

Draft 1

Summary note of the Politics of Health Group meeting

held at London Southbank University

on the 7th of September 2016.

The purpose of this note is to capture the majority of the key points, questions and recommendations made at the event rather than act as a full record of everything that was said. The note has been compiled based on notes taken during the meeting as well as summary flip chart notes constructed during group discussion, summary notes supplied by Maggie Winters and the audio and video recording of the event.

Executive Summary

The group discussed two general questions; first the current relevance of the Ottawa Charter (OC) themes and what might need to be added and, was anything redundant and second how to raise the profile and promote interest and action on the determinants of health.

There was discussion of the content of the OC but the majority of the meeting was focused on the need to be clear about the nature of any statement, its aim and the target groups it will be aimed at before a strategy for engagement and dissemination can be developed. It was also felt that the development of a new set of principles wrapped up in a new statement will probably not be able to compete with the original charter, which is itself not widely known and may even confuse people. It was felt that some deep thinking is needed about what this work is going to try and do, how it will be done, who is it aimed at and how success will be measured.

There was consensus that OC had served a useful purpose and all its themes were still relevant but that simply making people more aware of it or seeking to engage them with it was not likely to have a significant impact on health inequality.

The group felt that health inequality is still a key issue that needs to be at the top of the health agenda and in addition there is now a new political window in which to frame a new debate about it given the Theresa May's first speech as PM and her commitment to tackle this issue. There was also a view that there is now a real opportunity for some new thinking and articulation of the problem and solutions rather than a rehash and repetition of the old mantras which whilst based on evidence represent a narrative that needs to be refreshed and reinvigorated for a new and wider audience.

It was felt that a fundamental issue that needs to be addressed by PoHG is the overall purpose of the current exercise which was felt to be unclear.

Clearly the PoHG does not have the capacity to develop an internationally ratified consensus document along the lines of the original OC and its subsequent iterations. It was felt that there is a need for realism about what can be developed and how it can be disseminated. The group concluded that it is necessary for the PoHG to first explicitly agree and set out what the aim of the exercise is and what success would look like. There is also a need to be explicit about who the target group or groups are that any paper will be aimed at.

Once this fundamental thinking has been completed it will be possible to develop, test and put in place agreed sets of actions. These actions will need to include the development of a new narrative that speaks to the key target groups identified and to the issues and to political policy opportunities. There will probably be a need to develop a number of different approaches or vehicles to engage different groups.

In summary PoHG need a clear vision of what success would look like as a result of any new charter in terms of both awareness and uptake of it and measurable improvements in reducing health inequality. PoHG also need to be clear about who the audience or abundances are for this action. Finally, PoHG need to develop a new narrative and language able express and engage targeted groups with the issue of health inequality.

Relevance and nature of the OC

Whilst the OC themes are still relevant to tackling health inequality, the five/ six themes are worded in such a way that they are not very compelling or engaging. They speak to everyone and nobody. The OC was developed as an international charter aimed at governments, and professionals. The group questioned this focus, and suggested that the PoHG will need to be clear about the focus of any new charter, is the Birmingham Charter just for the UK?

Changes over past thirty years suggest greater emphasis should be placed on education, sustainable development, and issues of security, fear (growth of extremist organisations) and prejudice. The issue of globalisation, environment, population change and flows should also be considered.

The OC uses the language of public health and health promotion and is aimed at professional's academics, politicians and bureaucrats. The OC is still not well known outside public health and health promotion circles. It is inaccessible to ordinary people. It was developed by a group of experts rather than by representatives of communities themselves. Any update needs to address these issues explicitly and should ideally be developed with the input of a wide range of voices and perspectives.

The charter is a product of its development, it is a consensus document that can be agreed to by all, and consequently it is open to a wide range of interpretation. It lacks specificity or concrete targets. Subsequent additional charters facilitated by WHO are similar and represent a necessary compromise based on a perceived need for global consensus. Some members of the group suggested it might be helpful to audit the impact of the OC to learn about what new actions may need to be undertaken.

In summary it was felt that the OC is a set of generic suggested action areas rather than a blue print for success. It is not binding. It was helpful as a way of calling attention to the issue of health inequities but this issue if not well known by the general public is well evidenced in academic, political and practice. To paraphrase a quote used at the meeting 'We know who and what the killers are, we now have to do something about them'.

Building a new Charter

A key decision that needs to be made urgently is about the political positioning of any new charter. The choice is between sticking with the left of centre PoHG position to underpin any new charter developed or an attempt to try to build a more general consensus through developing a coalition of organisations from across the political spectrum. In either case the group felt that there was a need for the PoHG to develop any new charter with other relevant organisations be it across the political spectrum of a more focused approach allying with other left of centre organisations. For example, EuroHealthNet (www.eurohealthnet.eu) - a not-for-profit partnership of public bodies working at regional, national and international levels across Europe. EuroHealthNet is also revisiting the Ottawa Charter and linking it closely with the UN Sustainable Development Goals.

The group felt that any new charter should not simply be a set of principles it should be action orientated with clear calls to action and recommend specific policy responses. The group mentioned the global sustainable development goals and linking any new charter to these specific commitments. Ideally any new charter should be the result of a facilitated bottom up social movement but it will also be necessary to also seek to influence policy makers directly.

The group suggested that tactically it may be helpful to link health inequities firmly with the NHS as the public support for it is so strong and it is an ongoing hot political and policy issue. The links between access to health care and inequality may prove to be a powerful way of bringing the issue to life for people rather than just a focus on morbidity and mortality rates.

The language of the existing charter needs to be reappraised and updated. The narrative of health inequality is complex, negative and professionalised. A new language and narrative needs to be developed that will engage enthuse and empower a broad spectrum of people to renew action in this key area of public policy. Specifically, the group mentioned the following elements that might need to feature in any new narrative that was developed:

- Language should be simple and compelling reflecting people' concerns and aspirations
- Need to find a narrative that the public understand and can relate to easily e.g. NHS
- The narrative needs to reflect current and near future social and technological changes
- There is a need to address inequalities from a positive point of view with examples of what has worked as well as a negative framing of its impact on health, society and the economy

The group felt that any new charter should have a set of more explicit targets or goals so that the issue measuring the impact of both action and levels of health inequality are made more transparent. The developing of such a set of goals, and measurements might well form a valuable preliminary exercise for PoHG to undertake or facilitate., links with the millennium development goals should feature in such a process.

The next step might be a process rather than a paper.

Rather than seeking to develop a document it might be better and add more value to undertake a process of developing a dialogue with a broad range of community voices about inequality, what it is and how to tackle it now. The Birmingham Charter could be an agreed set of actions focused on engaging a broad range of voices with the aim to developing a new vision of success, a new narrative and a set of explicit goals.