropriately and effectively across sectors.	DH, HSE Directorates, Government Departments, local authorities and statutory agencies.
2.10	Forge proactive partnerships at the national and local level to activate the role of the private sector in addressing the broader determinants of health and wellbeing and improving the health of the population. Models of private sector involvement will be developed to assist national and local authorities, local communities and others in maximising the positive involvement of businesses in supporting healthy people, families, towns, cities and counties.	Government Departments, statutory agencies, local authorities, all sectors.

Reference	Action	Partners*
2.11	Develop a plan to promote increased physical activity levels across the population, as an exemplar of how Healthy Ireland will work. The Healthy Ireland Council will be key in developing linkages with and between partners and advising on priorities.	Government Departments, statutory agencies, local authorities, all sectors including civil society.
2.12	Work with the Environmental Protection Agency (EPA) on its Health Advisory Committee to further integrate and improve consideration of human health and environmental protection activities across EPA functions and functions of related agencies and sectors.	EPA, DH, DECLG, HSE Directorates, HRB and others.
2.13	Combine mental health promotion programmes with interventions that address broader determinants and social problems as part of a multi-agency approach, particularly in areas with high levels of socio-economic deprivation and fragmentation.	DH, HSE, NOSP, DCYA, C&FSA, other Government Departments, statutory agencies, C & V Bodies.
2.14	Government Departments will conduct an audit of all their existing publicly funded programmes that aim to improve health and wellbeing of their clientele.	Government Departments, statutory agencies.

THEME 3 – EMPOWERING PEOPLE AND COMMUNITIES

A range of mutually-reinforcing and integrated strategies and actions are required to encourage, support and enable people to make better choices for themselves and their families. To achieve the goals of Healthy Ireland and meet targets relating to improved health and reduced health inequalities, it is essential to focus on effective ways to empower people and communities to improve and take responsibility for their own health and wellbeing.

This necessitates considerations and actions for vulnerable groups and for the general population. Strategies to empower vulnerable groups and build on their individual and collective strengths will be important. Vulnerable groups include people with disabilities, health and mental health problems, the unemployed, disadvantaged communities and minority groups. Building awareness of and action on the social determinants of health will assist communities to organise and mobilise their response to the challenges that affect health and wellbeing in their own communities.

It is clear that actions designed to empower individuals and communities to make healthier choices need to be balanced with a broader range of provisions influencing the choices people have, e.g., regulatory and legislative options to adapt or change the decision-making environment or to provide for quality and safety standards.

The impact of positive social interaction cannot be underestimated. Social interaction and supporting social connectedness and involvement in community life are a keystone to empowering people at the individual level and building strong communities for health and wellbeing.

Reference	Action	Partners*
3.1	Support and link existing partnerships, strategies and initiatives that aim to improve the decision-making capacity of children and young people through strengthening self-esteem, resilience, responses to social and interpersonal pressure, health and media literacy (including social media literacy).	DH, DES, DCYA, other relevant departments, HSE Directorates, statutory agencies, youth-work sector, C & V Bodies.
3.2	Fully implement Social Personal and Health Education (SPHE) in primary, post-primary and Youthreach settings, including implementation of the Physical Education programme and the Active Schools Flag initiative.	DES, DH, DCYA, other relevant departments, HSE Directorates, statutory agencies, C & V Bodies and the private sector.
3.3	Support, link with and further improve existing partnerships, strategies and initiatives that aim to increase the proportion of young people who complete full-time education.	DES, DCYA, DH, HSE Directorates, local authorities, statutory agencies, C & V Bodies and the private sector.
3.4	Support, link with and further improve existing partnerships, strategies and initiatives that aim to improve the capacity of parents, carers and families to support healthier choices for their children and themselves.	DH, DES, DCYA, other departments, local authorities, HSE Directorates, statutory agencies, C & V Bodies and the private sector.

* Glossary of abbreviations to describe partners is set out in Appendix 3

Reference	Action	Partners*
3.5	Support, link with and further improve existing partnerships, strategies and initiatives that aim to support older people to maintain, improve or manage their physical and mental wellbeing.	DH, DSP, DECLG, HSE Directorates, local authorities, statutory agencies, C & V Bodies and the private sector.
3.6	Support, link with and further improve existing partnerships, strategies and initiatives that aim to remove barriers to participation and to provide more opportunities for the involvement of older people in all aspects of cultural, economic and social life in their communities.	DH, DECLG, HSE Directorates, statutory agencies, local authorities, C & V Bodies and the private sector.
3.7	Support, link with and further improve existing partnerships, strategies and initiatives that aim to enable people to age with confidence in comfort, security and dignity in their own homes and communities for as long as possible.	DH, DSP, DECLG, HSE Directorates, statutory agencies, local authorities, C & V Bodies and the private sector.
3.8	Address and prioritise health literacy in developing future policy, educational and information interventions.	DH, DCYA, DES, HSE Directorates, statutory agencies, C & V Bodies and the private sector.
3.9	Strengthen participation in decision making for health and wellbeing at community level. For example, through local authorities, community services funded by Government or through the health service user involvement strategy.	Local authorities, HSE Directorates, C & V Bodies; local communities; civil society, private sector.
3.10	In creating 'activity friendly' environments: cycle lanes, playgrounds, well-lit paths, etc, local authorities will engage with local communities, schools and other stakeholders to plan facilities that are appropriate to the needs of the community.	Local authorities, C & V Bodies, local communities and the private sector.
3.11	Develop strategies to enhance social connectedness across the life course and to connect people most in need to resources, services, education and healthcare.	Relevant Government Departments, local authorities, HSE Directorates and all sectors of society.
3.12	Link communications expertise and capacity across sectors to ensure consistent, complementary cutting-edge, accessible and persuasive health and wellbeing communication strategies are developed and implemented in full.	Relevant Government Departments and all sectors.

THEME 4 – HEALTH AND HEALTH REFORM

An effective health system is a prerequisite for improved health and wellbeing and a competent, skilled and multi-disciplinary workforce is the most important resource for delivering health and wellbeing services. Delivering on the goals of Healthy Ireland will require effective public health and health improvement systems.

The Government's framework for health reform, 'Future Health – A Strategic Framework for Health Reform', has outlined how the structures within the health system will be developed to support people to access care more easily, and also places health promotion and prevention of ill-health as a core pillar of reform. [47] A flexible, multi-skilled and team-oriented workforce is essential to deliver on health reforms.

The health and wellbeing workforce is diverse and extensive, operating in the public, private and voluntary/community sectors. In addition to traditional public health occupations, other health professionals such as doctors, social workers, nurses, midwives, pharmacists, dentists, psychologists and other health and social care professionals, play an increasingly important role. Those working in non-health sector disciplines and settings such as educationalists, city planners, housing and transport officials, probation officers and welfare officers, also have a critical role to play in improving health and wellbeing. Healthy Ireland aims to support a working culture within the health service that prioritises cross-sectoral partnerships and collaborations.

While on the one hand, Healthy Ireland requires sectors working together across Government and society it also requires high-level partnerships and collaborations within the health sector itself. Healthy Ireland will need to be implemented through the new directorate structure in the health service. New structural arrangements, in the context of health reform, must result in enhanced and more effective co-operation and collaboration within the health sector. Supporting and monitoring collaboration between primary care, social and community care, mental health, hospitals, cancer screening, clinical programmes and the new Health and Wellbeing Directorate will be critical to the successful implementation of Healthy Ireland. A balance will need to be struck between clear national leadership and accountability mechanisms and autonomy at the local level for innovation and advancement.

Reference	Action	Partners*
4.1	All new governance arrangements for reformed health structures articulated in 'Future Health' will address health and wellbeing strategic goals and principles.	DH and HSE Directorates.
4.2	Integrate health and wellbeing goals and actions into cross-directorate and cross-functional working arrangements as part of the reform programme.	DH and HSE Directorates.
4.3	Conduct a baseline assessment of strengths and weaknesses of current health and wellbeing workforce capacity.	DH and HSE Directorates.
4.4	Develop a health and wellbeing human resource and development plan with a view to building capacity for health and wellbeing activities.	DH, DCYA, C&FSA and HSE Directorates.
4.5	Establish multi-disciplinary national teams within the Health and Wellbeing Directorate to lead and take responsibility for policy priority areas.	DH and HSE Directorates.

* Glossary of abbreviations to describe partners is set out in Appendix 3

Reference	Action	Partners*
4.6	Budgets for health and wellbeing will be held by the Director of the Health and Wellbeing Directorate. Processes will be put in place to ensure health sector funding arrangements and service agreements are adapted to reflect Healthy Ireland policy priorities within performance measures and outputs. The reporting of quality qualitative and quantitative data from funded organisations will be improved to ensure that the expertise in the voluntary sector is brought to bear on service, policy and strategy developments.	DH and HSE Directorates.
4.7	Further support the roles of local health and social care staff who work in community settings, such as public health nurses; devise ways to leverage their expertise in improving the health of local communities and develop supports for this.	DH and HSE Directorates.
4.8	Ensure that community-based programmes and projects are oriented to promote healthy behaviours and disease prevention to populations and communities at greatest risk.	DH and HSE Directorates.
4.9	Promote a skilled, diverse, cross-trained prevention workforce through training and continual professional development for primary care workers, health improvement and promotion staff, public health, educationalists (including those working in the early years sector) environmental health, health protection and staff in other sectors.	Relevant Government Departments, statutory agencies, HSE Directorates, regulators, training bodies.
4.10	Ensure that plans for the introduction of Universal Health Insurance take account of the need to align and integrate health and wellbeing preventative care services and curative care services around the needs of the population.	DH and HSE Directorates.
4.11	Review and update public health laws and instruments to modernise and strengthen public health systems and functions.	DH, HSE Directorates, statutory agencies, DECLG, local authorities, relevant statutory agencies.
4.12	Review regulation, enforcement, licensing, accreditation and quality control for public health and laboratory services in line with international regulations.	DH, HSE Directorates, relevant statutory agencies and laboratory services.
4.13	Implement health and wellbeing quality and performance standards, indicators and audit progress.	DH, HSE Directorates and relevant statutory agencies.

THEME 5 – RESEARCH AND EVIDENCE

The objectives, programmes, funding strategies, communication strategies, interventions, work practices and actions within this Framework will be based on robust evidence, and resources will be directed to evidence-based initiatives where possible.

Accelerating the take-up of new knowledge and innovating through advances in scientific knowledge is a key aspect of how we will achieve the four high-level goals. The consistent application of evidence of what works and what interventions positively impact on health behaviours, in a cost-effective way, is critical to setting policy and investing in prevention programmes. Excellent population health analysis capability is required for understanding and predicting threats to public health. Investing in research to develop new technologies or treatments is also an important dimension of the research agenda.

A Healthy Ireland research plan to build the knowledge base and improve the capacity for health and wellbeing research and evaluation, within the health services and beyond, will be developed. This will require an audit of resources, skills and infrastructure to inform actions to consolidate, co-ordinate and improve the efficiency of our research, evaluation, and implementation activities. This research plan will set out actions that will address gaps in the knowledge base over time; it will do so in a way that benefits and takes into consideration the research needs and strategic priorities of other sectors. Implied within this work is the need to resource and have a sustained focus on: research dissemination; innovative and effective knowledge transfer strategies and, mechanisms to apply research into practice and into service quality, configuration and delivery.

Reference	Action	Partners*
5.1	Develop a Healthy Ireland Research Plan. The plan will develop specific measurement strategies to address knowledge gaps and capture data across the life course and identify actions for improved knowledge dissemination and implementation.	DH, IPH, HRB, HSE Directorates, CSO, other Government Departments and funders of research, academia.
5.2	Work with the HRB to implement a plan designed to build research capacity in the area of health and wellbeing and develop specific strategies and platforms for dissemination, knowledge transfer and implementation of research informed policy, practice and service development.	HRB, DH, HSE Directorates, EPA, DES, academic institutions, training and professional bodies.
5.3	Support actions to standardise, expand and mainstream existing work programmes designed to deliver health and social community profiling data at the local level.	DH, HSE Directorates and local authorities.

* Glossary of abbreviations to describe partners is set out in Appendix 3

Reference	Action	Partners*
5.4	Develop partnerships and tools to support integrated Social Impact Assessments.	DH, DSP, HSE Directorates, local authorities.
5.5	With the Department of Social Protection, develop a research project on health inequalities and poverty as part of the Department of Social Protection's research programme on monitoring poverty trends, based on CSO Survey on Income and Living Conditions.	DSP, DH, others as appropriate.
5.6	Promote EU and international linkages in research e.g., EU Open Method of Co-ordination on social protection, social inclusion and healthcare and long-term care; OECD Economics of Prevention; WHO European Advisory Committee on Health Research; European Observatory on Health Systems and Policies.	DH, HRB, HSE Directorates, DSP, DCYA, others as appropriate.

THEME 6 – MONITORING, REPORTING & EVALUATION

Excellent data-monitoring capacity and systems to track progress in achieving targets will be required to evaluate the success of Healthy Ireland. There are many information systems and tools in place to monitor health and wellbeing, as well as lifestyle-related risks. While some of these report on a timely basis (e.g., monthly surveys), their precision and accuracy are limited. Ongoing and new data-collection methods need to be identified, and sufficient controls and quality assessments must be in place to ensure that the datasets reliably capture what they are designed to measure. As part of this, it is essential that cross-sectoral commitments and actions are defined, quantified, monitored and evaluated. A defined number of reliable indicators and data are required to ensure accountability and performance can be monitored accurately.

An Outcomes Framework will be developed that will specify standard indicators requiring regular measurement so as to monitor and drive the achievement of Healthy Ireland's targets and performance indicators. Levels of indicators need to be defined and a robust and comprehensive model for measurement and evaluation agreed.

Reference	Action	Partners*
6.1	Develop an Outcomes Framework that will specify baseline indicators and targets, where appropriate.	DH, DCYA, DES, DECLG, DSP, local authorities, HRB, IPH, HSE Directorates, CSO, other Government Departments and statutory agencies as appropriate.
6.2	Establish baseline indicators measuring the level, range and effectiveness of cross-government collaboration across health priority areas. The outputs from these processes will be overseen by the Cabinet Committee on Social Policy.	DH, multi-disciplinary and cross-sectoral groups.
6.3	Produce annual updates on health and wellbeing activity, including the preparation of an annual report. The Minister for Health will present these reports to the Cabinet Committee on Social Policy.	DH, relevant Government Departments,HSE Directorates, statutory agencies.
6.4	In developing an Outcomes Framework, research networks, academic collaborations and data and research groups will be identified, strengthened and developed (where gaps exist).	DH, relevant Government Departments, HRB, IPH, HSE Directorates, local authorities.

* Glossary of abbreviations to describe partners is set out in Appendix 3

Reference	Action	Partners*
6.5	Produce a dissemination and data-reporting plan for health and wellbeing indicators for use by health and other sectors. A longer-term objective is to publish annual health and wellbeing profiles at county level.	DH, DCYA, HRB, HSE Directorates, local authorities and other partners as appropriate.
6.6	Develop appropriate indicators on health status, health inequalities and access to health services in conjunction with the Department of Social Protection's Technical Advisory Group.	DSP, DH and the EU Social Protection Committee Indicators Group.
6.7	Develop a basic child health dataset.	DH, DCYA, DES, DSP, HSE Directorates and others as appropriate.
6.8	Improve and consolidate existing data-collection mechanisms; for example, a National Immunisation Register will be put in place.	DH and HSE Directorates.
6.9	Examine models to support the provision of evaluation support and advice, particularly for smaller-scale initiatives and community development programmes.	DH, HRB, IPH, HSE Directorates, other statutory agencies.

5.0 Developing an Outcomes Framework for Healthy Ireland

A Healthy Ireland Outcomes Framework will be produced by the end of 2013. It will be the tool that will allow an objective assessment of the impact of Healthy Ireland. The Outcomes Framework will reinforce the goals for Healthy Ireland. The Outcomes Framework will set out specific indicators for each goal, against which delivery partners will be required to demonstrate improvements. The Outcomes Framework will allow partners, wider government and society to understand the key priorities for improving health and wellbeing and will help focus efforts to prioritise action. This will have a direct effect on improving health and wellbeing across the life course.

The Outcomes Framework will set out specific indicators for each goal, against which delivery partners will be required to demonstrate improvements

5.1 Developing an Outcomes Framework

A rigorous indicator identification, assessment and specification exercise will underpin the process. The development of an Outcomes Framework is predicated on the results of a robust assessment of the many information systems and tools in place to monitor health and wellbeing, associated lifestyle related risks, as well as indicators of the broader determinants of health. The identification and specification of a comprehensive set of indicators relevant to each goal will allow progress to be measured on improving the health and wellbeing of the population across the life course.

The development of the Outcomes Framework will be a collaborative process, involving engagement with a range of partners to identify common and relevant indicators. The following considerations will inform the development of an Outcomes Framework:

- Indicators will be identified and assessed following consideration of existing national and international indicator sets in health (e.g., Population Health Common dataset, or the European Community Health indictors) and in related sectors (e.g., environmental indicators dashboard).
- It will be important to capture the wider determinants of health and involve other sectors and parts of Government in identifying appropriate indicators to measure the wider determinants.
- Indicators are required at the national level and in so far as possible, indicators should be available at the county level; the longer-term aim is to publish indicators annually at the county level.
- Indicators will need to be disaggregated across the life course and informed by the life course approach.
- Reflecting the life course approach, indicators will need to be considered in the context of the settings within which people are born, live, learn, work, etc. Some indicators will therefore be specific to certain settings, such as schools, workplaces and hospitals.
- Indicators will need to be disaggregated by key equality characteristics such as:
  - demographic, socio-economic or educational variables, e.g., experience of poverty and deprivation, levels of educational attainment.
  - social exclusion measures, e.g., unemployed people, people living in disadvantaged communities, people with disabilities, minority ethnic groups, members of the Travelling community, and LGBT groups.
- Indicators will be informed by efforts by international agencies to measure and set targets for wellbeing and public health outcomes, e.g., OECD, EU Commission, WHO Regional Office for Europe.

The Outcomes Framework, once published, will be subject to defined periodic review and revision processes, as information systems change or develop. Indicators may be subjected to a prioritisation process on the basis of EU requirements, statutory requirements and policy priorities.

5.2 Indicator Domains and Existing Targets for Improved Health and Wellbeing

A number of existing Government policies, strategies and programmes contain indicators and targets relating to the four high-level goals. Examples of these include the Cardiovascular Strategy, Healthy Eating Guidelines, Smarter Travel: A Sustainable Transport Future, the National Drugs Strategy, National Action Plan for Social Inclusion, Towards a Tobacco Free Society, Equal but Different; a framework for integrating gender equality in Health Service Executive Policy, and Planning and Service Delivery. The following sub-sections outline key indicator domains relevant to each goal. These will be considered in the development of an Outcomes Framework. Where available and appropriate, reference is made in the following sub-sections to any existing indicator in these domains and associated targets that have been identified in previous policies or strategies.

5.2.1 *Goal 1 - Indicators – Increase the Proportion of People who are Healthy at all Stages of Life*

Specific indicator domains relevant to this goal include health status, weight, obesity, tobacco use, alcohol consumption, physical activity, self-harm and mental wellbeing. Broader determinants are also relevant, such as social connectedness or availability of and access to green spaces, and these will be considered in developing an Outcomes Framework for Healthy Ireland. In developing the Framework, consideration will be given to including indicators specific to settings where population groups are targeted e.g., targets for primary and post-primary schools and youthwork settings to ensure healthy eating policies are in place and indicators measuring the promotion and implementation of physical activity through formal Physical Education programmes and other means.

Goal 1 - Preliminary Key Performance Indicators and Targets

Domain	Healthy Ireland Indicator description	Does Baseline Indicator exist?	Targets or sources for development of potential indicators
Health Status	Increase healthy life expectancy at age 65 years by: reducing morbidity; overall and premature mortality for four major non-communicable diseases.	Yes • Life expectancy • Morbidity data - prevalence of chronic disease	Yes • Changing Cardiovascular Health National Cardiovascular Health Policy, 2010 • Strategy for Cancer Control in Ireland, 2006 • Steering Group Report on a National Substance Misuse Strategy 2012
	Decrease infant mortality per 1,000 live births.	Yes	No
Weight	Increase the number of adults and children with a healthy weight.	Yes	Yes Increase by 5% the number of adults with a healthy weight by 2019 Increase by 6% the number of children with a healthy weight by 2019 • Changing Cardiovascular Health National Cardiovascular Health Policy, 2010
Diet	Increase the proportion of adults eating the recommended five or more servings of fruit and vegetables per day.	Yes	Yes Increase by 20% the proportion of adults eating the recommended five or more servings of fruit and vegetables per day • Healthy Eating Guidelines in Ireland, FSAI, 2011 • Changing Cardiovascular Health National Cardiovascular Health Policy, 2010

Domain	Healthy Ireland Indicator description	Does Baseline Indicator exist?	Targets or sources for development of potential indicators
	Reduction in daily salt consumption.	Yes	Yes Adults should consume no more than 6g salt per day. • Healthy Eating Guidelines in Ireland, FSAI, 2011 • Changing Cardiovascular Health National Cardiovascular Health Policy, 2010
Smoking	Reduce smoking prevalence among adults.	Yes	Yes Reduce overall population prevalence of smoking by 1% per annum • Changing Cardiovascular Health National Cardiovascular Health Policy, 2010
	Reduce smoking initiation rates among young people.	Yes	Yes Reduce smoking initiation rates by 1% per annum • Changing Cardiovascular Health National Cardiovascular Health Policy, 2010
Alcohol	Decrease alcohol consumption across the population.	Yes	Yes Reduce the amount of alcohol consumed by people over the age of 15 years to an annual per capita consumption of 9.2 litres of pure alcohol • Steering Group Report on a National Substance Misuse Strategy 2012
Wellbeing	Decrease levels of self-harm across all life stages.	Yes	No
	Reduce suicide rate across all population groups.	Yes	No
	Increase the wellbeing of the population and increase levels of wellbeing among vulnerable groups.	Yes	No
Physical Activity	Increase the proportion of population undertaking regular physical activity – across each life stage.	Yes	Yes Increase by 20% proportion of the population undertaking regular physical activity • Changing Cardiovascular Health National Cardiovascular Health Policy, 2010

5.2.2 *Goal 2 - Indicators – Reduce Health Inequalities*

The Outcomes Framework will contain standardised indicators describing health and wellbeing disparities across and within population groups. The preliminary indicator domains set out below are high level and include targets on social determinants. These indicators are informed by internationally accepted measures, including the work of Sir Michael Marmot.

Measuring and reporting on the factors that contribute to health inequalities and on the data that demonstrates differences in experience across the life course and across society will allow progress to be monitored. It will be important to report on these indicators by socio-economic grouping and at a geographic level that will facilitate local planning and allow international comparisons to be made.

Goal 2 - Preliminary Key Performance Indicators and Targets

Domain	Healthy Ireland Indicator description	Does Baseline Indicator exist?	Targets or sources for development of potential indicators
Health Status	Reduce the gap in healthy life expectancy at age 65 between the highest and lowest socio-economic groups.	Yes	Yes Targets for specific groups, e.g., Travellers. • National Anti-poverty Strategy 2002 • National Action Plan for Social Inclusion 2007
	Reduce the gap in premature mortality between the lowest and highest socio-economic groups for circulatory diseases, cancers, injuries and poisoning.	Yes	Yes Targets for specific groups, e.g., Travellers. • National Anti-poverty Strategy 2002 • National Action Plan for Social Inclusion 2007
	Reduce the gap in low birth weight rates between children from the lowest and highest socio-economic groups and the percentage of low birth-weight babies across socio-economic groups.	Yes	Yes • National Anti-poverty Strategy 2002
	Increase the proportion of children reaching a good level of development at age five.	No	No
Early School Leaving	Increase retention rates of pupils in second-level schools.	Yes	No

Domain	Healthy Ireland Indicator description	Does Baseline Indicator exist?	Targets or sources for development of potential indicators
Social Inclusion	Reduce the % of people at risk of poverty.	Yes	No
	Reduce the % of the population in consistent poverty.	Yes	Yes Reduce consistent poverty to 4% by 2016 and to 2% or less by 2020 from a baseline of 6.2% in 2010 • National Social Target for Poverty Reduction: Department of Social Protection • National Action Plan for Social Inclusion 2007
	Reduce self-reported, unmet need for medical care.	Yes	No
Wellbeing Status	Increase self-reported happiness and wellbeing across socio-economic groups.	Yes	No

5.2.3 *Goal 3 - Indicators – Protect the Public from Threats to Health and Wellbeing*

Detailed indicators and targets for public health threats will be developed in the Outcomes Framework. These will focus on an all-hazards, risk-based approach and response. Indicators and some targets already exist relating to statutory requirements for detection, surveillance and control of infectious diseases, tobacco control, food safety, air and water quality, fluoridation of water supplies, etc.

Responsibility for policy and legislation concerning many environmental determinants rests with the Department of Environment, Community and Local Government, reinforcing the need for a cross-sectoral approach to addressing high-level health and wellbeing goals.

Goal 3 - Preliminary Key Performance Indicators and Targets

Domain	Healthy Ireland Indicator description	Does Baseline Indicator exist?	Targets or sources for development of potential indicators
Prevention, Control and Surveillance of Infectious Disease	Increase immunisation rates for children.	Yes	Yes For example, 95% uptake for childhood immunisation and 80% for HPV immunisation • National Immunisation Guidelines 2008 • HSE National Service Plan 2013
	Increase immunisation rates for vulnerable adults and healthcare workers.	Yes	Yes • National Immunisation Guidelines 2008
	Increased prevention, control and surveillance of infectious disease.	Yes	Yes • HPSC Guidelines
Environment	Compliance with environmental (air, water, noise) and food indicators.	Yes	Yes National and EU Legislation
Public Health Threats	Compliance with indicators defined in International Health Regulations, WHO.	Yes	Yes International Health Regulations, WHO
Food	Reduce prevalence of food-borne infections by improved compliance with food safety indicators.	Yes	Yes National and EU Legislation

5.2.4 *Goal 4 - Indicators – Create an Environment Where Every Sector of Society Can Play its Part*

Although there are already some indicators in these domains it will be necessary to identify new indicators and establish new baseline measures for most of this work. Preliminary domain areas and existing targets are detailed below.

Goal 4 - Preliminary Key Performance Indicators and Targets

Domain	Healthy Ireland Indicator description	Does Baseline Indicator exist?	Targets or sources for development of potential indicators
Cross-government Working	Establishment of national policy, implementation plan, accountability mechanisms and active monitoring, and reporting of same.	Yes	No
	Establish baseline indicators measuring the level, range and effectiveness of cross-government collaboration.	No	No
Social Impact Assessment	Development and implementation of social impact assessment tools.	No	No
Social Capital	Increase percentage of people participating in informal, unpaid charitable work.	Yes	No
Cross-sectoral Working	Establish baseline indicators measuring the level, range and effectiveness of structures to facilitate cross-sectoral working.	No	No
Public and Service User Involvement	Increase levels of service user involvement in the health service, at local authority level and in other sectors.	No	No

6.0 IMPLEMENTATION

The added value of Healthy Ireland is its status as a Government policy framework, its evidence base, its look to the future, and its focus on intersectoral collaboration, implementation, performance and results. Existing programmes will benefit from the leadership shown at the highest levels of Government, and supports for partnership working across government and other sectors. The Health and Wellbeing Programme in the Department of Health will coordinate implementation, linking beyond Government into other sectors, and ensuring that Healthy Ireland actions are evidence-based, effective and closely measured and evaluated.

A high-level implementation plan with associated timelines for Healthy Ireland actions will be developed in 2013

A high-level implementation plan with associated timelines for Healthy Ireland actions will be developed in 2013. Following from this, detailed and more specific implementation plans for priority policy areas will be published.

The Outcomes Framework will also be developed in 2013.

Mirroring the level of consultation undertaken in the development of Healthy Ireland, implementation plans and the Outcomes Framework will be subjected to high levels of consultation across Government, health and other sectors. Specifying direct responsible individuals for each action will be an important characteristic of Healthy Ireland implementation plans.

The new Health and Wellbeing Directorate in the HSE will play a significant role in contributing to implementation plans and leading and directing implementation of many of the actions detailed in Healthy Ireland.

All implementation plans and progress reports will be overseen by the Cabinet Committee on Social Policy.

6.1 Healthy Ireland Operational Principles

Reflecting the characteristics of a successful approach to improving health and wellbeing (section 3), the following guiding operational principles will be adhered to through all phases of implementation:

- Better governance and leadership
- Better use of people and resources
- Better partnerships
- Better systems for healthcare
- Better use of evidence
- Better measurement and evaluation
- Better programme management

Within the health sector, and specifically within the new Health and Wellbeing Directorate, the Health and Wellbeing Programme in the Department of Health will work with colleagues to establish standards and formulate clear reporting requirements for all its programmes of work, be they pre-existing or new developments. Underpinning all activities will be a requirement for measurement, monitoring, analysis and reporting. The Health and Wellbeing Programme, will provide support to ensure quality outputs and outcomes through:

1. *Clear identification of responsibility for policy and implementation and reporting*
2. *Clear oversight of budgets, budget control mechanisms and governance*
3. *Capacity for consistent implementation of actions and monitoring the efficacy of implementation*
4. *Application of evidence-based approaches and funding allocation models*
5. *Reliable monitoring and reporting on activity and outcomes*
6. *Performance management structures and processes*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APPENDIX 1 - OVERVIEW OF LITERATURE ON HEALTH, ITS DETERMINANTS AND EVIDENCE TO ADDRESS THE RISKS

A1. HEALTH AND HEALTH DETERMINANTS

Before actions were identified to improve health and wellbeing in Ireland, a description of the health status of the population was required, along with the very broad range of factors that influence it. This analysis will ensure problems are examined and evidence-based, quality actions can follow.

A1.1 Demographics

Since 2006, Ireland's population has seen an unprecedented increase of 8.2% and is now 4.6 million. [52] The very high number of births in the late 1970s and early 1980s (today's 30 to 34 year olds; see Fig 1) is a strong feature of the population pyramid. The sharp fall in births over the subsequent 15 years reached a low point in 1994 (2012 school leavers). The recent increase in birth rates is clearly evident in the 0-4 and 5-9 age groups (Fig 1). [53]

The number of people aged 65 years and older grew by 14.4% since 2006 and the number aged 85 years and over grew by 22%. It is forecast that the percentage increase will continue to grow at a rate of nearly double the EU average (i.e., 37% for Ireland by 2020 compared to 19% for the EU). [54] Over the same period, the understanding of what constitutes old age is likely to change, with concepts of career and retirement shifting in response to longer working lives. [55] This creates some new challenges in terms of ensuring that as people age they maintain the best possible physical and mental health and wellbeing.

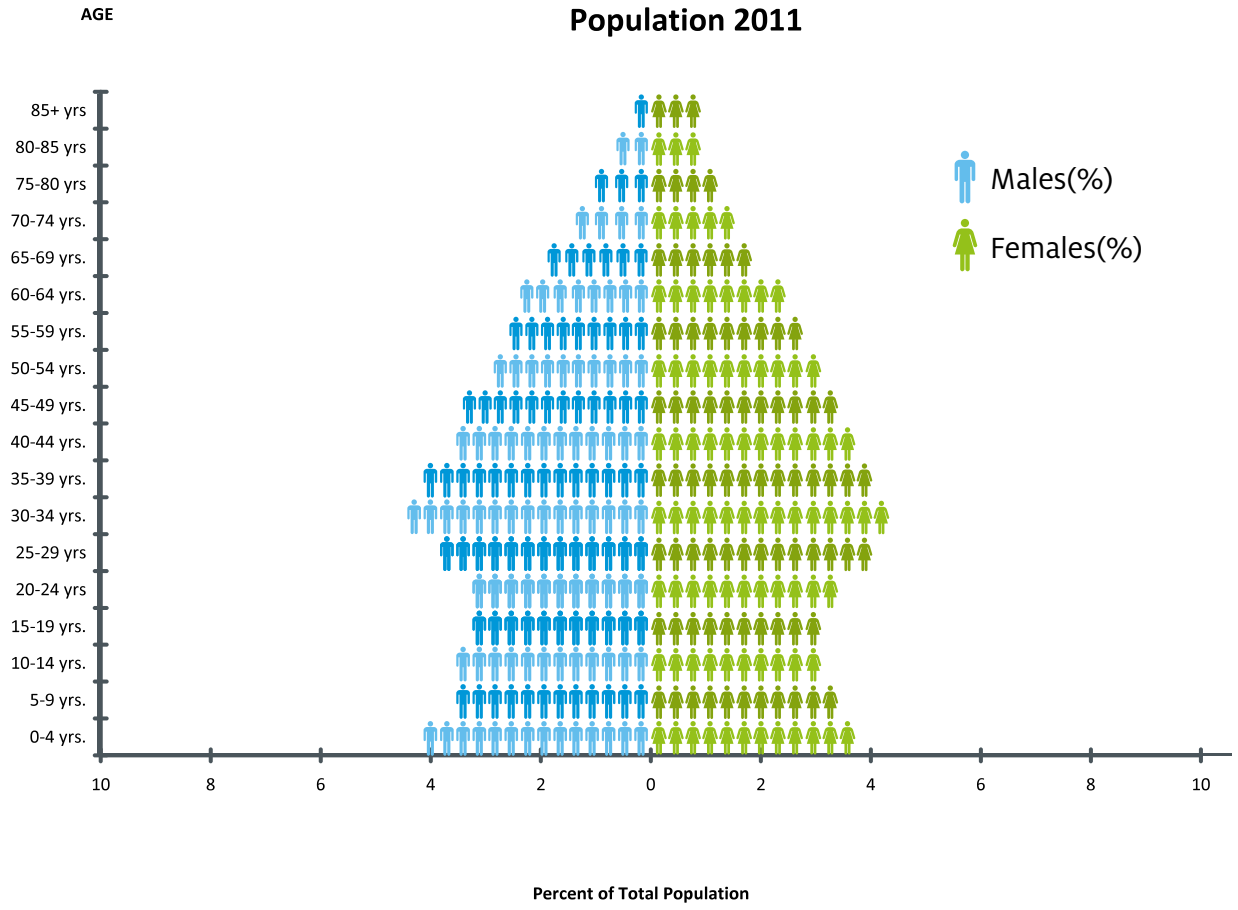

Figure 1: *Population Pyramid 2011. Source: CSO*

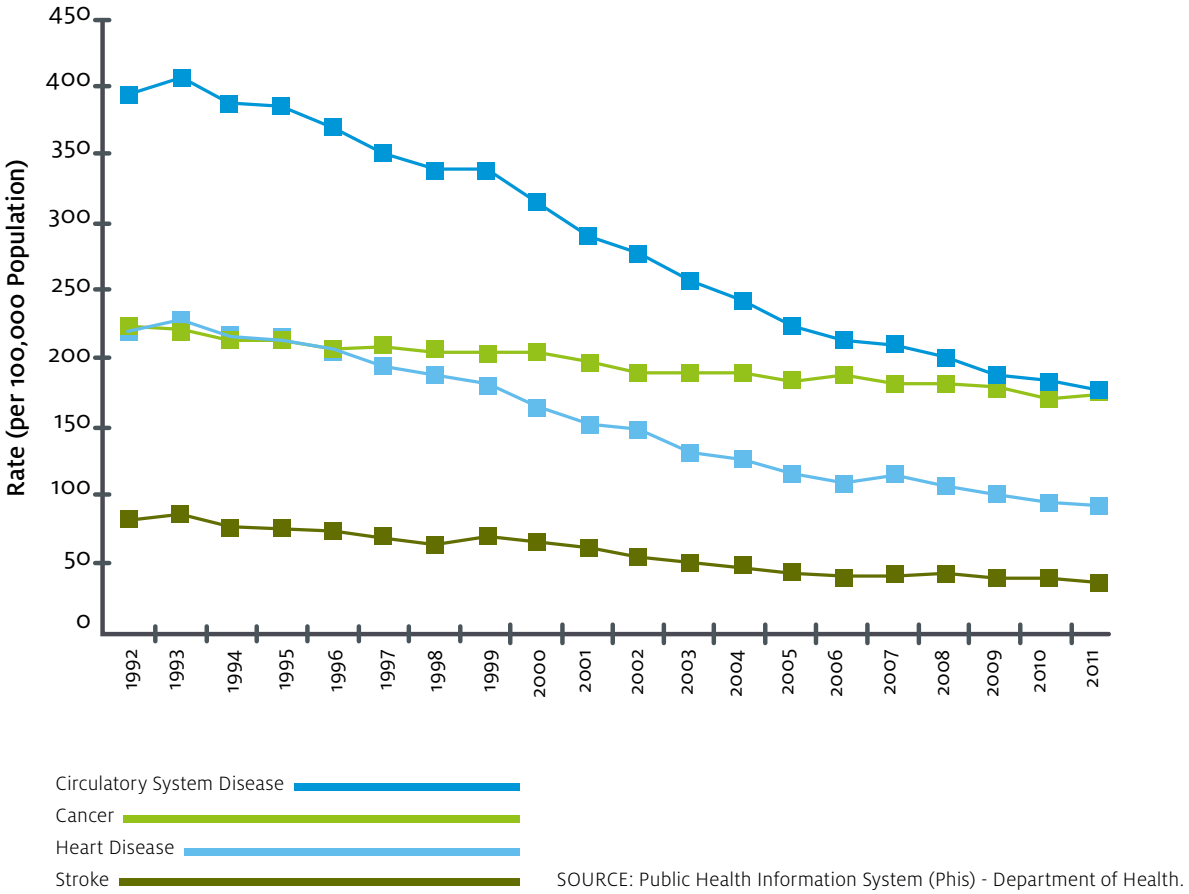

Figure 2: *Age-standardised Death Rates for Selected Causes in Ireland 1991-2011*

A1.2 Mortality

In overall population health terms, over the past decade mortality rates in Ireland have decreased by 22.5% and life expectancy has risen. [12] Mortality from circulatory system diseases fell by almost 36% between 2001 and 2010 and cancer death rates reduced by over 15% (Figure 2).

Mortality from circulatory system diseases is now virtually the same as that for cancer whereas it was 50% higher ten years ago and almost 100% higher 20 years ago. [12] Reductions from the mid 1980s to 2000 were attributed to treatment effects (43%) and to reductions in population risk factors (48.1%) such as smoking, cholesterol and blood pressure. [56] However, these were offset by increases in adverse population trends related to obesity, diabetes and physical inactivity. The current trends in obesity and associated development of diabetes, if not addressed, could adversely affect trends observed to date (see Figure 2).

However, not all sectors of society have benefitted equally from the decrease in mortality rates, and social class is a powerful predictor of life expectancy. Gaps persist between the highest and lowest socioeconomic groups; for example, male professional workers can expect to live until they are 81.4 years, which is 6.1 years longer than their unskilled counterpart. [57] Non-communicable diseases (NCDs) account for the largest proportion of mortality and premature death throughout the developed world.

- While diseases of the circulatory system are major causes of death, the rate of premature mortality associated with them is decreasing due to prevention and treatment. This welcome reduction means more people are living with long-term chronic illness. Three quarters of people over 75 have at least one chronic condition. [58]
- Respiratory disease is responsible for a substantial amount of early deaths, reduced quality of life and significant costs to the health service. [9]
- Smoking is the leading cause of preventable mortality, with Ireland ranking 2nd highest for smoking-related causes of death in the EU15.
- Alcohol was responsible for approximately 90 deaths every month in 2008 and is a contributory factor in half of all suicides and in deliberate self-harm. [33, 34]
- Cancer is the second major cause of death in Ireland accounting for over 8,000 deaths per year (approx 30% of all deaths). [12]
- During the three-year period 2007-2009 an annual average of 29,745 cancer cases was registered, an

increase of 12% from the annual average over the previous three-year period. [13] This is approximately 50% more cancers per year than in the mid 1990s, when data on cancer in Ireland were first collected on a national basis.

- The economic crisis is expected to produce secondary mental health[2] effects that may increase suicide and alcohol related death rates. [28]
- Mental Health is a growing health, social and economic issue and it is expected that depressive mental illnesses will be the leading cause of chronic disease in high income countries by 2030. [22]
- Population-based data on hospital-treated deliberate self-harm show a falling incidence rate, from 209 per 100,000 in 2003 to 184 per 100,000 in 2006 and increasing again to 209 per 100,000 in 2009. Successive 10% increases in the male rate were observed in 2008 and 2009. Peak rates are seen in women in the 15–19 year age group (620 per 100,000), and in men in the 20–24 age group (427 per 100,000). [90]
- Suicide is significantly more likely among men than women. The rate has increased among men from a rate of 8.4 in 1980 to a peak of 23.5 in 1998 to 20.0 per 100,000 in 2009. The female suicide rate has remained

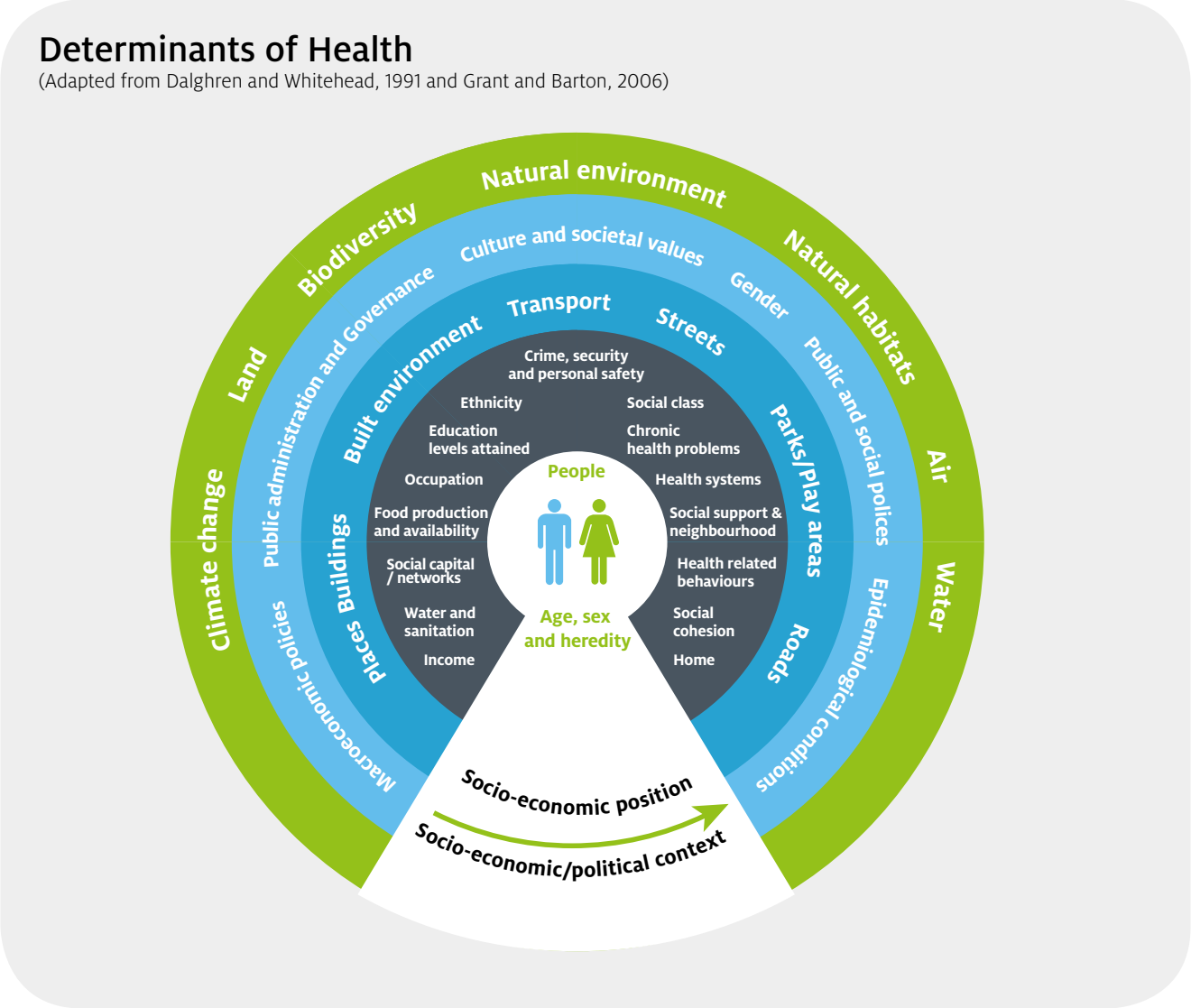

Figure 3: *Social Determinants of Health*

[2] Mental health has been defined as a state of wellbeing in which the individual recognises their own abilities and is able to cope with normal daily stresses in life. [59]

relatively constant, ranging from 4.3 in 1980 to 4.3 in 1998 to 4.9 per 100,000 in 2009.

- Compared to other countries, Irish young people are over-represented among those who die by suicide. [24] In Ireland, the mortality rate from suicide in the 15-24 age group is the fourth highest in the EU. and the third highest among young men aged 15-19. [25, 26]

A1.3 Social Determinants of Health

The social determinants of health (SDH) are a range of factors that impact upon health and wellbeing. These include the circumstances in which people are born, grow up, live, work and age. [49] These factors, illustrated in Figure 3, are not usually the direct causes of illness but are described as "the causes of the causes". [60-62] By their very nature, the social determinants are not exclusive to health – poverty, for instance, is a key determinant for poor education outcomes.

While smoking is the proximal cause of illnesses such as COPD, heart disease and lung cancer, it is the social factors, including cultural and environmental factors, which largely determine whether an individual is more or less likely to smoke, and if they do start whether they are likely to quit successfully.

It is also true that while economic growth improves health, improved health also significantly enhances economic productivity and growth. The aim of a fair distribution of health and wellbeing resonates with sustainable development, tackling poverty, building strong communities, and raising education levels. The international evidence around the SDH is well documented and includes a review undertaken to provide updated evidence for Health 2020. [63-65] The review argues the moral case for action and points out that while prevention is a 'good buy', action on the social determinants of health leads to other benefits to society, which might, in turn, have more immediate economic benefits.

As the determinants of health arise in all sectors of society and as all government sectors have responsibility for or can influence some or all of these determinants it is imperative to involve a whole-of-government approach to recognise risk patterns and identify solutions, act through multiple levels, and share responsibility across policy fields and sectors.

A1.4 Whole-System Approaches and HiAP

International evidence shows that to effect sustainable improvements in health and wellbeing, a whole-system approach is needed, involving government and society. [3] This is often referred to as Health in All Policies (HiAP). Many countries around the world and in the EU are trying to implement whole-of-government and whole-of-society approaches to address the broader determinants of health, such as people's living environments, education levels and so on. In 2006, during the Finnish Presidency, the EU adopted Health in All Polices to describe an evidence-informed strategy aimed at further integrating health aspects into European policy-making levels. The WHO strategic policy framework, Health 2020, puts integrated policy approaches to address priority health challenges in the WHO European region at the centre of its approach. [3] Whole-of-government approaches need to be supported by tools and mechanisms to manage complex policy processes. These range from cabinet committees, inter-departmental groups, to Health Impact Assessment (HIA). HIA is 'a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population and the distribution of those effects within the population'. [87] The purpose of HIA is to influence decision-making in favour of health by providing decision-makers with evidence-based recommendations to maximise the positive and minimise the negative health impacts of proposals. HIAs have been conducted on many topics, more recently a HIA was published on the impacts of introducing a Sugar Sweetened Drinks tax in Ireland. [88]

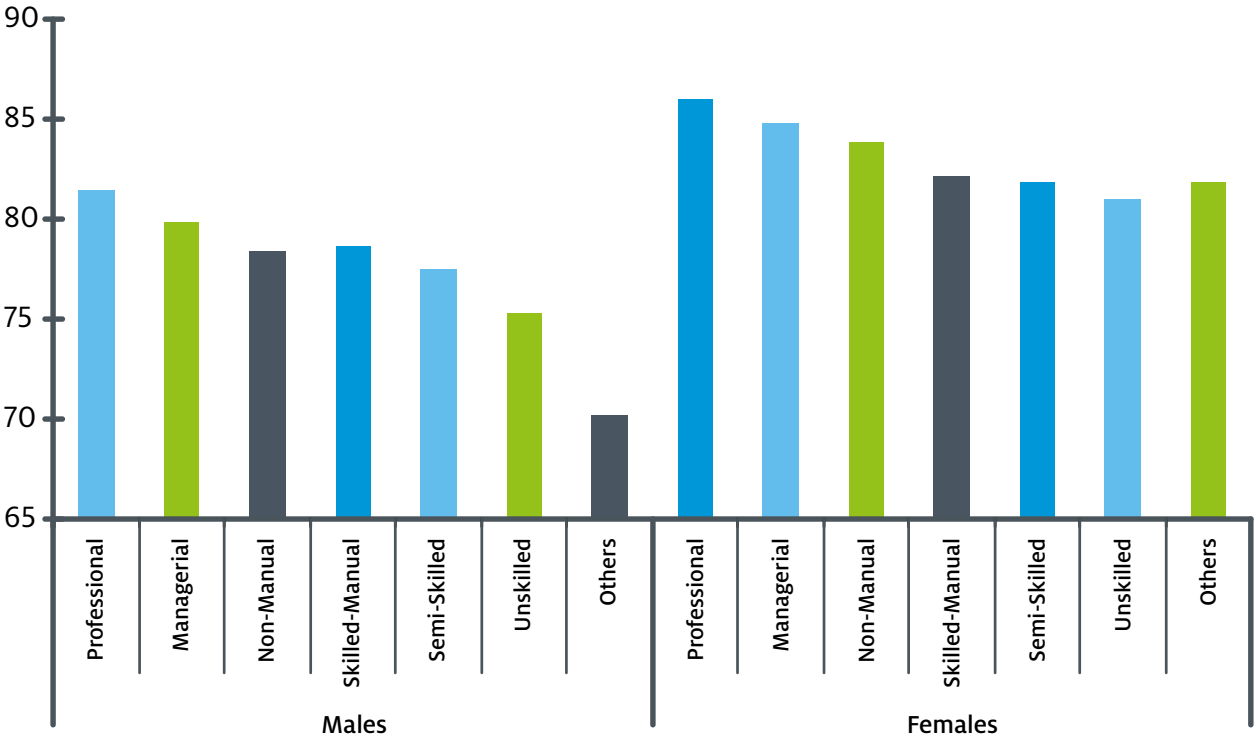

***Figure 4**: Life Expectancy at Birth by Gender and Social Class*

A1.5 Health Inequalities

Inequalities in health are differences in health status or in the distribution of health determinants between different population groups due to the conditions in which people are born, grow, live, work, and age. There is an uneven distribution of the risk factors associated with many chronic diseases, with the burden borne disproportionately by those in the lower socio-economic groups. People with higher socio-economic position in society have a greater array of life chances, more opportunities to lead a more fulfilling life and tend to have better health. [49]

Rates of both coronary heart disease and diabetes are higher in the most deprived section of the population, with rates decreasing gradually as deprivation decreases. [7]

Risk factors such as body mass index, cholesterol and blood pressure are also persistently higher amongst low-income social classes. [20]

The social gradient is also evident in mental health. Levels of depression and admissions to psychiatric hospital are also higher among less affluent socio-economic groups. [27] Mental health problems are also related to deprivation, poverty, inequality and other social and economic determinants of health. [28] Economic crises are therefore times of high risk to the mental wellbeing of the population – both to the people affected by mental health problems and their families.

People from less affluent groups are less likely to participate in moderate-to-high levels of physical exercise, and are more likely to eat fried foods and to smoke. Smoking rates are highest (56%) amongst women aged 18-29 years from poor communities, compared to 28% of young women from higher social classes. [30]

9% of three-year-olds in lower socio-economic groups are obese compared to 5% in higher socio-economic groups and at least one-fifth of children in all social classes are overweight. [17]

The differences in life expectancy by gender and social class, illustrated in Figure 4, are striking, both in terms of the gradient between men and women and across the social gradient. According to the WHO, action on

health inequalities requires action across all the social determinants of health, including the way in which the health systems operate. [66]. Solutions rarely lie within the boundaries or responsibilities of any single organisation and there is a need to address the importance of improving the physical, social and economic environment of deprived areas. Solutions should also focus on intervening early in the life course, emphasise the close relationship between physical and mental health, and use fiscal and policy instruments (cigarette pricing, minimum price for alcohol) to enable deprived populations to live healthier lives. [67]

A1.6 Health Systems

The capacity and efficiency of health systems[3] are also important health determinants. [68] The WHO Health 2020 strategy has identified the strengthening of people-centred systems, public health capacity and emergency preparedness, surveillance and response as priority areas for action. Health and other Government ministers and policy makers have a leadership role in advancing the case that health is an outcome of policies pursued in other arenas.

Providing high-quality care and improving health outcomes in all areas requires health systems that are financially viable, fit for purpose, people-centred and evidence-informed. [3]

The Irish health system, like those in many other countries, is faced with many challenges: issues with capacity and access to services, budget constraints, an ageing and changing population, increasing levels of disability and a fall in the number of people in work, increasing incidence of many chronic diseases and the development of new technologies that allow more effective but costly treatments.

'Future Health', the strategic framework for reform of the health service, aims to improve efficiency, give better access to care, and provides a mandate to address the growing health and wellbeing needs of the population. This can be achieved by orientating the healthcare system to give priority to disease prevention, fostering continual quality improvement, supporting self-care by patients and relocating care as close to home as is safe and cost-effective. [47]

A1.7 Risk and Protective Factors

Effective interventions to improve population health and wellbeing are needed to reduce risk factors and enhance protective factors.

With respect to chronic disease, people's lifestyles and behaviours – whether they smoke, how much they drink, what they eat, whether they take regular exercise – are widely recognised as affecting their health and risk of dying prematurely. The WHO has attributed 60% of the disease burden in Europe to seven leading risk factors: hypertension, tobacco use, alcohol misuse, high cholesterol, being overweight, low fruit and vegetable intake and physical inactivity. [69] Protective factors include women maintaining a healthy weight prior to and during pregnancy, controlling body weight, a supportive family environment, good nutrition, immunisation, seat belt usage, use of bicycle helmets and being physically active.

With regard to mental health wellbeing there are several factors at work: biological and psychological characteristics of the individual and features of the social context in which people live. Risk factors include physical illness or disability, family history of psychiatric problems, low self-esteem, social status, childhood neglect. Protective factors include secure attachment, having one good adult during early years, positive early childhood experiences, good physical health, and positive sense of self, effective life and coping skills. [70, 71] Early years interventions are particularly important in the context of mental wellbeing.

It is important to acknowledge the interplay between mental health problems and chronic disease. Depression is a very important public health problem and is often co-morbid with chronic conditions. [72] Mental health problems such as depression, when existing with any chronic condition, incrementally worsen health, compared with having depression alone

[3] A health system is the ensemble of all public and private organisations, institutions and resources mandated to improve and restore health. Health systems encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health.

or chronic conditions alone. This reinforces the need to improve mental wellbeing as a public health priority, to reduce disease burden and disability, and to improve the overall health of populations. Tackling risk factors and promoting protective factors for lifelong health and wellbeing in the early years and building children's and adults' resilience to adversity is a central requirement of any population health framework.

A1.8 Threats to Population Health

Threats to the health of the population can include infectious diseases and environmental hazards, including radiation, chemicals, poisons, and air pollution. Major emergencies can arise as a result of a chemical or radiation disaster, bioterrorism, environmental contamination, transport accidents or environmental hazards like flooding and extreme weather. As the risks increase due to ever more international travel and trade, public health policies and actions are required, both proactive and reactive, to minimise the vulnerability to public health events that endanger the collective health of the population.

There are also significant links between health and wellbeing and policies relating to areas such as education, transport, children, and environment. These require an intersectoral and international response and many plans and procedures are currently in place under the general auspices of several Government Departments and agencies: Department of Agriculture Food and the Marine, Department of the Environment, Community and Local Government and the Office of Emergency Planning.

The health of the population is inextricably linked to a healthy environment which relies for its survival on clean air and water and the crops we are able to grow in uncontaminated soil. Amenities such as forest parks provide opportunities for recreation and add to our understanding of the environment thus supporting healthier lifestyles while contributing to our wellbeing. [73]

A1.9 Health and Environmental Protection

The area of environment and health, in its broadest sense, comprises those aspects of human health, disease, and injury that are determined or influenced by factors in the environment. This includes not only the study of the direct pathological effects of various chemical, physical, and biological agents, but also the effects on health of the broad physical and social environment, which includes housing, urban development, land use and transportation, industry, and agriculture. The protection of human health is a fundamental aspect of environmental protection. [74]

Because the impact of the environment on human health is so great, protecting the environment has long been a mainstay of public health practice. There is both national and international support to advance the synergies between health and the environmental sector.

Nationally the EPA's Draft Strategic Plan 2013-2015 has identified as a priority the development of stronger and more robust approaches to understanding and promoting the essential role that protecting the environment plays in improving the health of the population.[75] Building on these proposals will provide more support to health and environmental sectors to integrate environmental and health issues in policy and decision making at national, regional and local level.

A strengthening of the Health Impact Assessment element of licensing by the EPA and the establishment of a statutory EPA Health Advisory Committee, with the overall objective of further integrating and improving consideration of human health and environmental protection activities across EPA functions were recommended in a review of the EPA in 2011. This development should build collaborative advantage in this important area of health and environmental protection. [76]

Internationally the European Commission proposal for a 7th EU Environment Action Programme outlines the synergies between environmental pressures and health. [77] One of its priority objectives is "to safeguard EU citizens from environment-related pressures and risks to health and wellbeing".

It is clear from the literature and the policy landscape that an intersectoral approach to health and wellbeing must include a significant emphasis on the relationship between environmental issues and health.

Protecting the public includes:

- providing a coherent, accountable national framework for rapid responses to current and emerging threats
- co-ordinated responses across government
- evidence and surveillance functions
- scientific expertise, specialist and reference microbiology functions
- co-ordination of immunisation programmes
- information and independent advice to professionals and the public on hazards to health
- engagement with other statutory bodies involved in regulation for clean air, water and food subject to national and international legislation.

A1.10 *Public Health Policy*

Public health is "the science and art of protecting and promoting health and wellbeing, preventing ill health, and prolonging life through the organised efforts of society". [78]. The three domains of public health practice are health protection, health improvement and health service quality improvement. The following are features of contemporary public health systems:

- it is population based,
- emphasises personal and collective responsibility for protecting health and preventing disease,
- recognises the role of the socio-economic and wider social determinants of health and
- builds partnerships with those who contribute to the health of the population. [79, 80]

Existing public health legislation is the legal foundation that underpins current public health activities. Public health laws have long been considered essential tools of public health practice, as they can help create the conditions that enable people to lead healthier and safer lives. [81]

During the consultation for Healthy Ireland, the need to update and modernise public health legislation to meet 21st Century requirements was identified, i.e., move to risk-based, modulated responses, dealing with all threats and not just communicable disease threats, as is required under International Health Regulations (IHR) and the upcoming EU Cross Border threats decision.

A1.11 Evidence to Address the Risks to Health

Despite the serious issues facing the health and wellbeing of the population, many of the conditions of concern are preventable, and can be reversed for many current sufferers. Combining four key protective lifestyle behaviours: being active, not smoking, drinking alcohol within the recommended guidelines and eating recommended amounts of fruit and vegetables could add up to avoid up to 90% of type-2 diabetes, 80% of coronary heart disease and at least 40% of cancers. [82, 83] In another example, volunteering and community involvement have been shown to increase self-confidence and resilience, combat depression and maintain physical activity levels.

While it is known that eating well, exercising and avoiding tobacco, and drinking within the recommended limits are good for health, it is also known that it takes more than that knowledge to drive long-term or meaningful behaviour change. The challenge to policy makers is create supportive mechanisms and structures to facilitate such changes in behavior, combining a population and individual (high-risk) approach. [84] This can only be achieved when all of government and all of society play their part.

Legislation is and will continue to be an important tool and driver in facilitating improvements in the health of the population. Most of the important public health achievements of the twentieth century, such as control of tobacco products, improvements in road safety, improvements in the workplace, improvements in food safety, water, sanitation, housing and air quality, and the control of infectious diseases, have been achieved with the support of legislation. [85]

Evidence-based disease prevention policies and programmes bring positive behaviour change, are cost-effective, can reduce healthcare costs and, most important, can improve quality of life and participation in education, work and society. The success of such policies and programmes, however, hinges on the quality of their evidence-base, planning and implementation, and on the broadest possible cross-sectoral engagement.

Comprehensive strategies involving integrated services and co-ordinated interventions to address a range of determinants are required to reach a "critical mass" – one that can have a meaningful impact, for example, on physical activity levels or diet, by generating fundamental changes in social norms. [84]

A1.12 Improving Health and Wellbeing through a Life Course Approach

Supporting good health and wellbeing at all stages of a person's life can lead to increased life expectancy with extra years being lived in good health. Improving health and health equity begins in pregnancy and early childhood. Integrated approaches to child wellbeing and early child development produce fairer and better outcomes in health and in education. [3] Healthy children learn better, healthy adults are more productive and healthy older people can continue to contribute actively to society. Empowering people through their lives will help create better conditions for health.

A1.13 Prioritising Early Intervention

Child health, wellbeing, learning and development are inextricably linked, and the most effective time to intervene in terms of reducing inequalities and improving health and wellbeing outcomes is before birth and in early childhood.

Giving every child the best start in life involves providing for their emotional and physical development, the acquisition of cognitive, linguistic and social skills and building their resilience

which will support them through life. Intervention in the early years has been shown to be a good investment, as it provides a greater rate of return than that for later intervention. (Figure 1). [51]

In his review on reducing inequalities in the UK, Professor Michael Marmot identified the objective, "Giving Children the Best Start" as the most important of all the objectives, as it was the one most likely, based on research, to reduce inequalities in society. [49]

There are strong associations between the health of mothers and the health of their babies, and equally strong associations between the health of mothers and their socio-economic circumstances. Early intervention before birth is as critical as giving on-going support during a child's early years. A 2005 report on maternal health from the WHO states: 'Mothers and children need a continuum of care from pre-pregnancy, through pregnancy and childbirth, to the early days and years of life. [86]

A1.14 Positive and Healthy Ageing

Healthy ageing, which is fundamental to achieving the goals of Healthy Ireland, has its genesis before we are born and is influenced throughout the life course. Healthy ageing is a major contributor to closing the gap in health and wellbeing between socio-economic groups and between men and women.

Patterns of health, illness and disease are influenced at different stages of a person's life and what happens during the early years has lifelong effects. [49] Key life stages and transition points can affect health by moving people onto a more or less advantaged path. However, they also present opportunities for intervention, for example, with healthcare services, educational institutions and employers. [50]

Supporting people to enjoy a healthy and active life course, starting in the womb and continuing through childhood, adolescence, adulthood and older age, is a fundamental goal of this policy Framework.

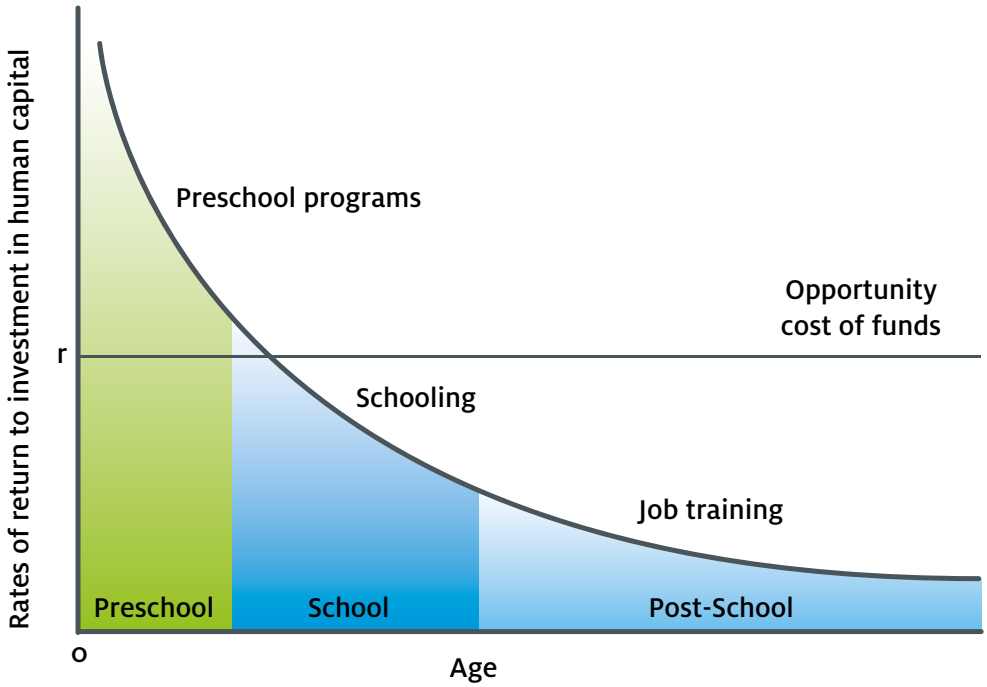

***Figure 5**: Rates of return to investment in human capital*

APPENDIX 2 - HEALTHY IRELAND'S ETHICAL PRINCIPLES

Equity: The principle of equity aims to minimise avoidable disparities in health, as well as the social determinants of health, between groups of people who have varying levels of social advantage. Equity provides all persons with a fair opportunity to attain their full health potential, to the greatest extent possible.

Fairness: Fairness requires the just distribution of the likely benefits and burdens of public health policies amongst the population.

Proportionality: The principle of proportionality requires that those considering limiting personal rights for the purpose of public health policy must balance any restrictions with the social need for interference. In effect, it must be determined that the proposed interference is justifiable and appropriate in the circumstances.

Openness and Accountability: The principles of openness and accountability require that the formulation of public health policy be open and that the people who will be most affected be involved in the decision-making process. In order to achieve this, the public should have access to relevant information, including an understanding of underlying conflicts and competing interests. Ensuring financial, professional and organisational accountability will result in better quality, efficient and cost effective public health policy-making and will also bolster public trust.

Solidarity: Public health is a collective action which aims to protect the health and welfare of all people. A core aspect of solidarity is that populations share the benefits, risks and burdens of public health policies. At a basic level, solidarity reflects a collective commitment to carry e.g., financial, social, emotional or other "costs" in order to assist others. This may relate to circumstances within or between countries. In terms of global health, solidarity means that resource rich countries should aim to assist resource poorer countries in, for instance, building public health capacity.

Sustainability: Sustainability requires society to conserve and improve economic, social and environmental systems so that both present and future populations can lead healthy, productive and fulfilling lives.

APPENDIX 3 - ABBREVIATIONS FOR PARTNER ORGANISATIONS

CCMA	County and City Managers' Association
CSC	Children's Services Committees
CSO	Central Statistics Office
C&FSA	Children and Family Support Agency (pending establishment)
C & V Bodies	Community and Voluntary Bodies
DAFM	Department of Agriculture, Food and the Marine
DCYA	Department of Children and Youth Affairs
DECLG	Department of Environment, Community and Local Government
DES	Department of Education and Skills
DH	Department of Health
DJE	Department of Justice and Equality
DT	Department of the Taoiseach
DSP	Department of Social Protection
DTTS	Department of Transport, Tourism and Sport
EPA	Environmental Protection Agency
HRB	Health Research Board
HSE	Health Service Executive
IPH	Institute of Public Health
ISC	Irish Sports Council

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