



*Working together for a healthier Belfast*

## **Response to the draft Programme for Government, draft Budget and Investment Strategy 2008-11**

**8 January 2007**

Belfast is a leading member of the World Health Organization (WHO) European Healthy Cities Network, which currently has over 80 member cities across Europe. Our approach reflects the core principles of the Healthy Cities approach, which strives to improve and develop health at the local level, through facilitating intersectoral collaboration and making health a central consideration in all policies. Tackling inequalities in health, which are largely the result of inequalities in income, educational status and living environment, is a fundamental principle of the Healthy Cities approach. Belfast Healthy Cities shape, influence and develop healthy public policy. We promote equity and health improvement through intersectoral collaboration.

Our core themes in the current Phase IV (2003-2008) of the Network include Health Impact Assessment (HIA) and healthy urban planning (HUP) as well as healthy ageing and active living. In the area of healthy ageing, Belfast Healthy Cities led the development of *Healthy Ageing: InterAction 2006-09* (BHC 2006), an action plan aimed at improving the health and wellbeing of older people in the EHSSB area that all key public sector agencies signed up to and are currently implementing. We have pioneered Health Impact Assessment in Northern Ireland and are also leading work to introduce healthy urban planning into the regional policy making process. Healthy urban planning is a concept developed by WHO since the mid-1990s, and aims to refocus planning on the needs of people.

We are pleased to have the opportunity to comment on the draft Programme for Government 2008-11 and the associated Budget and Investment Strategy for Northern Ireland.

### **General comments**

The draft Programme for Government (PfG) 2008-11, and the associated draft Budget and Investment Strategy for Northern Ireland, outline an ambitious agenda, compiled in a rather short timescale. It includes some particularly ambitious targets, for example halving child poverty by 2010 and halting the rise of obesity by 2011. Belfast Healthy Cities would be interested in why

rather less challenging targets have been set for other areas – for example reducing binge drinking, which has significant impacts on health as well as other sectors, such as policing and the hospitals, by only 5 % by 2011. Alcohol and drug abuse is also closely related to the rising problem of antisocial behaviour. It appears clear that significant and urgent action is required if these targets are to be met, but we find limited evidence of commitment to such concerted action plans. Similarly, it is not clear that the required resources are available to meet targets, for example in relation to housing or sustainable development.

However, all three published documents contain insufficient detail to assess the programme and its proposed approaches. We also note that many of the targets, particularly in the PSAs, are not SMART (specific, measurable, achievable, realistic and time measured), and therefore monitoring and assessing success will be difficult. This is regrettable and somewhat surprising, as the Executive has been clear that performance management will be key to future public administration.

It is also clear that the draft Programme for Government is primarily focused to support economic growth, and that all other aims are intended mainly to support this. Belfast Healthy Cities would like to stress that economic growth alone, or even economic redistribution in isolation, is unlikely to reduce deprivation or deliver social inclusion. Belfast Healthy Cities recently hosted a lecture by Dr Harry Burns, Chief Medical Officer for Scotland, who presented data from Scotland covering the period 1981-2001, which show that while economic differences across the population have decreased, inequalities in health have increased. Similarly, life expectancy in Scotland did not grow in line with economic growth over the 20<sup>th</sup> century. Speaking at the same event, Chief Medical Officer, Dr Michael McBride presented local evidence showing that inequalities have not reduced despite significant economic growth in Northern Ireland over recent years.

Belfast Healthy Cities believes that economic growth indeed may not be key to building a better society. Rather, we suggest the focus should be on how priorities are set at a regional as well as local level, how resources used and targeted and how working practices could be rearranged. We see the draft Programme as a significant opportunity in this regard, and believe it is essential that the opportunity and proposed aim to develop a real partnership approach is grasped. Crucially, this involves improving communication across Departments and dismantling barriers to joint planning and working, as well as developing a willingness to work with other sectors as equal partners and deliver on common objectives. This is a significant challenge and amounts to much more than the proposed goals of establishing a single phone number for government and streamlining websites, but leadership at the highest level would help facilitate a shift in organisational cultures and mindset.

We would urge the Executive to place health and wellbeing and tackling inequalities at the heart of its programme, and ensure that these priorities are driven forward in a holistic way. Considering the impacts of policy on equity, health and wellbeing must be key to all activities, and it is critical to ensure

and understand that health improvement cannot be brought about by tackling existing, specific issues of ill health. Rather, the approach must be based on prevention and an understanding of the linkages between policy, living conditions and health outcomes.

In relation to the above, we would urge the Executive to ensure that the efficiency savings indeed are savings and not cuts in services and activities deemed to fall outside government priorities. We would also note that many services – notably services aimed at preventing illness and community development - produce positive outcomes and savings in the longer term, and would urge the Executive to take the appropriate long term view.

We will focus our comments on the draft Programme for Government around three issues core to the Healthy Cities approach, and also identified as priorities in the draft Programme; namely, equity, health and sustainability.

Finally, we would like to note that we support the submissions made by NICVA as well as the Sustainable Development Stakeholders group.

## **Equity**

Belfast Healthy Cities is pleased to see that the draft Programme for Government includes an overt commitment to improving health and tackling inequalities. A healthy population is a prerequisite for a prosperous economy, and tackling deprivation and inequalities is critical for building a fair future, where everyone has the opportunities to fulfil their potential. Deprivation and inequality also has a significant displaced cost, particularly on the health and social services. Tackling them, with the aim to prevent inequalities, illness and social exclusion, can bring significant savings by reducing the need for costly medical care and a range of social services. We trust that the Executive is aware of the significant deprivation, inequalities and associated 'health gap' in Northern Ireland, which has particularly high concentrations in Belfast.

It may be pertinent to note that Healthy Cities define health in a broad sense, focusing on the social issues that determine our health and wellbeing. Key factors in this are housing, education and training, employment, spatial planning and the built environment and also community and social networks. Deprivation and inequalities in health are typically the result of interrelated inequalities in these areas of life.

We find it encouraging that the Programme for Government makes the links between deprivation, ill health and reduced life opportunities. Unfortunately, we see limited evidence of this translated into concrete and significant action. It also appears that the Programme lacks a full understanding of how inequalities arise and what influences them.

For instance, poor, unsuitable or cold housing has a significant impact on health, notably on children and older people. Children may become unable to concentrate on schoolwork and face long term disadvantage as a result, while older people are at risk of increased morbidity and death. We are concerned

that the funding for new social housing has been reduced, and would argue that the issue has too wide ranging implications to postpone at all. We support the proposal in the Semple Review to utilise Article 40 to require developers to incorporate social housing on a site, but this is not enough and will take time to implement. We would also suggest that some of the budget for the health and schools estate should be reallocated to housing, as a fundamental need and determinant of health. While we agree that these facilities must be modernised, we would suggest that an investment in housing would be more likely to bring longer term savings through reducing health problems, leading to reduced need for services. We note that the Northern Ireland Housing Executive has expressed grave concerns regarding the funding for social housing and housing related support schemes, and share these concerns.

In relation to housing, we are also concerned about proposals to reduce funding for the Warm Homes scheme and the support grant available for installing renewable or more efficient energy systems. The Warm Homes scheme has been an important tool for reducing fuel poverty, and the grant has been used by NIHE to install sustainable and efficient energy systems in social housing, contributing both to sustainable development and reducing fuel poverty. We would urge the Executive to reconsider these proposals.

In relation to education and employment, we note that the Programme for Government aims to create a large number of higher income jobs to Northern Ireland and improve the educational attainment of the population. Both aims are to be commended, but we believe it is critical to progress them in tandem. Simply creating higher income jobs is likely to increase inequalities further, as these jobs will benefit those who already have the highest skills and incomes.

Meanwhile, initiatives aimed at improving educational attainment must tackle the broader causes of low attainment. A new study for Save the Children in Northern Ireland shows that children from disadvantaged backgrounds are less able to learn due to general stress over their living circumstances and limited ability of parents to support them, and are less likely to see education as a tool for personal and career development. They are also more likely to live in poor housing, with the impacts discussed above. This study also emphasises that current costs of education are a significant barrier for low income families (Horgan 2007). Adults from deprived backgrounds may face similar barriers to accessing training. A major issue is also that people doubt the value of training with no guarantee of a job at completion. Belfast Healthy Cities calls for these issues to be given priority, and would also stress that the emphasis should be on meeting people's needs and aspirations, rather than simply providing a workforce. However, we commend the focus on improving skills and opportunities to education.

The above points also apply to the aim of eradicating child poverty. The approach must be long term and intersectoral, and cannot rely on the notion that employment is the only solution. Research by Save the Children shows that 43 % of poor children live in families where both parents work, which highlights the problem with low paid jobs. The solution must feature education for children as a preventative measure and training for parents,

alongside an aim to increase incomes. We would also note that low grade jobs have been found to be harmful to health, as they typically involve low pay, limited opportunities for advancement and low control over the job, which results in stress. There is a growing body of research, introduced by Dr Burns at the lecture cited above, suggesting that stress causes biological reactions that lead to ill health, and is the key mechanism to explain how disadvantage results in poor health and premature mortality. As such, a long term investment in skill building and higher quality jobs is essential to support health and wellbeing for all social groups.

There also needs to be considerable investment in youth development and support work to support the education and early years sectors in improving aspiration and educational attainment. Other learning settings such as the extended schools initiative need to be encouraged and rolled out further.

Belfast Healthy Cities would also welcome more detail on what the overarching priority to support business growth may mean for equity and equality. For example, will there be specific support programmes for aspiring entrepreneurs from deprived backgrounds, for women entrepreneurs and people with disabilities?

In terms of tolerance and inclusion, it is concerning to note that there is no mention of 'A Shared Future' within the PfG or real recognition of the divided context within which we work and live. There appear to be no targets attached to the aspiration of a 'better future' expressed within the document. Belfast Healthy Cities believes that some kind of target should be set, to ensure commitment and momentum.

Lastly, we would urge the Executive to ensure that the proposed efficiency savings on administration are not disproportionately borne by the lowest grade, often female, staff.

## **Health**

We are pleased that the draft Programme for Government recognises the significant burden of ill health in Northern Ireland. It is, however, important to stress that much of this burden is borne by the most disadvantaged population groups, as a result of the interaction between deprivation and broader inequality discussed above.

The health challenge for the Programme is to prioritise prevention. As already suggested, much of the need for costly hospital services could be removed through a determined, joined up policy focusing on preventing ill health and reducing inequalities in health.

A new school of thought, promoted in particular by Dumfries and Galloway community planning partnership and led by Dr Derek Cox, Director of Public Health at NHS Dumfries and Galloway, suggests that focusing on wellbeing is key to improving health and reducing inequalities. Based on a population survey measuring wellbeing, which showed significant correlations between

low social status and low wellbeing as indicated for example by stress, self reported poor health and obesity, this approach argues that a key solution are services aimed at supporting people to develop life skills and get engaged in society. Some of these approaches are already in place, often provided by the voluntary and community sector. Belfast Healthy Cities would also emphasise that volunteering in itself can significantly support health and wellbeing, as well as contribute to developing skills and participating in society. Therefore, sustainable support for this sector is important from several perspectives.

Dr Cox argues that significant gains could be made, at a relatively low cost, by supporting such services and making them more joined up, strategic and streamlined. We believe it would be important to explore this approach in Northern Ireland, particularly as it is evident that initiatives to date have had limited impact on deprivation and inequality.

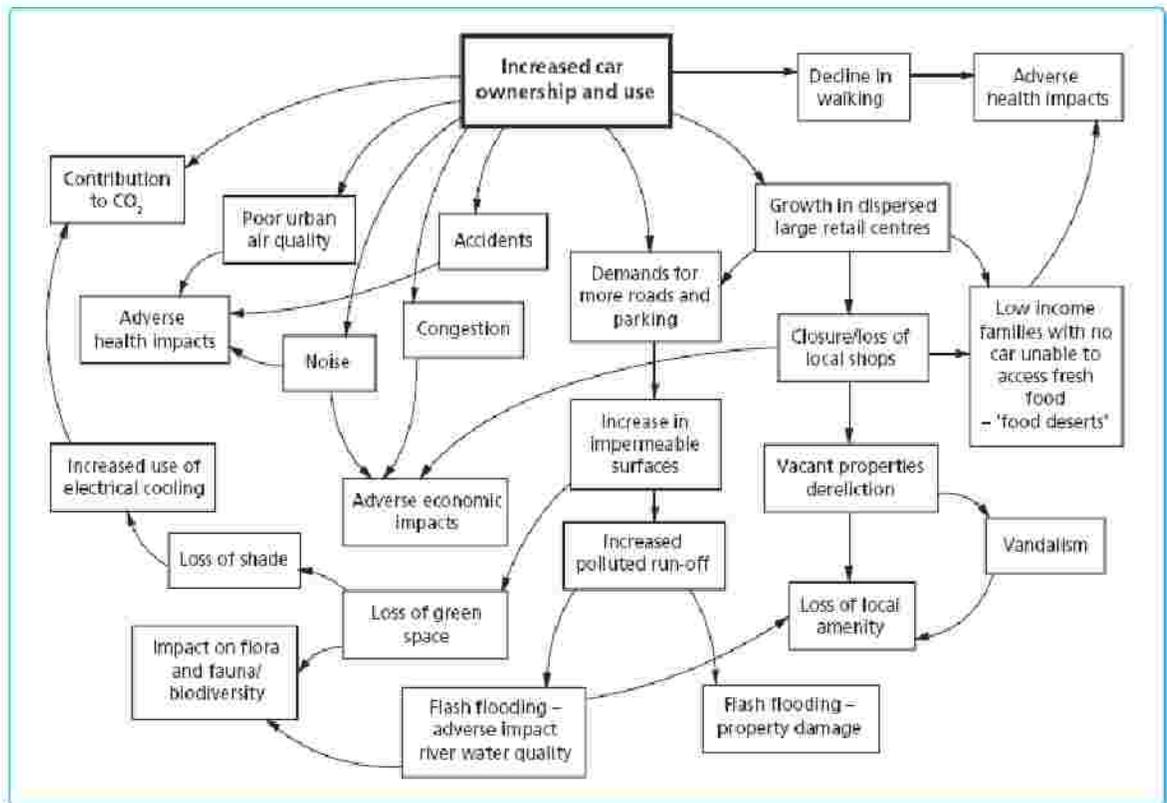
Key to such an approach is a common vision for health, joint objectives and, crucially, joined up delivery across Departments working to common plans. Such a vision is already provided by the public health strategy *Investing for Health*, launched by the previous devolved Executive in 2002 and unique in its focus on tackling inequalities in health. Unfortunately, to date there is limited evidence of cross Departmental action or focused leadership in implementing the strategy.

Belfast Healthy Cities would urge the Programme for Government to take the opportunity to revitalise *Investing for Health* and prioritise health and wellbeing as central to the new Executive's ambitions. It is particularly important that *Investing for Health* becomes the responsibility of all Departments and key to their corporate plans. Clear accountability mechanisms will be required to ensure the effectiveness of such joined up working. It should also be recognised that local government and other agencies also have a key role to play.

We also believe that all policies should be assessed for their impact on health and health inequalities, to ensure health issues are considered and the opportunity to reduce inequalities and improve health is grasped most effectively and at the earliest possible stage. Health Impact Assessment (HIA) is a concept and tool allowing precisely this, and we would urge the Executive to consider requiring an HIA for all major policies and plans. Health is currently an element in the impact assessment forming part of the policy development guidance, but we are concerned it risks getting lost among other impact assessments that have a legislative position. We would also note that HIA is a key part of the new EU health strategy launched in October 2007.

## Sustainability

Belfast Healthy Cities welcome the inclusion of sustainability as a priority, and would stress that developing sustainable ways of living is essential to secure a fair, prosperous and safe society. The figure below, developed by Professor Judith Petts of the Royal Commission on Environmental Pollution, illustrates some impacts of unsustainable development and the economic, as well as environmental and social, implications are evident.



Source: RCEP (2007) Report on the Urban Environment

However, the Programme for Government indicates very limited understanding of the links between some policy decisions and sustainability.

Most importantly, the proposal to invest 80 % of the £3.3 billion allocated to transport infrastructure in new roads and upgrades appears to be in direct conflict with the sustainability priority, as it promotes and facilitates traffic growth, with associated issues of pollution, noise and decreasing community cohesion, which is detrimental to mental health and wellbeing. It is also inequitable, as it will benefit car owners rather than those who do not own cars, primarily people in the lower socio economic groups, older people and people with disabilities. We note that a relevant PSA target is 'to achieve and maintain 77 million passenger journeys per annum', which is highly modest, as transport statistics for 2006-07 show a total of just over 76 million passenger journeys. We suggest that this target should be more ambitious.

In addition, it is likely to have negative health impacts, as it encourages people to drive rather than use more active forms of transport. This illustrates the underlying lack of understanding of cross cutting impacts and a joined up approach, as the Programme elsewhere includes an aim to improve health and particularly reduce obesity, which is linked to sedentary lifestyles.

The Strategic Transport Network Plan (2005) also envisaged investment across all modes of transport, but since then there appears to be a shift back to an unbalanced investment in the road network.

Belfast Healthy Cities views the Programme for Government as an opportunity to significantly shift transport policy in favour of public transport, walking and cycling by prioritising improvements to public transport and providing better pedestrian and cycling environments across the region. Such a transformation has been achieved elsewhere, perhaps most famously in Copenhagen in Denmark, and would be likely to improve people's health, improve accessibility for all population groups and protect the environment. A growing body of evidence shows such an approach could also have economic benefits, by bringing in more potential customers to town centres and reducing health service costs caused by poor health due to physical inactivity. Businesses reliant on transport would also benefit through reduced congestion on the road network.

The importance of an integrated transport infrastructure in the City of Belfast should also be highlighted, in particular the need for more sustainable modes including the potential for a rapid transit system.

Belfast Healthy Cities would also welcome more detail on the proposed overhaul of the planning system. We are somewhat alarmed by a statement made by the Finance Minister in December 2007, suggesting that the aim is to 'cut red tape' around planning and construction (DFP Press Release 6.12.07), and would urge the Executive to ensure that this does not involve weakening procedures aimed at dealing with environmental and social concerns.

We again see the Programme for Government as an opportunity to commit to healthier planning. The WHO European Healthy Cities Network has developed the concept of healthy urban planning to re-establish the historical link between health and planning, and enable planners to consider the broader impacts of their work and support health improvement, for example through 'walkable cities'. The central notion is that planning should share responsibility for improving people's health, and that planning policy is a key vehicle for this. Belfast Healthy Cities is working with among others the Planning Service, the Environment and Heritage Service and DHSSPS to introduce healthy urban planning in Northern Ireland, and we would urge the Executive to take these principles into account when progressing the planning reform. The potential benefits are similar to those discussed above, and also include the Regional Development Strategy aim of balanced development across the region, as a result of planning that focuses on mixed use development and locally available services.

Finally, we see the regeneration of both deprived urban areas and rural areas as an opportunity to promote sustainable development. We would welcome more detail on the proposed plans, and would stress that it is critical that initiatives include social regeneration. The work of Dr Cox described in the health section, alongside evidence from physical regeneration in Glasgow, shows that physical regeneration alone is likely to achieve little and may indeed be a wasted resource. Local people must also have a say in how regeneration is carried out, as lack of participation is likely to discourage use of new facilities and services, and development not meeting local needs may result in worsening health due to stress over unwanted upheaval.

We would therefore like to see the final Programme for Government strengthened on goals in relation to protecting and enhancing our environment. We have outlined some approaches to this, and conclude by stressing that the Programme for Government should be based on an understanding that what is good for the environment tends to be good for people, and in extension supports a sustainable and prosperous future for everyone.

In conclusion, Belfast Healthy Cities believes that the draft Programme for Government overemphasises economic development, without demonstrating full understanding of the wider measures required to develop a prosperous and sustainable society. We would welcome particularly more emphasis on goals in relation to tackling inequalities and supporting health improvement, and a more cross cutting emphasis on sustainability. We also urge the Executive to ensure that goals are matched with required resources, and that the investment strategy is aligned with any amendments to priorities. Finally, we would stress the need to commit to joined up working and develop an effective approach for this, across central government and incorporating the broader public and voluntary sectors.