

# **Health Bill 2004**

**Submission by  
the Combat Poverty Agency**

**to  
Mary Harney TD  
Tánaiste  
and  
Minister for Health & Children**

**7 December 2004**

## **Introduction**

The Combat Poverty Agency is a statutory agency with responsibility for advising Government on ways to prevent and eliminate poverty and social exclusion. The Agency is the sole national statutory organisation with an anti-poverty remit. We were established under the Combat Poverty Agency Act 1986, which sets out our four general functions:

- Advising and making recommendations to the Minister for Social and Family Affairs on all aspects of economic and social planning in relation to poverty in the State;
- The initiation of measures aimed at overcoming poverty in the State and the evaluation of such measures;
- The examination of the nature, causes and extent of poverty in the State and for that purpose the promotion, commission and interpretation of research;
- The promoting of greater public understanding of the nature, causes and extent of poverty in the State and the measures necessary to overcome such poverty.

## **Health Bill 2004**

The Combat Poverty Agency is commenting on the Health Bill 2004 in line with its function to promote community development approaches as a means of tackling poverty and in the context of our related programme of work 'Building Healthy Communities' under the current Strategic Plan 2002-2004.

It is important that this Bill is inclusive. It should facilitate and adequately support the participation of representatives of disadvantaged communities, who are accountable to those communities.

Poverty is one of the most important factors that influences health status. People experiencing poverty have poorer health and die younger than people who are better-off. It holds then, that they are most likely to depend on public health services.

Regional and local services overseen by the Health Board Executive have a central role in achieving the national targets on health inequalities and poverty. These services can significantly contribute to combating health inequalities by planning, delivering and supporting services for people at risk of or experiencing poverty. Participation of communities in the design and delivery of health services is necessary and important in shaping and ensuring that these services are people-centred.

The National Action Plan on Poverty and Social Exclusion (NAP/inclusion) sets as a policy task the need to develop ways of further increasing and improving the participation of people experiencing poverty and social exclusion in the [NAPS] process at local, regional and national level.

The Health Strategy very clearly identifies a role for communities as well as consumers. It talks about ‘working in partnership with the consumer and the community’.

In this regard, Combat Poverty welcomes Section 8 of the Health Bill on public representation and user participation. However, it could go further to specifically name communities, particular those in poverty. By not formally prescribing a role, for groups experiencing poverty and social exclusion, they remain invisible and voiceless.

Involving communities in the planning and delivery of services is a key principle in the implementation of the Primary Health Care strategy. The Department of Health and Children is considering the learning and good practice from demonstration projects on community involvement and primary care. These are being carried out under the auspices of the Combat Poverty Agency’s ‘Building Healthy Communities’ programme, with the support of the department.

The Health Boards Executive’s (HEBE) document on guidelines for community participation defines it as ‘a process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change....’.

Meaningful and effective community involvement of people experiencing poverty requires support and resources to engage with other stakeholders on an equal basis. It involves actively supporting and resourcing democratic participation.

### **Key Recommendations**

- Amendment to Part 8 of the Bill
  - Section 47
    - Subsection (1) The Executive [replace: may] [Insert: *shall*] take such steps as it considers appropriate to [replace: consult] [insert: *involve and engage*] local communities or other groups about health and personal social services [Insert: *in particular communities experiencing poverty and social exclusion*]
    - Subsection (2)
      - Insert new (d) *community and voluntary organisations*
      - Existing (d) *becomes (e)*
    - Subsection (6) The Executive shall provide, or arrange for the provision of, such administrative [insert: *and other supports*] as may be necessary to enable a panel to perform its functions.

## **Conclusion**

The reform of the Health Service and in particular the publication of this Bill offers an important opportunity to involve communities experiencing or at risk of poverty in the planning and development of accessible and equitable health services, and in monitoring progress towards meeting the national targets.