

FIT and WELL – CHANGING LIVES

**A 10-Year Public Health Strategic Framework 2012-
2022**

Consultation Questionnaire 2012

This questionnaire has been designed to help stakeholders respond to the Fit & Well – Changing Lives consultation document. Written responses are welcome either using this questionnaire template or in an alternative format which best suits your comments.

Please respond to the consultation document by post or e-mail.

“Fit and Well – Changing Lives” Consultation
Health Development Policy Branch
Department of Health, Social Services & Public Safety
Room C.4.22
Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ
Tel: 028 90522059

E-mail: fitandwellconsultation@dhsspsni.gov.uk

Please ensure that responses are clearly marked:

‘A Response to the Consultation on Fit and Well – Changing Lives (A 10-Year Public Health Strategic Framework)’.

YOUR RESPONSE MUST BE RECEIVED BY 31 OCTOBER

2012

(Please tick the relevant boxes)

I am responding: on behalf of an organisation – Belfast Healthy Cities

Name:

Job Title: Health Development Officer, Inequalities

Organisation: Belfast Healthy Cities (BHC)

Address: 3rd Floor Gordon House, 22-24 Lombard Street, Belfast
BT1 1RD

Tel: 028 9032 8811

Email: laura@belfasthealthycities.com

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. If you do not wish information about your identity to be made public please include an explanation in your response.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Secretary of State for Constitutional Affairs' Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided
- the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature
- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at: <http://www.informationcommissioner.gov.uk/>).

Belfast Healthy Cities welcomes this opportunity to respond to the Fit & Well – Changing Lives Draft Strategy.

About Belfast Healthy Cities:

Belfast is a leading member of the World Health Organization European (WHO) Healthy Cities Network which has approximately 100 cities, with a strong track record of meeting WHO goals and objectives. Belfast Healthy Cities (BHC) office has a staff team dedicated to working with partner organisations to facilitate and support change to improve health equity and wellbeing for people living and working in Belfast and beyond. The office also acts as the link between the city and WHO and BHC currently provides the WHO Secretariat to the European Networks.

Role of Belfast Healthy Cities:

The role of the organisation is through leadership and innovation, to inspire and utilise the collective and individual strengths of partners to deliver the WHO European Healthy City goals and requirements and maximise their impact on health and inequalities. The focus of the global Healthy Cities movement is on the wider physical and social living conditions that shape health and wellbeing and creating conditions that support health and tackle inequalities.

In the current Phase V (2009 – 2013) the overarching aim for Belfast and all WHO European Healthy Cities, is Health Equity in All Local Policies, supported through the core themes of Healthy Urban Environment (including Climate Change and Health) and Healthy Living, (including Active Living and Wellbeing). Comments on the draft strategy are made in light of this

QUESTIONS

Aims (page 11)

Yes ✓ No

If you answered “No” to this question please outline the reasons for your answer.

- BHC believes that the aims are still valid however feels this could be strengthened to read- *'to improve the health and well-being status of all our people and to reduce inequalities in health through **leadership and intersectoral governance.**'*
- This would reinforce the imperative nature of effective leadership and intersectoral governance from the start of the document and echo the WHO health policy for Europe, the European Health 2020 Policy Framework¹, now accepted by all WHO European Health Ministers.

Chapter 6 – Developing a Strategic Framework Vision, Values & Principles (page 58)

Question 2: Do you agree with the Overarching Vision, values and principles? Are there any other values that should be included, or you feel are important?

Strongly agree Agree ✓ Have no opinion Disagree Strongly disagree

Additional comments

- BHC would suggest strengthening the second value - *'policies should actively pursue an equality of opportunity and promote social inclusion' by adding 'adopt a Health in All Policies (HiAP) approach'*. HiAP addresses the effects on health across all policies such as agriculture, education, the environment, fiscal policies, housing, and transport. It seeks to improve health and at the same time contribute to the well-being and the wealth of the nations through structures, mechanisms and actions planned and managed mainly by sectors other than health.²
- Policy rationale for including HiAP is Health 2020. Although HiAP policies has been mentioned in the document BHC feels that the term HiAP should be made more explicit throughout the document to make people more aware of the term and process. BHC has been pioneering the Health Equity in All Policies (HEiAP) (*note Belfast have added Equity) process in Belfast since 2009 and it is a core theme of the

European Healthy Cities Network phase 2009 – 2013 (For more about BHC work in HEiAP see response to question 11)

- BHC suggest that the fourth value should read *'all citizens should have equal rights to health, and fair/equitable access to services and information according to their needs'* thus removing the word *'health'* before services and information. The reason for this is that this strategy is not limited to health services and improving health and addressing inequalities is the responsibility of all sectors.
- We would suggest including a further value *'health inequalities are fundamentally unfair and avoidable'* which reflects WHO. To highlight the unjust nature of health inequalities. In addition, significant terms such as *'sustainability'*, *'quality'*, *'transparency'* and *'prosperity'* could be included which would make the values more explicit.
- Chapter 7 is introduced by the following paragraph - *'this chapter provides information on the challenges for each life stage and underpinning theme and includes long term aspirational outcomes and outcomes for 2012 - 2015 to address these'*. BHC would suggest that using a stronger term than *'aspirational'* and perhaps the timescale of outcomes to achieve between now and 2015 is quite a short timespan which may not be realistic.
- As in WHO Health 2020 BHC supports focusing on health as an asset as a major investment for human economic and social development.

Life Course Approach (page 59)

Question 3: Is the approach taken – i.e. life course stages and underpinning themes – appropriate?

Strongly agree Agree ✓ Have no opinion Disagree Strongly disagree

Additional comments

- BHC supports the *Life Course Approach* as supporting good health throughout the life-course can lead to increasing healthy life expectancy which can have important economic, societal and individual benefits. As stated in Health 2020 *'Improving health and health equity begins with pregnancy and early child development. Healthy children learn better, healthy adults are more productive and healthy older people can continue to contribute actively to society. Healthy and active ageing, is a policy priority and a major research priority.'*
- The report of the Commission on Social Determinants of Health (CSDH) also recommends a life-course approach, with particular attention to young children. As well as the Life Course Approach,

Health 2020 and the CSDH also promote and support as Whole Systems Approach and suggest that the Life Approach be complemented by a whole of government approach, a HiAP approach and a whole of society approach. BHC is pleased to see the Whole Systems Approach outlined in the document.

- In terms of the Strategic Framework on page 59 of the document BHC suggests the following additions to the underpinning themes- adding the word '*resilient*' to '*sustainable communities*' and making '*healthy public policy*' more explicit by adding '*HiAP*'. In addition, add '*leadership and intersectoral governance for health*' as an additional theme.

Strategic Priorities – Early Years & Supporting Vulnerable People & Communities (page 61)

Question 4: Are these the right strategic priorities – i.e. Early Years and Supporting Vulnerable People and Communities? Are there alternatives that should be considered, and can you provide information to support this view?

Strongly agree Agree ✓ Have no opinion Disagree Strongly disagree

Additional comments

- BHC suggests that instead of '*Early years & Supporting Vulnerable People & communities*' being seen as strategic priorities that these should be named '*Key Target Groups*' and that new strategic priorities could include:
 - '*HiAP*
 - '*the social determinants of health*
 - '*intersectoral governance*' – 'Governance for health is defined as the attempts of governments or other actors to steer communities, countries or groups of countries in the pursuit of health as integral to well-being through whole-of-government and whole of society approaches.'³

Which are aligned to the European Health Policy, Health 2020 and provide a broader set of priorities for all departments to buy into outside of health.

- BHC would support 'early years' as a key target group as, the early years are crucial for the entire life course, with decisive evidence presented in the WHO Commission for Social Determinants of Health report in 2008⁴ and the subsequent Marmot review of health inequalities in England post 2010⁵. Education and other services in the early years are key to help children from all backgrounds to achieve

their full potential. Engaging education is essential to addressing health inequalities.

- BHC suggests it is important that attention quite rightly be paid to the most vulnerable groups but covering the full gradient of inequalities is also important.
- While people are living longer, health and wellbeing varies significantly between socio-economic groups and this is known as the 'social gradient'.
- There is a social gradient in health that runs from top to bottom of the socioeconomic spectrum, this is the 'social gradient'.⁶ The social gradient is particularly significant in determining health and wellbeing.⁷
- The 'social gradient' of health means that people from lower socio-economic groups are more likely to have worse health than those from higher social groups. In addition, people in disadvantaged areas are more likely to have a shorter life expectancy and experience a greater burden of ill health. This inequality is driven by underlying social factors that affect people's health and wellbeing – the social determinants of health.⁸ The social gradient in health means that health inequities affect everyone.

The social determinants of health are as outlined by Marmot⁹:

- The conditions in which people are born, grow, live, work and age, including the health system.
- The unfair and avoidable differences in health status seen within and between countries.¹⁰
- Mostly responsible for health inequities

As an additional key group BHC suggests that perhaps 'people in poverty' or 'working poor' could be added.

Chapter 7 – Strategic Framework – Themes & Outcomes Pre-Birth & Early Years Lifestage (page 65)

Question 5: Do you wish to make any comments on the aims and outcomes for the Pre-birth and Early Years lifestage? Are there any gaps and do you have evidence to support your view?

Yes ✓ **No**

If you answered "Yes", please state the relevant issues / challenges and provide details of any supporting information / evidence.

(See comments below in Children and Young People Lifestage section)

Children & Young People Lifestage (page 72)

Question 6: Do you wish to make any comments on the aims and outcomes for the Children and Young People lifestage? Are there any gaps and do you have evidence to support your view?

Yes ✓ **No**

If you answered “Yes”, please state the relevant issues / challenges and provide details of any supporting information / evidence.

Having looked at both the ‘*Pre-birth and Early Years*’ and ‘*Children and Young People Lifestage*’ suggestions that BHC would make are:

- Explicitly mention the word inequalities and how outcomes will address inequalities.
- Some of the statements are ‘*outputs*’ and ‘*actions*’ rather than ‘*outcomes*’ for example ‘*roll out of Roots of Empathy Programme in primary schools*’
- The document goes into a lot of detail regarding listing programmes – perhaps this could be collated and could form an Action Plan for Year 1 -3 (2012 – 2015). It is important that the evidence from the current actions meet the Strategic Objectives.
- The actions and outcomes in this section could perhaps be aligned to the outcomes within Our Children and Young People – Our Pledge: 10 Year Strategy for Children and Young People in Northern Ireland¹¹
- It is important to emphasis in the strategy at every opportunity the importance of joint delivery of interventions to achieve better outcomes for Children and Young People.
- Is there a way to differentiate between existing services and new actions outlined in the strategy as a result of this process of developing the strategy?

Later Years Lifestage (page 96)

Question 9: Do you wish to make any comments on the aims and outcomes for the Later Years lifestage? Are there any gaps and do you have evidence to support your view?

Yes ✓ **No**

If you answered “Yes”, please state the relevant issues / challenges and provide details of any supporting information / evidence.

BHC feels that the outcomes for the ‘Later years lifestage’ could be strengthened by in addition adopting work around eight domains highlighted by WHO as influencing the health and quality of life of older people. These include:

1. outdoor spaces and buildings;
2. transportation;
3. housing;
4. social participation;
5. respect and social inclusion;
6. civic participation and employment;
7. communication and information; and
8. community support and health services.

These domains have resulted from work which began in 2006 by WHO who brought together 33 cities in 22 countries for a project to help determine the key elements of the urban environment that support active and healthy ageing. The result was *The Global Age-friendly Cities Guide* (<http://www.who.int/ageing/publications>) which outlines a framework for assessing the “age-friendliness” of a city. A core aspect of this approach was to include older people as active participants in the process. The guide identified the eight domains (listed above) of city life that might influence the health and quality of life of older people. To build on the widespread interest generated by this programme, WHO established the WHO Global Network of Age-friendly Cities. The Network:

1. Links participating cities to WHO and to each other
2. Facilitates the exchange of information and best practices
3. Fosters interventions that are appropriate, sustainable and cost-effective for improving the lives of older people
4. Provides technical support and training.

Belfast is currently in the process of applying to be part of the Age Friendly Cities Network and will work on the 8 domains recommended by WHO.

For more information on Age Friendly Cities go to:
http://www.who.int/ageing/age_friendly_cities_network/en/index.html

Underpinning Theme – Sustainable Communities (page 103)

Question 10: Do you agree that this is an important underpinning theme, and with the associated aims and outcomes? If not, what suggestions would you make?

Strongly agree Agree ✓ Have no opinion Disagree Strongly disagree

Additional comments

Regeneration can help improve health and health equity, and a healthy population can support regeneration. It is important to note that there are significant synergies that can be achieved by considering the potential impacts of regeneration on local people and communities at an early stage of developing proposals. Put simply, actions that support healthy people and communities often also support successful regeneration that maximises the return on investment.

Appropriate, evidence based indicators and related tools can significantly help monitor both how regeneration projects affect people in the target area, and also how they achieve their overall aims. Where incorporated at an early stage, indicator frameworks can also help priority and target setting. It is, however, vital that the indicators are based on strong evidence, to ensure that the chosen indicators appropriately reflect the core issues, rather than relying on proxy measures based on current routine data. This may mean developing or adopting new indicators, and as a second stage exploring options and mechanisms for collecting the data.

As noted in the draft strategy, significant progress has been made in the collection, routine publication and analysis of statistical data relevant to the social determinants of health. Belfast Healthy Cities was a key partner in the development of the original Investing for Health indicators, and is pleased to note the increasing availability of local level data, as well as new data collected since the publication of this indicator set in 2005. These developments offer a strengthened basis for evidence based decision making, not only within but importantly across sectors. However, Belfast Healthy Cities would recommend that the opportunity is taken to review existing data collection systems, and identify the data that remains fit for purpose as well as any gaps or amendments to data collection required. This would be particularly important to support the development of an outcomes based framework, as many current indicators are process oriented, but may be less well suited to monitoring progress towards the desired outcomes. In many cases, the appropriate change may be an adjustment to the data collection process, rather than a wholesale redesign of systems.

The proposals outlined under Chapter 9 in general offer an important opportunity for the public health strategy to put in place an effective evidence base and monitoring framework that helps ensure local people as well as local economies benefit from investment in regeneration. It is particularly positive to see an emphasis on ongoing monitoring and broad based data and research groups, as this offers an opportunity to amend initiatives, and also explore new partnerships, as required. However, it is vital to note that valuable and valid data include the knowledge and experience of local people, as well as statistical and academic evidence. In many cases, this ‘deep knowledge’ can offer vital clues as to why an initiative succeeds or not, as well as provide qualitative context and explanation to statistics, which often serve to highlight issues, rather than provide explanations. Opportunities to gather this information, through mechanisms such as community development and health promotion initiatives, should be maximised, and where possible supported by academics to maximise usability. The Data and research groups should also reflect this, for example by ensuring representation of relevant community and voluntary sector agencies and identifying appropriate mechanisms for listening to local communities.

In relation to the high level indicators, Belfast Healthy Cities recommends that a framework approach is chosen, to reflect both the overall themes of the public health strategy and the key issues within each theme. This offers opportunities to create a flexible approach, with monitoring of both ‘headline’ issues, and undertaking more detailed monitoring through more specific indicators, as necessary. It would be particularly important to integrate indicators relevant to the wider social determinants of health with specific health indicators, in order to strengthen understanding of how these shape health in Northern Ireland and its localities.

As this consultation coincides with consultation on the DSD draft Framework for Urban Regeneration and Community Development, there is at present an important opportunity to align high level indicators for public health with indicators for regeneration. Belfast Healthy Cities believes it is important to take this opportunity, in order to maximise potential synergies and also maximise the effectiveness of existing and future data collection systems.

Good for regeneration, good for health – potential support tool

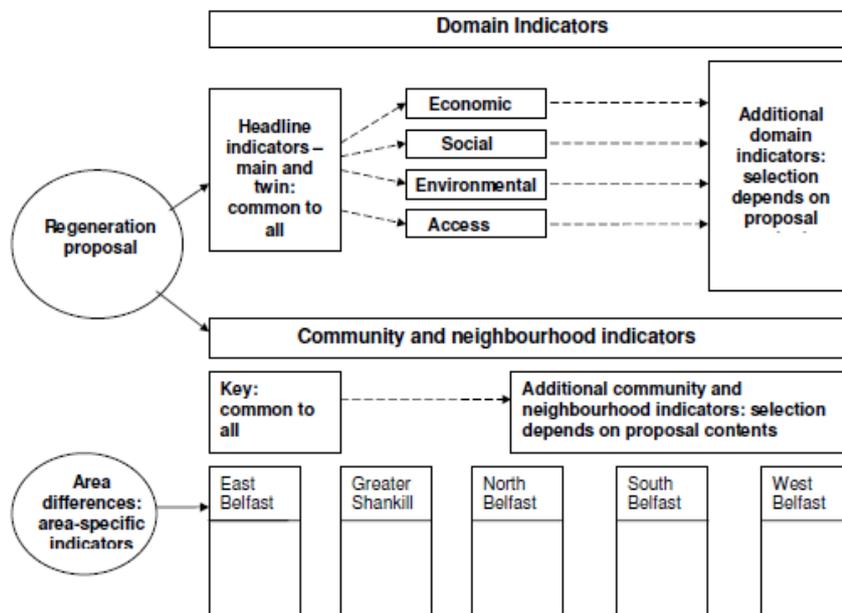
The *Good for regeneration, good for health, good for Belfast* regeneration indicator framework offers a set of indicators that can be used to monitor how regeneration initiatives affect local people’s lives, and through that their health and wellbeing. The framework was developed by a partnership chaired by Belfast Healthy Cities, building on experience of Health Impact Assessment accumulated in the city. Project partners included all five Area Partnerships in Belfast, as well as Belfast City Council, Northern Ireland Housing Executive, Public Health Agency and Belfast HSC Trust.

The purpose of the framework is to provide a concrete, evidence based tool that can help maximise both health benefits and overall return on investment from regeneration. It offers a novel, intersectoral approach to considering the

wider implications of regeneration, and can be used also to structure discussion.

In practice, the framework consists of a flexible model built around four domains: **Economic factors, social issues, the environment** and **access** (see figure 1). While the framework includes indicators for which data is not currently available in Northern Ireland, the rationale for this is that the aim was to identify appropriate indicators as the first stage, with discussion around potential options and opportunities to collect the required data a second stage to be developed over time.

Figure 1. Indicator framework



A checklist tool has been developed to support piloting of the framework, as it includes indicators for which data is not currently available in Northern Ireland. This tool turns each indicator into a question, and includes separate checklists for each of the four domains. It has been the core element in piloting of the framework to date, and has proven a helpful starting point for discussion. The checklist tool can be used separately from the main indicator framework, to generate discussion on the wider issues, which in turn can help inform decision making. It can also offer a tool for engaging stakeholders in a structured way.

The relevant documents are available on Belfast Healthy Cities' website at www.belfasthealthycities.com/publications. If it would be helpful, we would also be pleased to present further detail on the approach, as well as explore potential opportunities to test it in relation to the strategy.

To help give an indication of how the *Good for regeneration, good for health, good for Belfast* framework might be relevant to the draft strategy, the table

below highlights selected indicators that link to the issues highlighted in the document and could help monitor progress in relation to these. It is important to note this is intended as an indicative starting point only, however Belfast Healthy Cities would be pleased to explore further options and opportunities, should that be helpful.

Table 1. Indicators potentially relevant to Fit and Well

Economic indicators	Economic indicators showing inequalities	Indicators showing changes in the local economy
<p><u>Wealth creation:</u></p> <ul style="list-style-type: none"> • Gross value added per capital <p><u>Investment:</u></p> <ul style="list-style-type: none"> • Amount of inward investment: public; private; third sector <p><u>Business activity:</u></p> <ul style="list-style-type: none"> • Ratio of business start-ups to failures • Proportion of unoccupied office space <p><u>Job creation:</u></p> <ul style="list-style-type: none"> • Percentage increase in full-time equivalent jobs between 2 points in time by: employment sector; grade of job <p><u>Quality of employment:</u></p> <ul style="list-style-type: none"> • Level of employee's control over tasks at work 	<p><u>Income distribution:</u></p> <ul style="list-style-type: none"> • Comparison of top 20% of after-tax incomes and the bottom 20% of after-tax incomes <p><u>Groups experiencing income deprivation:</u></p> <ul style="list-style-type: none"> • Proportion of children <16 years classified as income-deprived • Proportion of older people classified as income-deprived • Proportion of people with a disability classified as income-deprived • Proportion of people from black and minority ethnic groups classified as income-deprived • Proportion of young people not in employment, education or training 	<p><u>Local business activity:</u></p> <ul style="list-style-type: none"> • Ratio of small and medium-sized enterprise (SME) business start-ups to failures <p><u>Social economy activity:</u></p> <ul style="list-style-type: none"> • Number of business start-ups in the social economy • Ratio of business start-ups to failures in the social economy <p><u>Opportunities for local people to get local jobs:</u></p> <ul style="list-style-type: none"> • Level of skill/qualification required for jobs available in relation to level of skill/qualification in local population
<u>Social indicators</u>	<u>Social indicators showing inequalities</u>	<u>Indicators showing changes in local social factors</u>
<p><u>Perception of the area</u></p> <ul style="list-style-type: none"> • <u>Reputation/image of the area</u> <p>Identity and empowerment</p> <ul style="list-style-type: none"> • Sense of belonging in the community <p>Social contact</p> <ul style="list-style-type: none"> • Contact by type with: family; friends <p>Participation in the community</p> <ul style="list-style-type: none"> • Proportion (%) of people who take part in at least one: social activity; activity relating to civil society • Proportion (%) of people who volunteer: formally; 	<p><u>Perception of the area</u></p> <ul style="list-style-type: none"> • <u>Proportion (%) of people not willing to admit they live, work in or are associated with a particular area</u> <p>Social inclusion/exclusion</p> <ul style="list-style-type: none"> • Proportion (%) of people who feel alienated from the community or society in general • 	<p><u>Community safety</u></p> <ul style="list-style-type: none"> • Changes in offences recorded per 1000 population over a given period of time: <ul style="list-style-type: none"> ○ Criminal damage; ○ Violence; ○ Theft; ○ Burglary; ○ Total; ○ Domestic violence; ○ Antisocial behaviour <p><u>Shared space/good relations</u></p> <ul style="list-style-type: none"> • Usage of shared space by: age; gender; ethnic or cultural group; socio-economic group • Perception of personal

<p>informally</p> <p>Community cohesion</p> <ul style="list-style-type: none"> Feelings of trust and reciprocity 		<p>safety in shared space by: age; gender; ethnic or cultural group; socio-economic group</p>
<p><u>Environmental indicators</u></p>	<p><u>Environmental indicators showing inequalities</u></p>	<p><u>Indicators showing changes in the local environment</u></p>
<p><u>Green space & infrastructure</u></p> <ul style="list-style-type: none"> <u>Investment in green infrastructure per capita</u> <u>Quality of green space</u> <p>Townscape</p> <ul style="list-style-type: none"> Proportion (%) of properties that are unused Ratio of derelict to non-derelict space <p>Land use</p> <ul style="list-style-type: none"> Proportion (%) of regeneration proposals that are mixed use, including residential, employment and community uses <p>Community consultation</p> <ul style="list-style-type: none"> Compliance with community consultation requirements for redevelopment proposals: type, timing and independence of consultation; inclusion of stakeholder groups 	<p><u>Green space & infrastructure</u></p> <ul style="list-style-type: none"> <u>Proportion (%) of people using green space (formally or informally) by: age; gender; ethnic or cultural group; socio-economic status</u> <p>Townscape</p> <ul style="list-style-type: none"> Broken window index Proportion (%) of households with children reporting: crime; dirt in their area; 	<p>Townscape</p> <ul style="list-style-type: none"> <u>Level of compliance with targets for redevelopment of brownfield sites</u> <u>Proportion (%) of successful planning applications that when built include: public art; use of local materials; use of locally distinctive architecture or townscape</u> <p>Flood risk</p> <ul style="list-style-type: none"> <u>Change in level of flood risk after development</u>
<p><u>Access indicators</u></p>	<p><u>Access indicators showing inequalities</u></p>	<p><u>Indicators showing changes in access</u></p>
<p><u>Public transport</u></p> <ul style="list-style-type: none"> <u>Investment in public transport per capita</u> <p>Active travel</p> <ul style="list-style-type: none"> Investment in active travel infrastructure per capita <p>Employment</p> <ul style="list-style-type: none"> Proportion (%) of people who walk or cycle to work <p>Education</p> <ul style="list-style-type: none"> Proportion (%) of households within easy reach of: nursery school (100-400 metres); primary school (400-600 metres); secondary school (1000-1500 metres); adult education centre (2000-5000) 	<p><u>Public transport</u></p> <ul style="list-style-type: none"> <u>Proportion (%) of households within 400 metres of a bus stop served by a frequent service (every 10 minutes)</u> <p>Food</p> <ul style="list-style-type: none"> Access to affordable good-quality food <p>Housing</p> <ul style="list-style-type: none"> Ratio of rent to income for people in private renting sector Ratio of income to average cost of first home <p>Leisure & recreation</p> <ul style="list-style-type: none"> Proportion (%) of key leisure and recreation opportunities that: 	<p>Public transport</p> <ul style="list-style-type: none"> Usage of public transport by: age; gender; ethnic or cultural group; socio-economic status <p>Active travel</p> <ul style="list-style-type: none"> Usage of cycle paths and lanes by: age; gender; ethnic or cultural group; socio-economic status <p>Employment</p> <ul style="list-style-type: none"> Proportion (%) of workplaces within 300 metres_ walking distance of good-quality public transport <p>Housing</p> <ul style="list-style-type: none"> Number of people or households decanted Proportion (%) of people or households in

metres) Childhood development <ul style="list-style-type: none"> • Proportion (%) of households within easy reach of: toddlers_ play area (100-200 metres); playground (400-600 metres) Shared space <ul style="list-style-type: none"> • Proportion (%) of households within 1000-1500 metres of shared space 	require payment; have reduced rates for vulnerable groups; are free Employment & training <ul style="list-style-type: none"> • Ratio of apprenticeships to young people aged 16-25 Mobility and access <ul style="list-style-type: none"> • Proportion (%) of premises that comply with Disability Discrimination Act 	community decanted <ul style="list-style-type: none"> • Number of people or households displaced • Proportion (%) of people or households displaced Third sector <ul style="list-style-type: none"> • Change in the number of third sector organisations providing services in area
---	--	--

Key community and neighbourhood indicators			
<i>Demographic indicators that highlight the presence of population subgroups who are vulnerable due to age, gender, ethnic and/or cultural background</i>	<i>Indicators of self-reported health status that highlight people's perception of their level of health and well-being, which can affect their capacity to cope with adverse influences</i>	<i>Indicators of health status that highlight people's level of physical capacity, quality of life, and level of resilience and ability to cope</i>	<i>Indicators of childhood development or survival that highlight children who face reduced opportunities during early life, which could affect their life-course, or who are at increased risk of early death</i>
<ul style="list-style-type: none"> ➤ Age structure of the population ➤ Proportion (%) of ethnic and cultural groups in the population 	<ul style="list-style-type: none"> ➤ Self-reported health status ➤ Children's self-reported health status 	<ul style="list-style-type: none"> ➤ Level of limiting long-term illness (LLTI) ➤ General Health Questionnaire (GHQ) scores 	<ul style="list-style-type: none"> ➤ Early Development Index ➤ Mortality rate in children aged 5 years and under

BHC is pleased to see climate change mentioned in the draft strategy as one of the wider determinants of health and actions in under Sustainable Communities. Climate Change is one of the themes within Phase V (2009 – 2013) of the WHO European Cities Networks Framework for Action. It is within this context that the regional Intersectoral Climate Change and Health Group was established, and the need for capacity building within the health sector was identified. BHC stresses the role of health professional to engage in this agenda and as a result BHC have developed a publication 'Climate Changes & Health: Impacts, Inequalities and Action – a guide for health professionals in Northern Ireland' which can be found at <http://www.belfasthealthycities.com/PDFs/BHCClimateChange.pdf>.

This publication provides useful information on health impacts and potential areas for action within the health sector, drawing on the evidence that is available on the impacts on people; communities and social networks; local economy; every day activities; the built and natural environment. It strengthens and shares the information and knowledge base and creates increased understanding o the surrounding issues.

Underpinning Theme – Building Healthy Public Policy (page 110)

Question 11: Do you agree that this is an important underpinning theme, and with the associated aims and outcomes? If not what suggestions would you make?

Strongly agree Agree Have no opinion Disagree Strongly disagree

Additional comments

BHC strongly supports '*Building Healthy Public Policy*' and feels that this section could be developed more, particularly in terms of identifying how this will be implemented and who will be responsible for bringing this work forward and what model/process will be promoted for application of HiAP.

As mentioned previously BHC has been pioneering Health Equity in All Policies (HEiAP) in Belfast since 2009. HiAP is the overarching theme for cities participating in the WHO Phase V (2009 -2013) European Healthy Cities Network. HiAP as defined in the WHO Global Commissions Report on Social Determinants¹² is based on a recognition that population health is not merely a product of health sector activities but determined by policies and actions beyond the health sector.

Health is currently one of the greatest single expenditures of government departments. With changing demographics there is a risk that this expenditure will continue to grow exponentially increasing pressure on resources with all departments within our public administration. It is well documented however that improving the health and wellbeing of the population cannot be tackled by the health sector alone - all sectors can have a positive role to play reducing inequalities in health. Our health sector provides vital quality healthcare but a strong social, economic and built environment can reduce ill health thus reducing demands on the system, supporting cost savings and maximising the share and impact of public spend.

One innovative way for government departments and agencies to demonstrate commitment to improving health and wellbeing is through a HiAP approach. The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Professor Illona Kickbusch an internationally renowned expert on health inequalities and instigator of a Health in all Policies (HiAP) approach in South Australia states that '*HiAP provides a lever for governments to address the key determinants of health through a systematic approach as it focuses on the health impacts of policy across all sectors and layers of Government*'¹³.

In addition to HiAP BHC have undertaken many HIA's over the past 10 years. HIA methods have been an important part of the practical development process used to shape the HiAP process. These methods continue to have an influence; however as the HiAP process has been applied to a wider and

more diverse set of policy issues, the methodology has evolved and now includes a range of additional methods and approaches including desktop analysis, targeted policy review and rapid assessment workshops.

A key difference between HIA and HiAP is that where traditional HIA is most effective when applied to an existing policy or project proposal, the HiAP approach considers the potential health impacts earlier in the policy development cycle. While traditionally the HIA traditionally adopts a deficit model, the HiAP approach seeks to identify opportunities to enhance health gains. Therefore relying solely on traditional HIA methods may restrict the opportunities to consider the broader health implications of policies at every stage of the policy development cycle.

BHC have developed a paper '*Health Equity in All Policies: Practical Examples*' which contains casestudies to highlight BHC's application of HEiAP to policies and also where certain pieces of our work align with the HEiAP principles. One example is the Growing Communities Strategy:

Growing Communities Strategy

During the winter of 2011/12 BHC supported Belfast City Council (BCC) and the Public Health Agency (PHA) in the development of a Growing Communities Strategy for Belfast the vision of which is that '*All people in Belfast will have the opportunity for improved health and wellbeing through involvement in growing activities throughout their lifetimes and within their local neighbourhoods*'.

During the process of developing the strategy BHC sought to pilot their Health Equity in All Policies Framework with the aim of increasing understanding of health equity impacts and promoting integration of health equity considerations into the strategy.

Belfast Healthy Cities supported the process in a number of ways:

- Providing support to the operational group responsible for writing the strategy
- Jointly facilitating a wider stakeholder group which was made up of around 40 representatives from statutory, voluntary and community sectors including local gardeners. This group meet 5 times between September 2011 and March 2012 providing an opportunity to contribute to and shape the content of the strategy
- Developing/facilitating workshops/questions to support wider stakeholders in the identification of health impacts of growing and priorities for the strategy. This involved consideration of the impacts of growing on the social determinants of health (e.g. lifestyles, social networks, access, economic and environment factors and impacts on vulnerable groups)
- Carrying out a literature review of health impacts of growing and developing health equity considerations for the strategy
- Supporting the development of actions for the strategy action plan chapter and indicators to measure progress

A number of achievements were made through this HEiAP pilot:

- The engagement and support from key partners organisations and wider stakeholders in the process and recognition/value placed in the process
- Complete integration of the evidence based report into the strategy
- Integration of key health equity considerations/priorities in the strategy
- Integration of key actions within the action plan which address health equity
- Firm commitment made in the strategy to addressing health equity considerations

Conclusion: Belfast City Council have committed to addressing the health equity considerations which were identified through the HEiAP process. This is documented extensively throughout the draft strategy as well as the associated action plan.

The Case study paper can be accessed

<http://www.belfasthealthycities.com/publications.html>

For further information on HEiAP BHC has also developed a leaflet which can be found at:

<http://www.belfasthealthycities.com/PDFs/Equity%20from%20the%20Strategy.pdf>

Chapter 8 - Priority Areas for Collaboration (page 125)

Question 12: Do you agree with the Priority areas proposed for collaboration? If not have you alternatives to suggest, and can you provide information to support your views?

Strongly agree Agree ✓ Have no opinion Disagree Strongly disagree

Additional comments

- BHC is pleased to see the priorities and example of collaborative working. BHC as a successful partnership organisation itself believes that working in partnership across sectors is paramount to achieving the priorities as outlined in the strategy and to reducing inequalities.
- Partnerships and integrated working can help improve services and be more cost effective in a number of ways, including gaining agreement on priorities in the context of productivity and efficiency; achieving greater efficiency by minimising duplication; improving coordination and sharing of resources, improving user experience by integrating care and support and extending choice and pooling budgets to achieve efficiencies and better outcome.

- Lines of communication need to be clear and there needs to be transparency in working arrangements between community and voluntary agencies, which often have access more readily to certain client groups, and the statutory sector. Partnership working has never been more necessary than in today's challenging climate to utilise resources more effectively and avoid duplications of work.
- We suggest that all areas where possible should involve working collaboratively and in true partnership. In addition, it is necessary to ensure that collaborative working and its delivery aligns with the strategic priorities and overall aim. Greater evidence is needed in the strategy of joint working between agencies and departments in actions would be beneficial e.g. as opposed to departments listing separately their actions under a specific theme.
- BHC highlights the importance of equipping people to work in an intersectoral way to improve health outcomes. This requires a shared meaning and shared language so that all delivery partners are empowered to participate and contribute fully and therefore provide better for citizens of the province.
 - **BHC hosts a Lecture Series each year which helps build capacity. This year the series is entitled 'New Policy for a New Era' and provides a unique opportunity to engage and hear from renowned local speakers as well as from Europe who have shown true leadership in promoting and tackling health inequalities.**

Chapter 9 – Implementation and Governance (page 129)

Question 13: Do you agree with the proposed implementation and governance arrangements –

- **at strategic level**
- **at regional level**
- **at local level?**

If not, what alternatives would you suggest and why?

Strongly agree Agree ✓ Have no opinion Disagree Strongly disagree

Additional comments

- BHC is pleased to see a proposal for development of a Whole Systems Approach for implementation of the strategy. Governance for health is defined as the attempts of governance or other actors to steer communities, countries or groups of countries in the pursuit of health as integral to well-being through both whole-of-governance and whole-

of society approaches. Governance for health promotes joint action of health and non-health sectors, of public and private actors and of citizens for a common interest.¹⁴

- BHC would promote a Whole Society Approach as supported by Health 2020 and also highlighted in the WHO document '*Governance for Health in the 21st Century*'.¹⁵ The aim of a whole society approach is to expand the whole of government by emphasising the roles of the private sector and civil society as well as a wide range of political decision-makers.
- Direct access to WHO is available through BHC and can enable increased awareness of models of best practice from both European and International fields on health inequalities.

Funding (page 130)

Question 14: In addition, are there other potential sources of funding we should be pursuing?

Yes ✓ **No**

If you answered "No" to this question please outline the reasons for your answer.

Other potential sources of funding may include:

- The potential for Departments to look at joint budget for tackling health inequalities should be explored. The Children and Young Peoples Strategic Partnership (CYPSP) model whilst still in its infancy is a good model for joint planning.

Monitoring Evaluation & Research (page 131)

Question 15: Do you agree with the proposed actions for the Data and Research groups? If not, what alternatives would you suggest and why?

Strongly agree Agree ✓ Have no opinion Disagree Strongly disagree

Additional comments

See pages 11 – 15 for information on Regeneration and Health Indicators.

FURTHER COMMENTS

Please use the space below to inform us of any additional comments you wish to make in relation to the proposed new Public Health Strategic Framework.

General comments from BHC are:

- BHC welcomes the emphasis on a healthy and well educated population as the foundation for a prosperous society. This provides a basis for cross sectoral action, and is in line with the WHO European Policy Health 2020, which identifies investment in health as an investment in economic and social development.
- BHC recommends adding in HiAP; leadership and Intersectoral government to the current underpinning themes and would suggest clear linkages are made between outcomes/actions and how these address the underpinning themes.
- A number of the outcomes details delivery of very specific programmes and potentially read more as outputs than impact/outcomes.
- The outcomes tables could be strengthened by adding in a column in which identifies key equity considerations/issues that the outcomes will support.
- There is potentially a need for consistency in level of detail required for example – ‘*actions to reduce STI’s including HIV*’ could become broader to ‘*action to tackle all communicable diseases*’

References

¹ WHO (2012) Health 2020: a European policy framework supporting action across government and society for health and well-being. <http://www.euro.who.int/en/what-we-do/health-topics/health-policy/health-2020>

² Stal T, Wismar M, Ollia E, Lahtinen E & Leppo K (2006) Health in All Policies, prospects and potentials. http://ec.europa.eu/health/archive/ph_information/documents/health_in_all_policies.pdf

³ Kickbush, I & Gleicher D (2012) Governance for Health in the 21st Century, WHO, <http://www.euro.who.int/en/what-we-publish/abstracts/governance-for-health-in-the-21st-century>

⁴ WHO (2008) Commission for Social Determinants of Health report in 2008, http://www.who.int/social_determinants/thecommission/finalreport/en/index.html

⁵ Marmot et al (2010). The Marmot Review: Fair Society, Healthy Lives. Strategic review of health inequalities in England post-2010. The Marmot Review, London <http://www.marmotreview.org>

-
- ⁶ WHO (2012) Social determinants, key concepts, http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/index.htm
- ⁷ Wood, L., Giles-Corti, B (2006) Social determinants of health: Healthway review, Report prepared for the WA Health Promotion Foundation (Healthway). School of Population Health, the University of Western Australia, Perth
- ⁸ Department of Health (2010) Healthy Lives, Healthy People: Our strategy for public health in England <http://www.dh.gov.uk/en/Publichealth/Healthyliveshealthypeople/index.htm>
- ⁹ Marmot et al (2010). The Marmot Review: Fair Society, Healthy Lives. Strategic review of health inequalities in England post-2010. The Marmot Review, London, <http://www.marmotreview.org>
- ¹⁰ World Health Organization (2012) Website Information, http://www.who.int/social_determinants/en/
- ¹¹ DELNI (2006) Our Children and Young People – Our Pledge: 10 Year Strategy for Children and Young People in Northern Ireland, www.delni.gov.uk/ten-year-strategy_1_.pdf
- ¹² WHO (2008) Commission on the Social Determinants of Health Final Report http://www.who.int/social_determinants/thecommission/finalreport/en/index.html
- ¹³ Kickbusch S, I (2010) Implementing Health in all Policies: Adelaide 2010, <http://www.who.int/sdhconference/resources/implementinghiapadel-sahealth-100622.pdf>
- ¹⁴ Kickbush, I & Gleicher D (2012) Governance for Health in the 21st Century, WHO, <http://www.euro.who.int/en/what-we-publish/abstracts/governance-for-health-in-the-21st-century>
- ¹⁵ Kickbush, I & Gleicher D (2012) Governance for Health in the 21st Century, WHO, <http://www.euro.who.int/en/what-we-publish/abstracts/governance-for-health-in-the-21st-century>