A New Politics for Health: Moving Forward from the Ottawa Charter

Sheffield regional meeting

Pemberton Room, Regent Court, Regent Street, Sheffield S1 4DA

September 2nd 2016

Main issues

- **Relevance of the Ottawa Charter:** There was a view that it is still relevant but that the Charter has limited resonance outside of people working in health. People saw the need for more specificity in the new charter – identifying who has vested interests in the current status quo (including academics, medics and the middle classes) and which groups have responsibility for implementing particular actions for change
- **Public health as political:** There was a big appetite for identifying political decisions that prevent progress against health inequalities - and a role for PH and academics in making this visible to the general public. Practitioners, commissioners and vol sector people felt that they did not often get spaces such as today to discuss the political decisions affecting their work
- **A gap in advocacy roles in public health:** There was a view that the shift of public health back to local authority and an increasing role for the community and voluntary sector in the delivery of many service contracts is making it harder for these groups to criticise policy makers. People said that public health needs to attract activists and experts who know how to mobilise social movements particularly using social and mainstream media
- **Health promotion needs to be re-framed in collective terms**: people thought that there needs to be a stronger emphasis on collective actions; challenging the dominant view that health is an individual issue. For example, 'personal skills' were considered to reflect more about social issues that individual capabilities.

See below for more details….

Important ideas to take forward

Overarching theme	Questions and issues	Ideas for future action	Action point for Birmingham Charter
Public health community communicating with the public	Getting the media to engage with health promotion issues is a problem – both at local and national levels There is a need to challenge narratives that are damaging to health – such as individual victim blaming for obesity There is an opportunity to influence the way in which current issues are framed in the media: e.g. highlighting proven long term savings of sexual health prevention when it is challenged in mainstream media There is a need to challenge the dominance of high-tech health solution stories to encourage more investment in preventative health	Develop policies on ownership of print media to challenge dominant framing of health issues Media training for people working in public health Need examples of what works – positive case stories: An identified example of good practice in engaging the media was Health Campaigns Together Modelling the impact of health inequalities on specific geographical areas of the city – what would a reduction in health inequalities locally mean for different people in the city? Engaging students in political issues – e.g. providing access to overtly political	Any new Charter must have traction outside of the public health community

Overarching theme	Questions and issues	Ideas for future action	Action point for Birmingham Charter
	There is a need for better co-ordination on priority messages from public health community: co-ordinating the language used to develop 'soundbites' that help carry simple messages. The public health community needs to engage in developing the arguments for redistribution of wealth Academic language must be made more accessible when translating public health issues There is a need to challenge the 'healthy choices' agenda	publications such as Private Eye Universities encouraged to produce more publications targeted at the public	
Reframing personal skills as a collective good	We need to think about developing collective skills in health literacy and advocacy rather than individuals' skills We need to make more of	Develop lobbying as a central public skill through schools Develop lobbying as central public health skill through core competencies	Should the theme of personal skills underpin all other themes, rather than form a central one?

Overarching theme	Questions and issues	Ideas for future action	Action point for Birmingham Charter
	the informal networks/systems that influence health – e.g. peer support We need to encourage people to be critical of what is going on in their communities and in politics Need to reconsider what counts as expertise – valuing community/lay knowledge	framework We need to develop research skills within the community so that people develop critical thinking skills and so that practitioners can make the case for what works in improving health: more financial support for participatory research	
The collective provision of health services is a social value – do not abandon it	Need to articulate what sort of society we don't want	Legislate against the revolving door between government and powerful health industries The health service must be responsible to parliament The NHS workforce must be valued and funded The NHS should be funded through tax not insurance	

Overarching theme	Questions and issues	Ideas for future action	Action point for Birmingham Charter
		Health and social care services should be linked The management structure needsto be more open in NHS with greater responsibilities for workers	
Lobbying should be prioritised as a central aim of public health	Highlighting the role of government in identifying solutions Highlighting who benefits/profits from a medical model of health The financial drivers that affect health need to be harnessed so that health can be more profitable Need more 'challenging' public health – the profession works in areas that are too friendly and safe (e.g promoting 5 a day over challenging fast food outlets)	PH training scheme – developing this as a skill Young people need to be given skills to understand the impact of politics	
Connecting people	Community action has been	Twinning more and less	

Overarching theme	Questions and issues	Ideas for future action	Action point for Birmingham Charter
	seen as a failure - there is a need to connect more and less affluent communities, rather than 'targeting' the most deprived. It was thought that this would enable more opportunities for challenging existing power structures that influence the social determinants Public health needs to persuade lay people of the benefits of engaging with research and lobbying Research needs to be more heavily influenced by lay people How can the public health community connect more active/political citizens with those who are less so? Wider public health workforce need skills in	affluent areas of city – collective responsibility	

Overarching theme	Questions and issues	Ideas for future action	Action point for Birmingham Charter
	community empowerment The status of peer support needs raising – better rewards? Community development must be adequately funded We need to foster collective responsibility for health – people need support to recognise the impact that their actions have on the health of others People in positions of power and influence need to be encouraged to participate – e.g. in places such as Citizen's Reference Groups – better recompense for participation needed?		
Targeting key sectors outside of health for change	Town planning as key sector for change Public health experts need to infiltrate system and spatial	Co-ordinate the provision of illness treatment and health prevention – e.g. co-locating GP surgeries and social and exercise facilities	

Overarching theme	Questions and issues	Ideas for future action	Action point for Birmingham Charter
	planning	Stigmatising commercial organisations that damage health through legislation An expanded and formalised role for public health in planning decisions Limit the power of food and tobacco industries in policy development Use taxes to influence fast food developments and encourage healthier food options No car zones in cities More trees in poorer areas	