

# Corporate Strategy Engagement Response Template

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Organisation: Belfast Healthy Cities (BHC)

1	<b>Do you feel that the purpose, vision and values reflect the role and remit of the Public Health Agency (PHA)?</b>
<p>The PHA has a mandate/role to protect public health, improve public health and social wellbeing and reduce inequalities in health and social wellbeing. Belfast Healthy Cities agrees that the purpose, vision and values as laid out in the document reflect this role.</p>	
2	<b>Do you think that the four core goals and high level actions identified by the PHA are the correct priorities for the next four years? If not, do you have any suggestions?</b>  Belfast Healthy Cities welcomes the opportunity to comment on the Draft Public Health Agency Corporate Strategy 2011-2015  <b>Do you think that these four goals and high level actions are the correct priorities over the next four years?</b>  Belfast Healthy Cities broadly agrees with the four goals as outlined in the draft strategy. Belfast Healthy Cities are responding to the actions outlined to address the four goals.
<b>Goal 1: Protecting health</b> <ul style="list-style-type: none"><li>• Providing an expert, timely and coordinated response to adverse incidents such as outbreaks of infectious diseases, environmental issues and other emergencies.</li><li>• Leading specialist work programmes for the prevention and control of communicable diseases and environmental hazards</li><li>• Effective surveillance of communicable diseases</li><li>• Introducing and maintaining prevention initiatives such as immunisation programmes to prevent infectious diseases.</li></ul> <b>To protect the health of our population by:</b> <ol style="list-style-type: none"><li>1. Reducing health care associated infections (HCAI's)</li><li>2. Reducing sexually transmitted infections (STI's)</li><li>3. Establishing productive links with national and international best practice</li></ol>	

4. Targeting immunisation programmes on areas of low uptake to help reduce inequalities
5. Ensuring the public has continued confidence on our ability to protect population health.
6. Keeping people safe and well where they live

Belfast Healthy Cities agrees that protecting health should be a priority for the PHA and welcomes the focus on response to outbreaks of infectious diseases, effective surveillance and prevention of communicable diseases and targeting low uptake of immunisation programmes.

**1.** In terms of HCAI's, in the UK alone HCAI's (refers to infections that occur as a result of contact with the healthcare system in its widest sense from care provided in the patients own home, to general practice, nursing home care and care in acute hospitals) are responsible for at least 5,000 deaths a year or more than the total caused by road traffic accidents, at a cost of £1 billion in additional costs. As the health service has modernised with increasing knowledge, technology and innovation you might have expected infections to disappear. However the increasing numbers of invasive treatments and powerful drugs that are now available to us not only improve the survival rates for many cancer and trauma patients for example, but also carry an increased risk of associated infections.<sup>i</sup>

Belfast Health Cities supports **reducing HCAI's** as the development of infections in association with healthcare increases the time a patient takes to get better from the surgery or other treatment that was first given and they can lead to severe disability or death in some cases. From the healthcare service point of view patients who remain in hospital longer due to HCAI means that other patients cannot be treated as quickly and outbreaks of infection can cause severe disruption to a hospital or community healthcare service.

In addition, the impact of healthcare associated infections is felt by patients, their families and carers, and the health service itself. Patients may endure severe and /or chronic illness, pain, anxiety, longer stays in hospital, a reduced quality of life, loss of earnings and sometimes-even death. The health service has to bear the cost of diagnosis and treatment of these infections, the extended length of stay, which often results, and the use of more expensive treatment that may be needed. Infection Control services must also be paid for and bed / ward closures and cancellation of operations / admissions that can result from these infections, are also a hidden burden for the health service.<sup>ii</sup>

**2.** Belfast Healthy Cities supports the **reduction of STI's** as a priority for the PHA as although figures showing a recent reduction in some sexually transmitted infections (STI's), the overall trend over the past few years has been an increase in most STI's.<sup>iii</sup>

It is vital that people look after their sexual health to protect themselves from STI's not only can they cause physical problems but also emotional problems. Not to mention the cost of diagnosis and treatment for the NHS. 1 in 10 sexually active young women are believed to be infected by Chlamydia and approximately 7000 people are newly diagnosed with HIV in the UK each year.<sup>iv</sup>

Belfast healthy Cities acknowledges that STI's pose a serious public health challenge and it has long been recognised that sexual health services are under resourced in terms of meeting today's need.<sup>v</sup>

Overall workload for GUM clinics has increased by more than 70% since 1997 however funding for those clinics over the same period increased by less than a third. This highlights the need for extra funding and/or appropriate allocation of existing funding for frontline services. It has been found that in some areas funding available for sexual health has been absorbed for other health issues rather than being diverted to help improve and maintain frontline patient services.<sup>vi</sup> Therefore, it is vital that funding made available for sexual health services is allocated equitably and that it reaches frontline services such as GUM clinics.

**3. Belfast Healthy Cities supports establishing productive links with national and international best practice.** This is essential because in today's climate it is imperative that services are value for money, effective and accessible to all. It is important to work with partners in other sectors to ensure resources are utilised appropriately. It is essential to examine evidence of best practice and effectiveness to ensure investment will bring clear benefits. Scandinavian countries in terms of healthcare often offer examples of best practice and effective service delivery. Belfast Healthy Cities because of its membership with WHO European Healthy Cities Network has links to other cities who showcase examples of best practice and have the opportunity to learn from what works well in other projects in cities across the network.

**4. Belfast Healthy Cities supports targeting immunisation programmes on areas of low uptake to help reduce inequalities.** Evidence shows that there are potential inequalities in terms of immunisation uptake between particular socioeconomic groups, the following groups of children and young people are at risk of not being fully immunised: children and young people who have missed previous vaccinations (whether as a result of parental intent or otherwise); looked after children; children with physical or learning difficulties, children of teenage or lone parents; children not registered with a general practitioner; younger children from large families; children who are hospitalised; minority ethnic groups; vulnerable children, such as those whose families are travellers, asylum seekers or homeless.<sup>vii</sup>

In an attempt to address low uptake of immunisation of particular groups and

therefore inequalities it is important that: interventions are accessible for all groups, health visitors follow up with children whose families are travellers, asylum seekers or homeless; health promotion campaigns are targeted for example by sending reminders to ethnic minorities and that potential alternatives for service delivery are examined for example healthcare and non-healthcare settings.

**5. Ensuring the public has continued confidence on PHA's ability to protect population health** is essential. Belfast Healthy Cities believes this is a very important action in the overall goal of health protection. This is because people need to have confidence in the information that they receive in order to take this information on board and make informed choices in relation to their health. Health messages released in to the public domain need to be timely, appropriate, clear and evidence based.

**6.** Belfast Healthy Cities supports **keeping people safe and well where they live** in terms of getting key messages out to people so that they can take measures to ensure safety at home – for example the recent carbon monoxide poisoning campaign.

**Goal 2: To improve the health and social wellbeing of our population by:**

- Giving every child and young person the best start in life
- Ensuring a decent standard of living for all by acting with partners to increase income, reduce living costs and develop key living skills for vulnerable groups.
- Building sustainable communities by supporting involvement in community activities, improving neighbourhood environments and encouraging sustainable solutions
- Making healthier choices through better information

**Improving health and wellbeing**

1. Introducing early child development programmes and enhancing antenatal and early years support for all women
2. Fostering social enterprises in deprived communities
3. Promoting uptake of available grants, services and benefits
4. Working in partnership to ensure the provision of services, education and support at community level
5. Implementing actions to improve the mental health of the population and reduce levels of suicide and self harm
6. Developing practical interventions that impact positively in the areas of smoking, obesity, STI's, teenage pregnancy, alcohol and drug misuse.

Belfast Healthy Cities agrees that improving health and wellbeing should be a

priority for the PHA and welcomes the focus on early years support, ensuring a decent standard of living for all, building sustainable communities and encouraging healthier choices through better information.

**1. Belfast Healthy Cities supports introducing early childhood development programmes and enhancing antenatal and early years support for all women.** According to the World Health Organization (WHO) Commission on Social Determinants of Health investment in the early years provides one of the greatest potentials to reduce health inequities within a generation. The science of Early Child Development (ECD) shows that brain development is highly sensitive to external influences in early childhood with life long effects. Early child development including the physical, social/emotional and language/cognitive domains – has a determining influence on subsequent life chances and health through skills development, education, and occupational opportunities.<sup>viii</sup> Through these mechanisms, social determinants and direct early childhood influences subsequent risk of obesity, malnutrition, mental health problems, heart disease and criminality.

Belfast Healthy Cities recommends that there is a need to commit to and implement a comprehensive approach to early life, building on existing early childhood programmes and working with mothers to include social, emotional, language and cognitive development for example the Family Nurses Programme (FNP) introduced in the Western Trust last year

**2. Belfast Healthy Cities supports fostering social enterprises in deprived communities** as profits are reinvested back into the services or the community. Social enterprise offers health and social care organisations the opportunity to deliver high quality services in ways that are flexible, non-bureaucratic and have the potential to deliver good value for money. It also allows health and social care organisations to deliver services that are tailored to their local population, and make a difference to the local community. As staff have a stake in social enterprise organisations, experience has shown that they are very committed to the aims of the service, and that this delivers benefits for the organisation, for example, improved staff retention.<sup>ix</sup>

Belfast Healthy Cities recognises the work already being undertaken by the PHA, Belfast City Council (BCC) and Belfast Health Development Unit in developing a community gardens and allotments programme including the development of a 'Grow you Own' Strategy. A large part of this programme is a demonstration community garden/allotment site located at Musgrave Hospital which will explore and document good practice in community engagement and ownership; improving health and wellbeing for example recovery of patients and longer term sustainability of community gardens and allotments.

**3. Belfast Healthy Cities supports promoting the uptake of available grants, services and benefits** as this can add to standards of living by increasing

levels of income and help to alleviate poverty. Belfast Healthy Cities recognises the work already undertaken through the Advice 4 Health programme, partnership between PHA and other agencies which has resulted in a minimum of £3.4 million income maximisation being recovered for patients and clients in the Northern HSCT.<sup>x</sup> In addition, Belfast Healthy Cities would suggest a focus on tackling fuel poverty and especially making older people aware of grants that may be available to help them heat/retain heat in their homes.

4. Belfast Healthy Cities supports the view that working in partnership is essential to **ensure the provision of services, education and support at community level** and thus improve the health and social well-being of the province. Effective multi-agency partnerships from all sectors are vital in terms of health improvement and addressing health inequalities. Service users are likely to have diverse needs and preferences for engaging with services. A range of professionals and agencies may be needed in addressing an individuals requirements. Lines of communication need to be clear and there needs to be transparency in working arrangements between community and voluntary agencies, who 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.

5. Belfast Healthy Cities welcomes **implementing actions to improve the mental health of the population and thus reduce levels of suicide and self harm**. Belfast Healthy Cities would suggest that this action is made a high priority on reflection of the statistics and impact of mental health prevalence and suicide -in the first decade of the 21st century, suicide rates in Northern Ireland have risen by 64%. Of these suicides, 75% are male, and 75% of male suicides are between the ages of 15 and 34 years.<sup>xi</sup>

In June 2011 The Institute of Public Health (IPH) published a report, 'Facing the Challenge – The Impact of the Recession and Unemployment on Men's Health' in Ireland, which identifies an expectation of increased mental health problems for men. The IPH states 'the increase in the number of suicides is a particular cause for concern. In 2010, 313 deaths in Northern Ireland were registered as suicides, 240 of those were males and 73 were female, this is the highest figure on record.'<sup>xii</sup>

In addition to the high statistics is the impact of mental health problems and suicide. The impact of mental health problems has to be highlighted – mental illness can have a detrimental impact to families, business and the economy. Family members often take the place of carers for people with mental health problems and their provision of care and distress this may cause to them often goes unnoticed. Businesses and the economy can suffer due to days of work lost. In addition, this is an inequality that needs addressing as people with mental health problems suffer a reduced quality of life and can be subject to

discrimination and stigma.<sup>xiii</sup>

**6. Belfast Healthy Cities supports the development of practical interventions that impact positively on a range of health issues such as smoking, obesity, STI's, teenage pregnancy, alcohol and drug misuse:**

**Smoking** is the single greatest cause of preventable illness and premature death in Northern Ireland, killing around 2,300 people each year. Of these deaths, approximately 800 are as a result of lung cancer, which is now the most common cause of cancer death for both men and women. The cost of smoking to society is high. In economic terms, the hospital cost of treating smoking related illnesses in Northern Ireland is in the region of £119m each year.<sup>xiv</sup>

It is imperative that any interventions are aimed at the entire population of Northern Ireland as smoking and its harmful effects cuts across all barriers of class, race and gender. However, a strong relationship exists between smoking and inequalities, with more people dying of smoking related illnesses in disadvantaged areas of Northern Ireland than in more affluent areas.<sup>xv</sup>

Belfast Healthy Cities believes in taking a preventative or early intervention approach to the health of the public in terms of obesity to result in savings for the health service in later years. Research has put the annual costs of obesity in Northern Ireland at around £500million.<sup>xvi</sup> More and more children and teenagers are becoming overweight or obese and are storing up a lifetime of health problems in later years. This highlights the need to tackle the problem early to avoid massive projected costs in the future.

**Obesity** causes around 450 deaths each year in Northern Ireland. People who are obese can expect to live nine years less than the average life expectancy and are also at much greater risk of Northern Ireland's biggest killers namely coronary heart disease, type 2 diabetes and cancer.<sup>xvii</sup>

There are clear links between obesity and inequalities. Rates of obesity tend to rise in association with increasing social disadvantage in developed countries.<sup>xviii</sup>

In Northern Ireland **sexually transmitted infections (STI's)** such as genital warts, herpes, Chlamydia, syphilis and gonorrhoea continue to rise and HIV remains prevalent with rising numbers of heterosexuals being diagnosed with the virus. STI's can have an emotional, psychological and physical impact on people's lives causing a detrimental impact on people's lives.

There are a number of challenges Northern Ireland faces in tackling STI's. These include cross border issues, minority ethnic groups, high student populations and large rural populations. With the increase in STI's, GUM services are feeling the pressure and whilst need for services has increased

funding has yet to match this increase. Evidence has shown that there is a clear link to prevalence of certain STI's and lower socio-economic grouping.<sup>xix</sup>

Prevention messages and intervention methods therefore need to be effective and infiltrate all socio-economic groups however this is especially true for the more disadvantaged groups. In addition, there needs to be good accessibility of services particularly in deprived areas.

The rate of **teenage pregnancy** in Northern Ireland is among the highest in Europe and in particular they are highest in areas of greatest social and economic deprivation.<sup>xx</sup>

Many young people are successful in adapting the role of parenthood and have happy, healthy children. However for many unplanned teenage pregnancy and early motherhood is associated with inequalities, poor educational achievement, poor physical and mental health, social isolation and poverty. For those who are particularly young with little or no support, pregnancy can cause considerable distress not only for the person involved but also for their families.

Inequalities can be a contributing factor to teenage pregnancy which can create last inequalities as young women can face limited prospects in the areas of education and training and are regulated to working in low paid, low status jobs or to unemployment.

Teenage pregnancy is both a cause and consequence of health inequalities and social exclusion. Young mothers and their babies face higher risks of poor outcomes that can cast a long shadow on their future health and well being, including 60% higher rates of infant mortality, 25% higher rates of low birth weight and three times the rate of postnatal depression.<sup>xxi</sup>

Belfast Healthy Cities supports interventions which hope to have a positive impact for young people including giving young people the knowledge and skills they need to experience positive relationships and good sexual health, improving young people's access to effective contraception when they need it and intervening early with those most at risk.

Belfast Healthy Cities supports interventions to impact positively on **drug and alcohol misuse** as alcohol and drug misuse is one of the biggest public health and societal issues facing Northern Ireland today. The cost of alcohol misuse alone is estimated to be as much as £900million every year. Add in the cost of drug misuse and the figure could be well over £1billion.<sup>xxii</sup> These figures although high do not express the impact caused by drugs and alcohol on individuals, families and communities especially true for those in deprived areas.

Across Northern Ireland, there is considerable evidence of health inequalities with life expectancy differing by as much as six years between deprived and



affluent areas.<sup>xxiii</sup>

As is evidenced above there are notable inequalities in the areas of smoking, obesity, STI's, teenage pregnancy, alcohol and drug misuse. This is reinforced by figures from the Northern Ireland Health and Social Care Inequalities Monitoring System.<sup>xxiv</sup> The largest inequality gaps between disadvantaged areas and the Northern Ireland average are evident in:

- alcohol and drug related deaths (both more than two times greater than the average, at 121% higher)
- admissions for self-harm (nearly twice as high as the average, at 94% higher)
- teenage births (80% higher)
- suicide (73% higher)
- respiratory death rates and lung cancer incidence (both nearly two thirds more than the average at 66% and 65% higher, respectively)<sup>xxv</sup>

It is evident that unfair and unjust health inequalities are apparent across Northern Ireland. Belfast Healthy Cities reinforces that interventions and prevention methods need to be cost effective and evidence based in today's climate but also targeted at and accessible to those who need them most in an effort to really address inequalities and mitigate against the very real risk of inequalities in health widening further.

**Goal 3: To ensure every patient gets the highest quality care possible by:**

- Ensuring safe practice remains a high priority
- Ensuring research findings and evidence based good practice are implemented quickly
- Ensuring adherence to statutory and regulatory functions
- Working with the Health and Social Care Board (HSCB) on the redesign of patient pathways so that patients receive the right treatment at the right time, the first time and every time
- Working with the HSCB to commission appropriate services through the joint commissioning plan.

**During the period of the strategy the emphasis will be on:**

1. Working with hospital and primary care clinicians to develop care pathways which ensure high quality services to prevent, manage and treat disease
2. Ensuring the implementation of guidance from National Institute for Health and Clinical Excellence (NICE), findings from Confidential Enquiries and lessons from adverse incidents within available resources.
3. Acting as a catalyst to progress the quality and safety agenda

regionally, including through the leadership of the safety forum.

4. Ensuring high quality care across the HCS through implementation of patient client experience standards.
5. Using evidence and innovation to identify high risk groups and enable delivery of proven programmes

**1.** Belfast healthy Cities agree improving quality and safety of health and social care services should be a priority and it is important that every patient gets the highest quality of care possible. **Working with hospital and primary care clinicians to develop care pathways which ensure high quality services to prevent, manage and treat disease is essential.** This should include aftercare for example in relation to older people it is important that the quality of care they receive in hospital/primary care should be continued in aftercare services at home.

High quality services should be made accessible for everyone with particular attention to supporting vulnerable groups/disadvantaged groups to access services. This may mean innovative methods of service delivery and care pathways and changes to where treatment for example is administered.

**2.** Belfast Healthy Cities supports **implementation of NICE guidance.** This is because NICE aims to ensure that the promotion of good health and patient care in local health communities is in line with the best available evidence of effectiveness and cost effectiveness. Implementing NICE guidance benefits everyone - patients, carers, the public, the health service. It helps ensure consistent improvements in people's health and equal access to healthcare.<sup>xxvi</sup>

**3.** Belfast Healthy Cities supports the PHA **acting as a catalyst to progress the quality and safety agenda regionally, including through the leadership of the safety forum.** This is important as it demonstrates the PHA's commitment to safety in practice throughout its services and to driving the safety agenda throughout the province.

**4.** Belfast Healthy Cities supports the **implementation of patient client experience standards** and recognises that the PHA and Health and Social Care Board (HSCB) have developed a joint Personal and Public Involvement (PPI) Strategy after extensive engagement and discussion which is now out for consultation. PPI is about service users, carers and the public influencing the planning, commissioning and delivery of HSC services in ways that are accessible and meaningful to them. PPI is also about involving local communities and the general population in issues of broad public interest, such as the location or nature of local services.<sup>xxvii</sup>

Belfast Healthy Cities highlights the value of qualitative monitoring, in terms of feedback from services users. Surveys, open days, focus groups and one to one meetings can routinely gather thoughts and view of service users. Service users should be increasingly involved in the development of services given the importance of customer perspectives in shaping service development. It is imperative that the thoughts and views of vulnerable, hard to reach groups or groups who do not routinely access services are gathered in a way that is appropriate for their needs for example easy read questionnaires or other communication mechanisms.

5. Belfast Healthy Cities supports **using evidence and innovation to identify high risk groups and enable delivery of proven programmes**. Developing appropriate services to reflect local need which is based on evidence is paramount. Services need to reflect value for money and achieve relevant outcomes. In terms of tackling inequalities, services need to be targeted to those who need them most but also need to be offered in a way that suits the particular target group and this may mean using innovative techniques to deliver services which may question the more traditional service delivery and provision style.

Marmot reflects this with his emphasis on providing services for all but with greater intensity for disadvantaged communities.<sup>xxviii</sup>

#### **Goal 4: Improving early detection of illness**

##### **To improve early detection and minimize the impact of disease by:**

- Ensuring access to high quality population screening programmes
- Introducing new, approved screening programmes within available resources
- Ensuring screening programmes meet required standards
- Maximising the uptake of all screening programmes

During the period of the strategy the emphasis will be on:

1. Developing robust quality management arrangements for non-cancer screening programmes
2. Working with communities to increase the uptake of screening programmes
3. Introducing a new screening programme for abdominal aortic aneurysm

Belfast Healthy Cities welcomes the overall approach of improving early

detection of diseases and recognises the success of the Bowel Screening Programme which commenced in April 2010.

1. Belfast Healthy Cities supports **developing robust quality management arrangements for non-cancer screening programmes** for example the screening process for diabetic retinopathy which changed to using software programmes rather than manual collation. A key planned development which will ensure quality is direct referral from the screening programme to ophthalmology instead of the GP first and will reduce delays and improve service for patients.<sup>xxix</sup> Learning from this area can be transferred into other services thus increasing quality and effectiveness of service for patients as well as a more time effective method of working for healthcare staff.

In addition, ensuring quality may mean the establishment of quality improvement groups for all types of screening, an example of this is the regional quality improvement group for newborn blood spot screening.<sup>xxx</sup>

2. Cancer screening as well as other types of screening is utilised less by individuals from lower socioeconomic status backgrounds than those from more privileged backgrounds. Organised screening programs with good call-recall systems provide more equality of access than opportunistic screening, but they do not eradicate inequalities.<sup>xxxi</sup> Belfast Healthy Cities therefore recommends a more coordinated way of working with communities to **increase the uptake of various screening programmes**. This may include the more high profile television, poster and leaflet campaigns but also liaising with other sectors and agencies who work closely with community groups especially disadvantaged groups to actively promote and recommend screening for example promoting that eligible women who received an invitation for breast screening are encouraged to go. Research has shown unsurprisingly that low breast screening uptake is correlated with high levels of deprivation.<sup>xxxii</sup>

3. Belfast Healthy Cities is pleased to see the planned introduction of a **new screening programme for abdominal aortic aneurysm (AAA)**. Particularly as research shows that screening men aged 65 will reduce the death rate from a ruptured aneurysm by around 50%.<sup>xxxiii</sup> Higher age and social deprivation are associated with both poorer attendance at screening and follow-up as well as, increased risk of having an AAA. This highlights the importance of promoting screening programmes, particularly to the more deprived populations.

**Suggestions for inclusion:**

Belfast Healthy Cities agrees broadly with the four goals but would also suggest consideration of the following. By looking at the goals and how they relate to the key areas for action to tackle inequalities (outlined in page 5 of the draft strategy). There is the potential for more actions to be considered under

employment beyond fostering social enterprise. In relation to goal 2.3 Belfast Healthy Cities would advocate for greater emphasis on action to improve urban/rural environments including the built environment.

Research has shown that Healthy Urban Environments (HUE) is essential as not only does this affect the economy, but policies and decisions on the built environment also shape health, as they influence people's ability to access jobs, services, transport and leisure opportunities, be physically active and build social networks. The quality of the built environment is for reducing inequalities in health, which cause both individual suffering and societal loss, through unused human potential.<sup>xxxiv</sup>

**3 Do you think that the 6 common themes which will 'shape how we work' are appropriate?**

Yes Belfast Healthy Cities agrees broadly with the 6 common themes and believes they are appropriate.

**Public participation**

Leading meaningful personal and public involvement

Ensuring the public are at the heart of our decision making

Belfast Healthy Cities believes that meaningful participation should be a fundamental theme for the work of the PHA. This is because public participation can contribute to improved decision making, enhanced cooperation and sustainability and can also contribute to empowerment of the local community. Service users should be at the heart of decision making and their thoughts and views should be fundamental when developing new services or improving existing ones.

**Working in partnership**

Working productively with partners across communities and sectors

Acting as a catalyst for action so that community, voluntary and statutory partners undertake actions which reduce inequalities

Belfast Healthy Cities 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. This is because 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.

**Achieving results**

Focusing on deliverables and adding value  
Achieving targets  
Working within financial parameters  
Making the best use of resources

Focusing on deliverables and adding value, achieving targets, working within financial parameters has never been more important than in today economic climate. Service providers need to be accountable for spending, provide value for money and demonstrate quality outcomes.

**Using evidence, fostering innovation and reform**

Finding improved ways of doing things  
Exploring the use of new technologies  
Optimizing evidence, research and development  
Achieving our goals through effective commissioning

Belfast Healthy Cities supports using evidence, fostering innovation and reform. Belfast Healthy Cities has links to European best practice through its membership of the WHO European Healthy Cities Network. Having access to such a wide evidence base and innovation provides a catalyst for implementation of learning at a local level.

The PHA can encourage innovation by developing partnerships to promote innovation, promoting an innovative culture in the health service and maximising the use of any funding to promote the adoption and spread of innovations in the region.

In terms of looking to international best practices and optimising evidence research and development – work in Scandinavian countries, Canada and Australia are often highlighted as good sources of learning in terms of being able to apply the same models in Northern Ireland.

**Ensuring effective processes**

Good governance in how we do our work  
Striving for timely and clear communication  
Integrated and effective work processes

Belfast Healthy Cities supports effective processes especially in terms of good governance. Good governance requires integrated and effective work processes and is central to raising performance in health care delivery. Crucial to high performance are standards, information, incentives and accountability.

### **Developing our people**

Integrated working across the agency

Building a learning organisation

Developing our staff and maximising the application of their unique skills

Providing professional leadership across all areas of responsibility

Belfast Healthy Cities supports developing staff/employees as organisations need to continually focus on improvements that will help increase their levels of staff engagement, as this will improve the quality of the services they provide. This can be done delivering a healthy, safe work environment, ensuring every role counts, promoting good management and leadership, supporting personal development and maximising skills and enabling involvement in decision making.

### **Suggestions for inclusion:**

Belfast Healthy Cities would advocate for the inclusion of health equity as an additional core theme. This would strengthen the emphasis on the importance of tackling inequalities. Within this consideration should be given to all policies and actions in terms of their impact on the determinants of health (social, access, lifestyle and personal, economic and environmental).

Belfast Healthy Cities are currently piloting Health Equity in All Policies (HEiAP) with public sector organisations in Belfast. HEiAP is a policy mechanism that can help organisations achieve their objectives in a way that also addresses inequalities. It allows organisations to use a health lens approach to systematically look at policies and assess them against the social determinants of health with a view to identifying gaps and integrating health equity issues.<sup>xxxv</sup>

**4 Have you any additional comments to make on the PHA draft Corporate Strategy?**

### **About Belfast Healthy Cities:**

Belfast Healthy Cities is a citywide partnership working to improve health equity and wellbeing for people living and working in Belfast. Our focus is on improving social living conditions and prosperity in a healthy way, through intersectoral collaboration and a health in all policies approach.

Belfast is also a leading member of the World Health Organization European Healthy Cities Network, with a strong track record of meeting World Health Organization (WHO) goals and objectives. Belfast Healthy Cities' office has a staff team dedicated to working with partner organizations to facilitate and support change. The office also acts as the link between the city and WHO, and Belfast currently provides the secretariat to the Network.

Health Equity in all Policies (HEiAP) is the overarching theme for cities participating in the WHO Phase V European Healthy Cities Network.

### **Role of Belfast Healthy Cities:**

The main role of Belfast Healthy Cities is to work with organisations to facilitate change, and develop tools, strategies and ways of working which demonstrate the benefits of the approach and which organisations can integrate into their own practice to improve the population's health.

Our aim is to work with decision makers to develop innovative approaches to create a healthy city – a city which prioritises health and is committed to improving conditions for all its citizens.

Belfast Healthy Cities promotes equity and health improvement through intersectoral collaboration. We work closely with decision makers in government Departments and the public sector as well as the voluntary and community sectors to influence the development of healthy public policy.

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<sup>i</sup> *Welsh Healthcare Associated Infection Programme*, Public Health Wales, <http://www.wales.nhs.uk/sites3/page.cfm?orgid=379&pid=23887>

<sup>ii</sup> *Welsh Healthcare Associated Infection Programme*, Public Health Wales, <http://www.wales.nhs.uk/sites3/page.cfm?orgid=379&pid=23887>

<sup>iii</sup> *HIV and STI Surveillance in Northern Ireland Report*, Public Health Agency (2010)

<sup>iv</sup> *Sexually Transmitted Infections: tackling a growing crisis*, Terence Higgins Trust (2005), [www.tht.org.uk/Content.aspx?ciid=12154](http://www.tht.org.uk/Content.aspx?ciid=12154)

<sup>v</sup> *Sexually Transmitted Infections: tackling a growing crisis*, Terence Higgins Trust (2005) , [www.tht.org.uk/Content.aspx?ciid=12154](http://www.tht.org.uk/Content.aspx?ciid=12154)

<sup>vi</sup> *Sexually Transmitted Infections: tackling a growing crisis*, Terence Higgins Trust (2005) , [www.tht.org.uk/Content.aspx?ciid=12154](http://www.tht.org.uk/Content.aspx?ciid=12154)

<sup>vii</sup> *Reducing differences in the uptake immunisation: Revised analysis of the evidence*, NICE, [www.nice.org.uk/nicemedia/live/11831/44080](http://www.nice.org.uk/nicemedia/live/11831/44080)

<sup>viii</sup> Commission on the Social Determinants of Health, *Closing the gap in a generation: health equity through action on the social determinants of health*. WHO, Geneva 2008, [www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

<sup>ix</sup> *Social Enterprise*, Department of Health (2011) <http://www.dh.gov.uk/en/Managingyourorganisation/Socialenterprise/index.htm>

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