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Conference or Workshop Item

Title: Countering a culture of acceptance: Exploring councillor's views towards poor health-related lifestyle choices

Creators: Callender, M. and Sixsmith, J.

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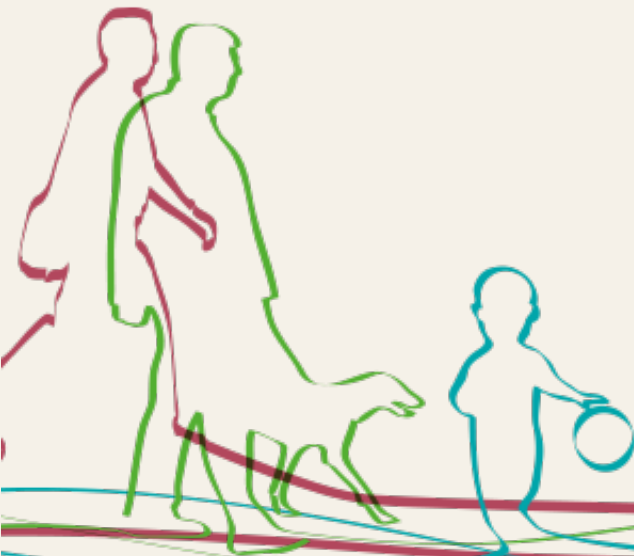
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Countering a Culture of Acceptance

Dr Matthew Callender,
Researcher Institute of Health and Wellbeing
Judith Sixsmith,
Professor of Public Health

STRUCTURE

- Context

- Methods

- Findings

- Conclusions

BACKGROUND

'New' Public Health in England

In 2010, a new approach to public health was unveiled in the *Healthy Lives, Healthy People* Public Health White Paper.

The new system was designed to empower individuals, communities and local government to provide local solutions to local health and wellbeing problems.

Local authorities were given responsibility for driving the commissioning process, drawing on a ring-fenced public health grant to address health and wellbeing needs and inequalities between different communities and/or subsets of the local population.
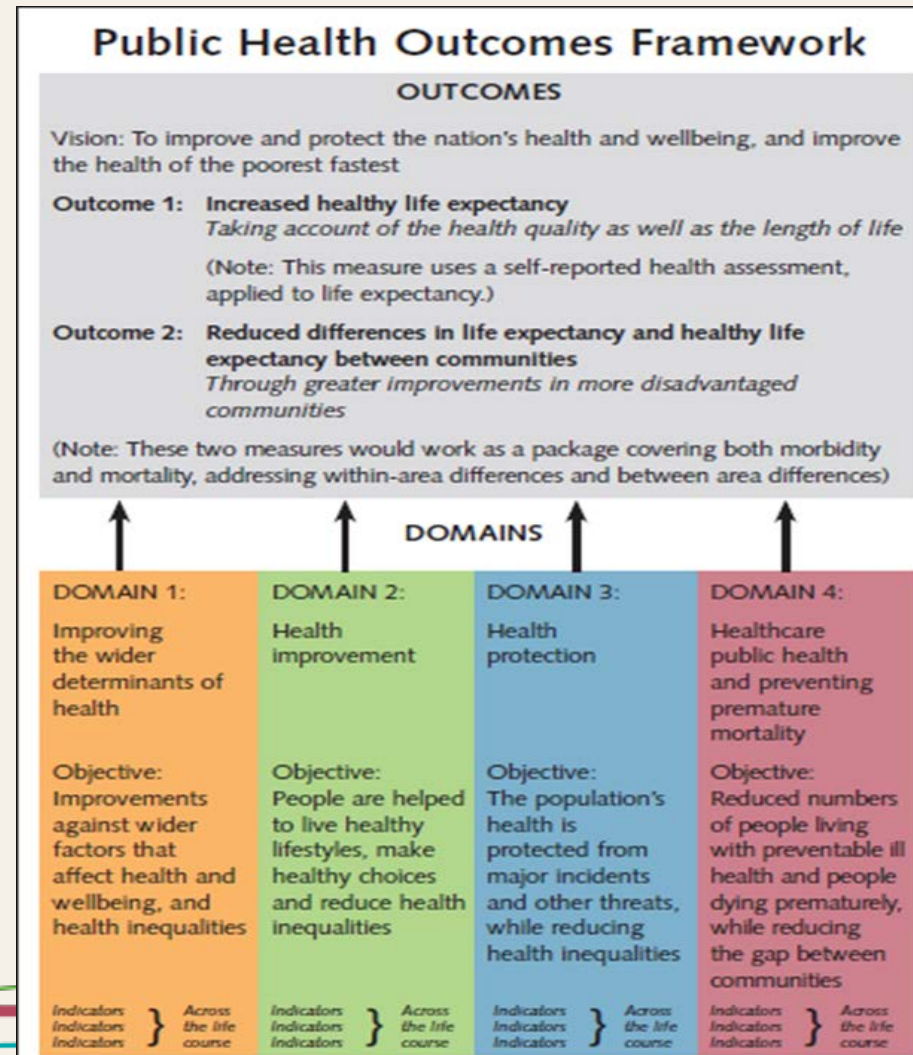
Additional changes included:

- The appointment of Director's of Public Health;

- The creation of Public Health England;

- The establishment of local Health and Wellbeing Boards;

- The design of a Public Health Outcomes Framework.

PUBLIC HEALTH OUTCOMES FRAMEWORK

- Two overarching outcomes that set the vision for the whole system;
- Four domains that relate to the three pillars of Public Health with the addition of a focus on the wider determinants of health and wellbeing;
- Domains contains 66 indicators that measure health and wellbeing outcomes;
- The framework provides a vital source of information to make commissioning decisions;
- Explore data based on different geographic boundaries

Can be access via:
www.phoutcomes.info

Public Health Outcomes Framework

OUTCOMES

Vision: To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest

Outcome 1: **Increased healthy life expectancy**
Taking account of the health quality as well as the length of life

(Note: This measure uses a self-reported health assessment, applied to life expectancy.)

Outcome 2: **Reduced differences in life expectancy and healthy life expectancy between communities**
Through greater improvements in more disadvantaged communities

(Note: These two measures would work as a package covering both morbidity and mortality, addressing within-area differences and between area differences)

DOMAINS

DOMAIN 1:	DOMAIN 2:	DOMAIN 3:	DOMAIN 4:
Improving the wider determinants of health	Health improvement	Health protection	Healthcare public health and preventing premature mortality
Objective: Improvements against wider factors that affect health and wellbeing, and health inequalities	Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities	Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities	Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities
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STUDY AIMS

To engage with councillors (county and borough/district) to identify public health and wellbeing priorities.

Objectives:

- Establish levels of support for the Public Health Outcomes Framework (PHOF);
- Agree on priorities and important indicators;

Focus: Councillor's understandings of public health and wellbeing structured around countering a culture of acceptance.

METHODS

A mixed methods approach:

1. Questionnaire surveys (n=105 of 318 councillors; 33% engagement);
2. Semi-structured interviews (n=15).

District/Borough	Frequency	Percentage of sample
Corby	13	12%
Daventry	20	19%
East Northamptonshire	9	9%
Kettering	6	6%
Northampton	22	21%
South Northamptonshire	13	12%
Wellingborough	22	21%

FINDINGS

Countering a Culture of Acceptance

- A Plague of our Times
- Developing Cloth Ears
- Individual vs. Collective Good
- Health or Public Health

A PLAGUE OF OUR TIMES

- **Poor lifestyle choices**

- **Risky behaviour**

- **Troubled society**

- **Complacency**

- **Changing attitudes**
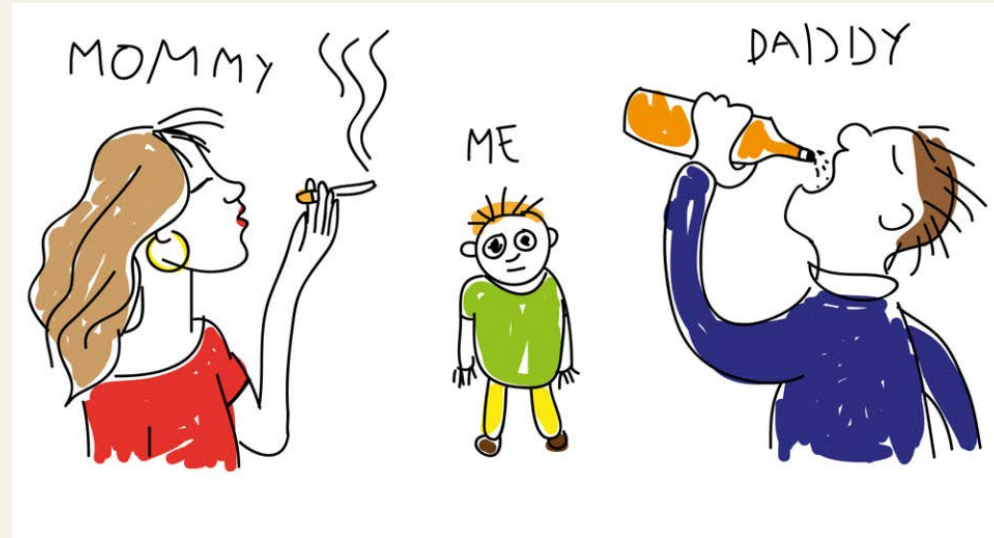
"Personally the highest priority should be around living and the way people live. If you live a healthier lifestyle, the longer you are going to live. If you get rates of obesity down, if you get smoking down… you will have less risk of cancer… so for me the priority should be on lifestyle."

DEVELOPING CLOTH EARS

- **Increased daily stress**

- **Everyday decision-making**

- **Deteriorating outcomes over time**

- *"Educating children can be the key"*

"Publicity has been around for a long time but stress and addiction create cloth ears (until it is too late)."

"There is only so much that can be done. 21st century life is stressful and booze is a form of relief adopted by many."

INDIVIDUAL VS. COLLECTIVE GOOD

- **Whose responsibility?**

- **Fundamental freedoms**

- **Civic responsibility or the 'Nanny State'**

- **Paradoxical individualism**
  - opportunities and threats to Public Health Vision

- **Societal buy-in**

"Individuals need to have responsibility for their own health. The State should provide services and information, but should not have responsibility for outcomes."

HEALTH OR PUBLIC HEALTH

- **Traditional conceptualisations of health**

  - **Disease/Treatment-focused**
  - **Medicalised language**

- **Traditional conceptualisations of Public Health**

  - **Environmental Health Officers**
  - **Air and Water**

- **Developing understandings of Public Health**
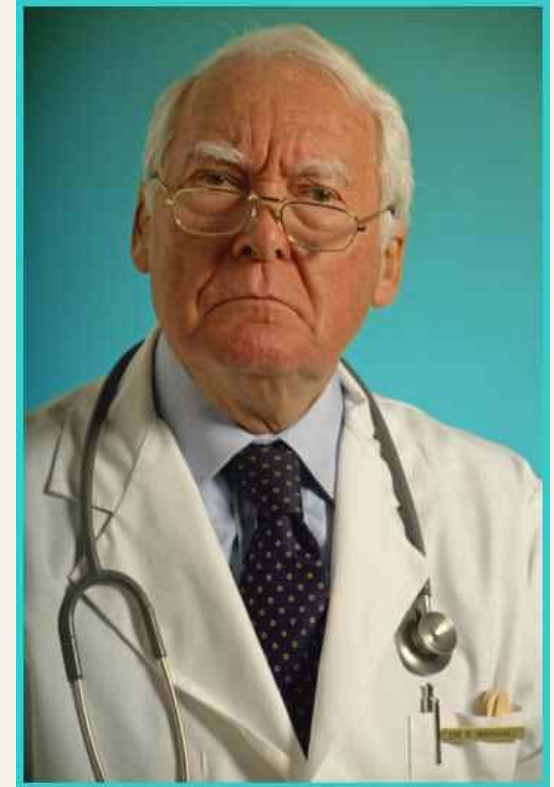
"Qualified medics/nurses/social workers are the ONLY people who see/know/are knowledgeable regarding public health."

CONCLUSIONS

- If Public Health is to be improved, councillors suggest that countering a culture of acceptance is paramount through:
    - Changing attitudes especially among children and young people
    - Taking action now rather than devising further strategies
    - Unifying the individual within the collective
    - A Public Health campaign to promote collective responsibility for positive outcomes
    - Training and support for councillors to broaden and reconceptualise their notions of Public Health
    - Ready access to plain English information about local health and wellbeing issues/trends

IMPLICATIONS OF PARTICIPATION

- Realisation of new roles/responsibilities for Public Health

- Councillors broadened understandings of Public Health

- Prompted requests for:
  - discussion/debate
  - briefing papers on current situation
  - localised information

"What you have done is to have changed my understanding of Public Health. If someone were to have asked me a year ago what do you understand by Public Health, I would be looking at it in the old traditional way - that Public Health is the Public Health Inspector who checks out water is not unclean... that our meat is safe to eat... - that type of thing. That's how I would have looked at Public Health before... now I see it in its widest context of people's health and wellbeing..."

Councillor Participant in the Research

Thank you

For more information, please contact:

Judith.Sixsmith@northampton.ac.uk
Matthew.Callender@northampton.ac.uk

Factor	Frequency	%
Position		
County	5	33.3%
Borough/District	7	46.7%
County and Borough/District	3	20.0%
Ward/District		
Corby	1	6.7%
Daventry	4	26.7%
East Northamptonshire	2	13.3%
Kettering	1	6.7%
Northampton	2	13.3%
South Northamptonshire	1	6.7%
Wellingborough	4	26.7%
Political Membership		
Conservative	10	66.7%
Labour	2	13.3%
Liberal Democrat	2	13.3%
UKIP	1	6.7%