



“A Guide for Political Representatives”
Tackling Inequalities and Promoting Wellbeing

June 2011





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 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.



Foreword

Local government is an important actor for health and wellbeing. While the health sector provides invaluable services, Councils contribute to people's living conditions, which are key determinants of people's health and wellbeing. Elected representatives play a key role in shaping people's lives, and can make a very significant contribution to creating the living conditions that allow people from all backgrounds to reach their full potential.

Healthy people are able to make the most of opportunities and contribute to social and economic prosperity. Good living conditions and a high quality of life are also increasingly important as criteria that shape people's decisions on where to live, and business decisions on where to invest.

This publication provides a helpful overview of how Council services impact on health and wellbeing and the unique contribution that elected representatives have in supporting the development of policies and actions that effectively improve living conditions and life opportunities in constituencies.

Addressing inequalities in the social and environmental living conditions which impact on health cannot be achieved by any one organisation or sector - it requires an intersectoral response. Building capacity and social capital within communities and sectors can be a real driving force to address the inequalities faced by many of our constituents. We would encourage elected representatives at all levels of government to provide leadership at a local level to tackle the root causes of inequalities.

Alex Attwood, MLA
Environment Minister

Edwin Poots, MLA
Health Minister



Preface

One of the cornerstones of the WHO European Healthy Cities Network is political engagement. Participation and support from political decision makers is essential for creating healthy and sustainable cities and communities. The role of local elected representatives is particularly important, as key decisions taken at the local level shape people's living conditions and significantly influence people's lives, choices and health outcomes. Understanding these linkages is crucial for effective decisions that support people's health and also help create prosperous, welcoming places.

Sharing evidence and building capacity across all sectors on what shapes and supports healthy people and communities are other cornerstones of the Healthy Cities approach. The aim is to support evidence based decision making, and to enable stakeholders meet their objectives in ways that also support health, for example by adopting a health in all policies approach or applying a health equity lens. Ultimately, this highlights that health is everybody's business.

This publication is intended primarily to support elected representatives and Councils identify how the work of local government contributes to health and wellbeing. The Healthy Cities approach is fundamentally a partnership approach, and views intersectoral collaboration as the key to lasting improvements to the lives of people living and working in Northern Ireland.

This publication has been developed by Belfast Healthy Cities, supported by a regional working group including representatives from NILGA, Public Health Agency, Northern Ireland Housing Executive; Chief Environmental Health Officers Group; Rural Community Network; Community Development and Health Network; Business in the Community; Belfast City Council; Local Government Staff Commission and local elected representatives. Many thanks go to members of the group for their comments and concrete support. Special thanks also go to Ruth Fleming, who facilitated the group, and to Jonna Monaghan from Belfast Healthy Cities, who drafted the publication.

Dr Bernadette Cullen
Chair, Belfast Healthy Cities

Joan Devlin
Director, Belfast Healthy Cities



Contents

	Page
Purpose of publication/Why read this publication	4
Executive summary	5
Introduction	10
Chapter 1: Local government: enabler for health and wellbeing	16
Chapter 2: What keeps us healthy and what makes us ill?	20
Chapter 3: Evidence and directions for action for local councillors	27
3.1 Parks and leisure	27
3.2 Community services	33
3.3 Land use planning and development	38
3.4 Economic development and regeneration	43
3.5 Health and environmental services	47
3.6 Waste management and street cleansing	54
3.7 Licensing and community safety	57
3.8 Corporate responsibility	62
Chapter 4: Why and how to measure health, wellbeing, and inequalities	68
Summary	82
Acknowledgements	83
References	84



Purpose of publication/Why read this publication

Health is a resource we all use every day; it is what allows us to concentrate on what we value and want to achieve, look after our loved ones, and take part in society. Wellbeing is a sense of hope, satisfaction and belonging, and helps us cope with setbacks and difficulties. Good health and wellbeing is essential to enable both people and communities to fulfil their potential and flourish.

This publication is aimed at elected representatives, in particular Councillors, and may also be of interest to Council staff more widely. It has two aims: firstly, to demonstrate how local government makes a significant contribution to health and wellbeing. Secondly, it aims to outline directions for action that can assist Councillors and Councils to take a lead role in creating healthy, sustainable communities, which support existing residents and can in turn attract potential future residents, visitors and investors.

The publication is divided into three sections. The first section looks at what factors create health, and how local government contributes to this. The second section provides directions for action that support health and wellbeing, related in particular to Council functions. The last section considers the importance of monitoring action and measuring success, and outlines potential indicators for doing this.

The publication collates evidence from scientific and professional sources and examples of action currently ongoing in Northern Ireland as well as elsewhere. This publication has been written under the guidance of an intersectoral, regional advisory group (see acknowledgments), with the research for the publication undertaken by Belfast Healthy Cities.



Executive summary

Health is a resource we all use every day; it is what allows us to concentrate on what we value and want to achieve, look after our loved ones, and take part in society. Wellbeing is a sense of hope, satisfaction and belonging, and helps us cope with setbacks and difficulties. Good health and wellbeing is essential to enable both people and communities to fulfil their potential and flourish.

Health and wellbeing are largely determined by people's living conditions – physical, environmental, economic and social. Therefore, local government can and does make a major contribution to health and wellbeing. This publication aims to highlight ways in which local elected representatives can strengthen that contribution. The directions for action are based on evidence of what matters most for health and wellbeing, and on existing good practice.

Parks and leisure

Parks and leisure services are major resources for ratepayers.

Access to affordable leisure and sports facilities **supports healthy lifestyles** and helps **tackle obesity**, which is a major health risk and economic burden. Parks and open space **offer stress relief, opportunities for play and exercise** and **places for socialising**, which contribute in particular to mental wellbeing and socially cohesive, resilient communities. Green spaces can also **generate new job and business opportunities**, while they also protect people and property by **reducing flood risk** and **absorbing pollutants**.

What elected representatives can do:

- **Support and develop parks, local green spaces and community gardens;** even small green spaces bring benefits
- **Prioritise maintenance and safety**
- **Encourage temporary green space;** this can help reduce anti social behaviour for example in vacant lots waiting to be regenerated
- **Designate sites as Local Nature Reserves;** this supports mental, social and potentially also economic wellbeing and strengthens biodiversity
- **Develop ways of providing leisure services more creatively;** eg. by delivering classes in places people already go to such as community centres, youth clubs and church halls
- **Support sports development;** in particular encourage participation for all and promote equitable distribution of facilities for different sports
- **Seek to maintain user fees for leisure centres as low as possible;** this improves access for lower income groups



Community services

Council services in and for communities can provide a foundation for strong and cohesive communities.

Community development support, arts, cultural activities and good relations work play an important role in helping people and communities come together, which **helps build a sense of community**, supports **people's ability to participate in society** and can strengthen **mental wellbeing and confidence**. Early years and youth work are vital services that **improve life opportunities and chances to achieve in education**. A cohesive community can also **effectively tackle local issues**, including **anti social behaviour**.

What elected representatives can do:

- **Protect and strengthen community services;** these services can support people in difficult times and reduce pressure on other public services
- **Promote good governance and accountable provision**
- **Support local organisations;** community and voluntary groups provide vital services and can operate effectively with support of local elected representatives
- **Support and strengthen areas of weak community infrastructure;** this is important to strengthen equity across the region
- **Support and safeguard early years provision, youth work and high quality education;** the benefits for individuals can be significant, and also help tackle issues such as youth unemployment and benefit dependence
- **Support and develop intersectoral approaches** eg. to tackling suicide and obesity; multi sectoral responses have greatest potential to deliver lasting change



Land use planning and development

Land use and spatial planning shapes people's lives and choices, but how can elected representatives maximise benefits for ratepayers?

For example, land use planning affects **what job and education opportunities are available to people within a realistic distance**, and therefore it shapes **material living conditions**. It shapes **the range of choices open to people**, by determining how **dependent a community is on cars** or **how easy it is to access green space, services and public transport**. Planning also shapes mental and social wellbeing, as design and layout affect **how easily people can meet, socialise and participate in local activities**.

What elected representatives can do:

- **Build capacity to participate in planning process and influence planning decisions;** understanding how planning affects people and places, and what people need, will help ensure that future development supports healthy, sustainable and strong communities
- **Focus on place making;** working with people to identify how physical spaces can become places that are used and enjoyed
- **Seek to ensure integration of new housing with open space and playable space;** this may involve strengthening access to and use of existing Council owned space as well as securing site specific space
- **Advocate for improved access to jobs, education and services;** good transport is crucial for access, and elected representatives are well placed to advocate on behalf of ratepayers for high quality services that connect them to jobs and services they need
- **Strengthen community engagement and listen to local people;** engaging people can support the creation of spaces that meet people's needs, and empowering vulnerable groups can significantly improve their health, life opportunities and aspirations



Economic development and regeneration

Economic development is important for the success of any area, and also for strengthening health and wellbeing.

Poverty and low income is the main risk factor for ill health and inequalities, and **economic development and regeneration are important tools in tackling poverty.** Councils are well placed to **incorporate an emphasis on training and employability** as well as **social regeneration**, which provides an effective basis for lasting change.

What elected representatives can do:

- **Support eligible people to access their full benefit entitlement;** this reduces stress and can allow households to explore future options
- **Support local small and medium business and social economy;** these businesses are more likely to reinvest profits locally and retain wealth
- **Support and develop adult education opportunities;** this is important to enable all population groups to benefit from economic development
- **Identify and promote new green economy opportunities;** new sectors can create a competitive edge and create jobs at all skill levels
- **Support sustainable regeneration;** development that meets local needs and can adapt to different uses over time has significant potential
- **Support volunteering programmes:** volunteering helps to build skills, increase a sense of well-being and can pave the way towards employment

Health and environmental services

Environment and health services directly protect health, but what else can they do to effectively serve and support ratepayers?

The **health protection function** of Councils is extensive: dog and pest control; communicable disease control through for example food hygiene inspections, health and safety functions, and enforcement of smoke free legislation all contribute to **saving lives and preventing disease.** **Emergency planning** supports and safeguards **physical as well as mental wellbeing**, by developing preparedness and seeking to minimise harmful disruption to daily routines. **Housing and public health** functions also **support wellbeing**, for example by **improving living conditions.** Work to **improve access to local healthy food** can both **develop and maintain healthy lifestyles** and **tackle inequalities**, as poor diet is a greater risk for less well off people and can worsen other inequalities.



What elected representatives can do:

- **Maintain capacity and resourcing for health protection;** sufficient resources ensure delivery, while continued capacity building helps develop innovative and cost effective approaches
- **Support and develop intersectoral approaches** eg. to tackling suicide and obesity; multi sectoral responses have greatest potential to deliver lasting change
- **Ensure that particular support is given to vulnerable groups and disadvantaged areas;** these groups tend to have the least capacity to protect themselves
- **Strengthen access to healthy food;** this can help tackle obesity, improve wellbeing as well as tackle inequalities

Waste management and street cleansing

Waste management and street cleansing are essential public services, but they can also improve wellbeing.

In particular, **clean streets are a highly visible indicator of a good quality environment**, which both helps people feel valued and encourages people to actively use their neighbourhood. Recycling and reclaiming materials can also **generate new job and business opportunities**, for example in the creative industries, which can help **create a competitive edge**.

What elected representatives can do:

- **Support and promote legislation;** this is particularly important for effectively tackling more serious issues such as fly tipping and illegal dumping
- **Support and promote development of economic opportunities in recycled and reused materials;** this can involve DIY type workshops as well as businesses specialising eg. in restyling furniture
- **Promote recycling and advocate for better evidence on the health effects of recycling**



Licensing and community safety

How can elected representatives and Council strengthen community safety, reduce anti social behaviour and alcohol related harm?

Although Councils do not have liquor licensing powers, Councils can effectively co-ordinate partnerships to **manage the impact of alcohol consumption**. In particular, Councils can develop approaches that **manage crowds and environments near licensed premises** to **minimise opportunities for anti social behaviour and violence**. In addition, Councils can **run and support alcohol intervention and awareness raising programmes** to promote responsible alcohol consumption and sales. Providing **alternative spaces and opportunities for young people** can help reduce teenage drinking and also help **create environments all population groups perceive as safe and welcoming**.

What elected representatives can do:

- **Support regional alcohol strategies and action plans**
- **Develop and support intersectoral approaches to managing environments around licensed premises;** eg. crowd management and transport options
- **Develop and support alternative opportunities for young people,** eg. places for socialising and activities that support their identified interests
- **Support intersectoral collaboration for community safety**

Corporate responsibility

Improving health and wellbeing is directly linked to the overall corporate responsibility of local government. Councils can **lead by example** by **adopting healthy workplace practices** and **integrating wellbeing as a corporate objective**, which demonstrates how such practices support both **economic prosperity and social equity**. Community safety **supports overall wellbeing and cohesive communities**, and can also demonstrate an effective approach to partnership working.

What elected representatives can do:

- **Integrate health and wellbeing as a corporate objective**
- **Develop and promote policies that support a healthy workplace**
- **Consider adopting a health in all policies approach;** to ensure all policies are proofed for their impact on health and wellbeing



Introduction

A prosperous future has been identified as a shared goal across Northern Ireland. Wellbeing and sustainability have also been identified as key goals of public policy in Northern Ireland, since the Programme for Government 2007. This focus has also been taken elsewhere in the United Kingdom, and was underlined in November 2010, when the UK government announced a National Wellbeing Index that will systematically measure people's life satisfaction. Measuring wellbeing, or health, in itself will of course not create change, but helps show if the approach chosen to investment, service delivery and indeed concrete action is giving the desired results, and supporting effective use of resources.

The emphasis on health and wellbeing is based on the view that material resources alone do not create fulfilling lives, and that people who feel positive about themselves and their lives are more likely to participate in society, as engaged stakeholders, productive employees and discerning consumers of goods and services. Health and wellbeing is also important in its own right; most people see it as one of the most important things in life, and how healthy a population is can serve as a yardstick of society in general. Big inequalities, in health outcomes or life opportunities, harm people whose chances are constrained, but also reduce the wellbeing of society as a whole.

Elected representatives play a key role in shaping people's lives, and can make a very significant contribution to creating the living conditions that allow people from all backgrounds to reach their full potential. In many cases, this can also directly contribute to developing a prosperous region, which is inviting to tourists and investors. For example, green spaces support stress relief and healthy exercise, but also reduce flood risk and can act as important visitor destinations.

The key message is that all sectors contribute to health and wellbeing. The healthcare sector provides vital care and education, but a high quality built and social environment can prevent ill health, thus reducing the need for healthcare and supporting considerable cost savings. In Northern Ireland¹ as well as elsewhere, the evidence shows that important improvements have been made in recent years, but that more can be done. In some cases people's outcomes have become more unequal, primarily because their living conditions have been different and less equitable.²

This publication aims to support the process of creating healthy, sustainable and prosperous places across Northern Ireland. It is intended to highlight how the work of elected representatives contributes to and impacts on health, and outline measures that can effectively support health equity and wellbeing, as well as the economy and the environment. It is intended to strengthen capacity of elected representatives, and support the development of policies and actions that effectively improve living conditions and life opportunities in constituencies.



Health and wellbeing in Northern Ireland – an initial picture

- Life expectancy is a high level, general measure of health. In Northern Ireland, life expectancy is 76.4 years for males and 81.2 years for females; there is considerable variation between different areas and population groups. Life expectancy here is higher than in Scotland and similar to Wales and the north of England, but lower than England as a whole and notably lower than southern England.³
- The main causes of death are heart disease and cancer; people in deprived areas are much more likely to die before age 75 than people elsewhere⁴
- 70% of all Northern Ireland residents reported good health. In total 20% reported a long term limiting illness, which can be seen as a rough indicator of disability. Long term illness also increases a person's care needs, and some conditions can be linked to incapacity to work.⁵
- Poor health and long term conditions are more common among older people and people living in more deprived areas⁶. Higher prevalence among older people is to be expected, as many chronic conditions occur or worsen later in life. For people living in deprived areas, poor health is often linked to poorer living conditions.
- Around 12% of patients registered with GPs have a prescription for depression or anxiety disorder.⁷ This indicates that low mental wellbeing is a significant issue in Northern Ireland. Low mental wellbeing often leads to lower quality of life, and can also increase the risk of physical ill health. Mental health problems are the main cause of long term work absences.
- People in Northern Ireland tend to have higher concerns about crime than people in England and Wales. In total 18% say they are very worried about violent crime, 15% have great concerns about burglary and 14% about car crime.⁸ High concern about crime can reduce people's willingness to get out and about in their neighbourhoods and communities, which can increase social isolation.
- In 2009, an estimated 44% of households were in fuel poverty. Households on the lowest incomes, in the oldest properties and households headed by an older person are most likely to be fuel poor.⁹ Fuel poverty is a direct threat to physical health, in particular to children and older people. It also reduces wellbeing by creating financial stress, limiting choices about how to spend available income, and by reducing opportunities to socialise at home. Children's long term prospects can be harmed, because children in fuel poor homes are less likely to have a warm and quiet space for study.¹⁰



- Among school leavers (including both Year 12 and Year 14 students) in 2008-09, 70% achieved at least five GCSEs at grades A*-C, while just under 3% (622 students) left with no GCSEs. There were notable differences between areas and population groups. In some more deprived areas less than half of school leavers achieved five GCSEs¹¹, and boys from more deprived predominantly Protestant areas were most likely to leave with limited qualifications. In England in 2009/10, 75% of Year 12 students achieved at least five GCSEs at grades A*-C (54% achieved at least five GCSEs at grades A*-C, including in English and maths)¹². Attainment at school is important because it has a strong influence on future job opportunities and earnings potential, which in turn shape wider life choices, in particular choices about living conditions.
- Across Northern Ireland, almost 29% of the working age population was economically inactive in late 2010, that is not in work or seeking work, eg. because of illness or caring duties.¹³ This was higher than anywhere else in the UK; in Wales, 27% of working age people were economically inactive and in the North East of England the proportion was 25%.¹⁴ Economic inactivity can reduce wellbeing because it cuts people off from important social networks and often is associated with low income, both of which increase the risk for ill health.
- Unemployment – formally defined as not in work but seeking work - creates stress and harms especially mental wellbeing, and especially long term unemployment can have similar effects as economic inactivity. Unemployment has risen in all age groups since 2008 but particularly fast in the under 25 age group. In November 2010, 6.6% of the workforce claimed out of work benefits, which was the second highest rate among UK regions.¹⁵
- Limited data about how people view their social living conditions is currently routinely published. Most recent data is from 2006¹⁶, and show that over half of people in most Parliamentary Constituencies feel that people in their area can be trusted and that their area is a close knit community. Information of this kind can give important background understanding that helps develop appropriate services, and clues to why people act in certain ways.



Councillor Quote

“As President of the Northern Ireland Local Government Association, I am keen to ensure that elected members are provided with the resources to develop vibrant, flourishing and sustainable local communities. I would therefore commend this guide to all elected members and particularly to councillors. I believe it provides a valuable roadmap for promoting health and well-being, and to assist us in fulfilling our civic leadership responsibilities. The role of the councillor will be expanding and developing over the next few years, as local government reform takes shape and I am keen that members use this guide for capacity development and further understanding of our changing role for the betterment of our citizens.”

Cllr Evelyne Robinson - President, NILGA





Chapter 1:

Local government: enabler for health and wellbeing

Being healthy is important to all of us. It allows us to concentrate on the things we value and want to achieve. It enables us to look after our loved ones, and enjoy time with family and friends. Health also helps us participate in society, as employees, volunteers and engaged stakeholders. In short, it is one of our most important assets, for each of us as individuals and for society as a whole.¹⁷

Good health and wellbeing is, however, more than physical health. To be able to fulfil our potential and achieve our goals, we need to be mentally well and on the whole feel satisfied with ourselves and our lives, which gives us the resilience to deal with setbacks and problems. We also need social resources: good social relationships make us feel valued and can help us cope with illness as well as reduce isolation and loneliness. Other people are also key sources of information, for example when it comes to finding a job.¹⁸

From this perspective, it is clear that creating and improving health goes beyond a focus solely on care and curing illness. Health care is of course very important, in particular for people who already are ill, and plays a vital role in preventing poor health. The health care sector on its own cannot, however, create the conditions that allow people to flourish. It can also not alone tackle the inequalities that result in greater ill health among some population groups.¹⁹

How do Councils contribute to health and wellbeing?

In the past, a greater focus was placed on treating illnesses, rather than attempting to address the underlying causes of ill health. This approach focuses mainly on primary healthcare professionals working in hospitals, clinics and surgeries and within communities. District Councils in Northern Ireland have tended to view this approach as not being a part of their core work. They have consequently tended to view health and health improvement as the sole remit of “health services” and have had limited involvement in these areas. However in more recent years there has been a greater recognition of the importance of the wider factors that shape health – the social determinants of health – and of the impact that councils can have on these determinants.²⁰



Councils provide a range of services that directly impact on health – leisure services, parks and amenities, health protection services such as environmental health. However they also provide other services which, whilst not being seen traditionally as impacting on people’s health, are now recognised as such - tourism, economic development, community development and neighbourhood renewal, good relations and community safety, cultural activities and the protection and enhancement of biodiversity. Councils are also in a prime position, through community engagement processes, to identify and reflect the health and other needs of the local community. This can significantly support the planning of services that meet those needs.²¹ It is also a core element of community planning, which places Councils at the heart of planning local services for local people and their needs.

Councils and elected members have the democratic mandate to advocate on behalf of their local communities. Elected members also represent their areas within the governance structures of a range of organisations, including the Public Health Agency and the Local Commissioning Groups of the Health and Social Care Board, as well as in areas such as housing, education and regeneration. In short, Councillors have power to take decisions that directly can transform their local area, and build health and wellbeing for its residents. Councillors also have significant ability to shape decisions in sectors that fall outside the remit of Councils, for example through their role as statutory consultees in land use planning and alcohol licensing.

The Review of Public Administration (RPA) recognised the potential of councils to extend their civic leadership role within their communities in health and other areas. It created the prospect of providing councils in Northern Ireland with the statutory Power of Well-being and the requirement to produce Community Plans for their local areas – thereby bringing them into line with their counterparts elsewhere in the UK. Although the RPA process for local government has been suspended, it is widely anticipated that these two statutory powers will still be created. In doing so, Councils will be even better placed to use the statutory powers available to them to protect and improve the health of the community.²²

The increasingly important role of councils in improving health and in particular tackling inequalities in health was recognised in December 2008, when the Minister for Health invited expressions of interest from councils in hosting joint working arrangements with the Public Health Agency (PHA). These arrangements build on and strengthen existing collaboration and partnerships within council areas to enhance joint working at strategic and operational levels, and could support Councils in implementing their future power of well-being and community planning.²³



Under the Northern Ireland (Miscellaneous Provisions) Act 2006, a public authority such as a local council must, in exercising its functions, act in a way it considers best calculated to contribute to the achievement of sustainable development in Northern Ireland. Local authorities must be aware of, and have regard for, any strategy or guidance relating to sustainable development issued by the Department of the Environment or any other Northern Ireland Department. Elected members and council officers have an obligation to ensure that the duty for Sustainable Development is implemented and that it is a major consideration in all decisions made. Sustainable communities can be achieved by local and central government working in partnership to deliver the Strategy through mainstreaming social, economic and environmental matters – all of which contribute to the health and wellbeing of both the individual and the wider community.

What can a focus on wellbeing do for Councils?

Strengthening health and wellbeing can contribute to the broader aims and objectives of Councils. Creating health is about creating good places to live, and this can generate a positive spiral that in itself helps sustain good health - and a vibrant, thriving wider community and economy.²⁴

Healthy people are better equipped to take advantage of new opportunities, and cope with adverse situations. Healthy communities, where all residents have equitable access to opportunities and good living conditions, generally tend to have fewer problems, which means less resources are required to deal with difficulties or problems and more can be invested in developing the area further.²⁵

Aiming to improve wellbeing also has wider and further reaching benefits than making individuals feel better about their lives – although this in itself can boost mental wellbeing and strengthen social resources. Research shows that when people feel more positive about themselves and their life, they are more likely to make healthy choices and adopt healthy lifestyles. For example, a classic study found that an intervention designed to improve feelings of autonomy in older people led to dramatic differences in health outcomes.²⁶ Policies and actions aiming to improve wellbeing can therefore help in improving health outcomes. This can, furthermore, support other broader social objectives and help generate cost savings through reduced need for healthcare and other services, including social care and security.





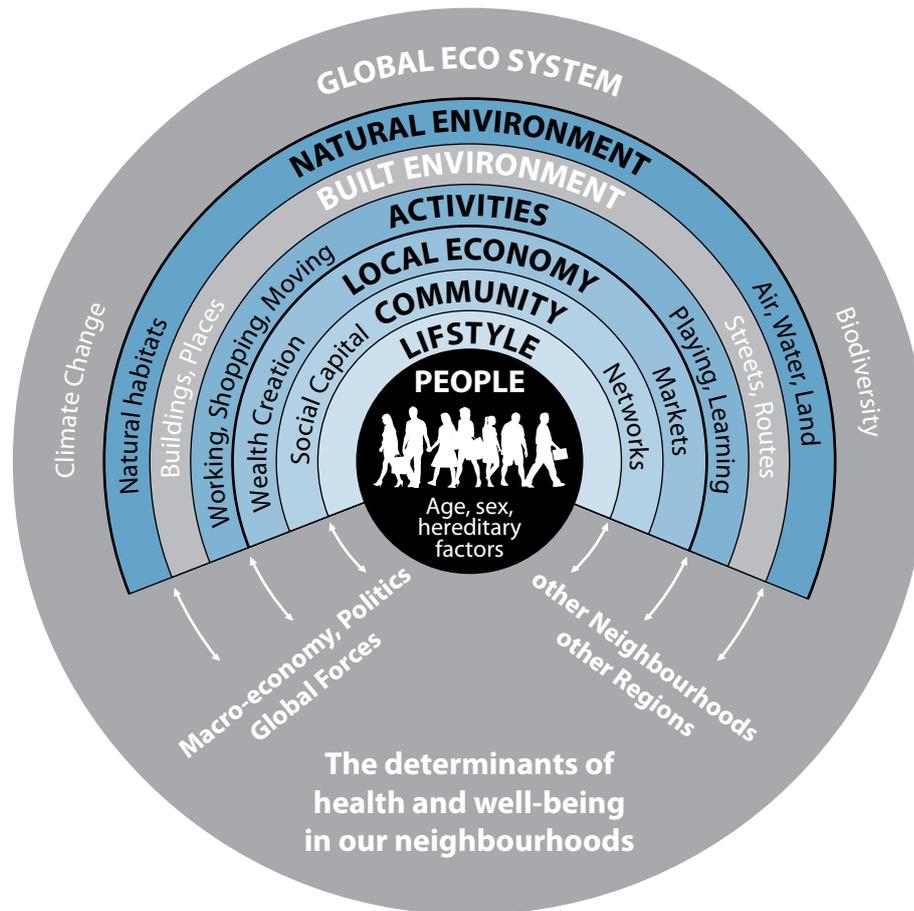
Chapter 2: **What keeps us healthy and what makes us ill?**

Generally, our health is much better than it used to be. We are living longer, and many of us are in good health well into the later years. Just over the last decade, life expectancy for men has gone up from 74 years to 76, and for women from 79 to 81. Infant mortality has fallen from around seven per 1,000 live births to under five. Compared to life expectancy and mortality a generation ago, the change is dramatic: in 1971, over 20 babies in each 1,000 born died before their first birthday, and men could expect to live to about age 67.²⁷ This is in part because of improvements in care, but above all due to improvements in living conditions. There are, however, some notable exceptions: life expectancy among Travellers is 15 years less than for the settled population, and infant mortality is also higher.²⁸

There is now strong evidence that our health is an outcome of our living conditions, physical and social. Figure 1 below outlines the key areas of life that shape our health, and therefore also are the key fields where action is needed to strengthen health and improve outcomes.



Figure 1. The social determinants of health



Barton & Grant 2006²⁹

The first key message here is that while lifestyle decisions ultimately determine a person's health outcomes, these choices are shaped - and sometimes constrained - by wider living conditions. A poor quality living environment is unlikely to encourage people to be physically active.³⁰ Limited income may be one reason why people choose less healthy food, which is often the cheapest available.³¹ Having limited access to transport, or low educational qualifications, is likely to limit job opportunities, which affects income as well as social networks.³²

All of these factors also affect people's mental wellbeing and motivation. Healthy choices are most likely to be made by motivated people, who generally have higher levels of wellbeing.³³ Conversely, it has been argued that for some people, in particular people who feel excluded from society, unhealthy choices can be a way of coping with stress or difficult living conditions.³⁴

The second key message concerns the issue of equity, or how different living conditions lead to differential outcomes. It is well established that people in lower socioeconomic groups are more likely to die young and suffer ill health, and this is primarily because their physical and social living conditions are poorer. This is also what is meant by inequalities in health, which can be defined as differences in health outcomes that are avoidable



(through policies and services) and therefore can be considered unjust.³⁵

Income and social status are key determinants of equity, or inequality. The level of income has a decisive influence on material living conditions. Low income households are also more likely to report dissatisfaction with their neighbourhood, whether this involves problems with crime, anti social behaviour or lack of for example green space.³⁶

Low income is often also associated with low socioeconomic status. There is also increasing evidence that having or perceiving low social status not only affects mental wellbeing, but can lead to chronic stress, which contributes to physical health risks. Stress is associated for example with a higher risk of heart disease, diabetes and metabolic syndrome. Negative lifestyles, such as smoking and problem alcohol or drug use, can sometimes also be a coping mechanism related to the stress of living with disadvantage.³⁷

Improving health, strengthening place

The third key message is, in short, that interventions focused on individuals or lifestyles alone are not enough to make a lasting difference at a population and society level. Improving health in a sustainable way must involve creating the conditions in which all people can fulfil their potential, and have the opportunity and motivation to make healthy choices.³⁸ This can, however, create many additional benefits. Firstly, it can make everyone healthier, because there is a socioeconomic gradient in health running across society: it is not just the most disadvantaged people who disproportionately suffer ill health, but the middle groups also have worse health outcomes than the highest social groups.³⁹ Secondly, this can bring benefits to a place overall, since there are considerable synergies between improving health, sustaining the environment and creating a stable economy. Not least, a healthier population utilises less of the most resource intensive public services such as health care, social care and policing.

There is also strong evidence to show that countries where opportunities and resources are shared more equitably across the population tend to do better overall.⁴⁰ For example, the Nordic countries have high life expectancy, generally low crime rates and low levels of teenage parenthood, which is an indicator of disadvantage and inequity. In addition, they benefit from high educational achievement and high productivity, and have been comparatively resilient in dealing with the economic recession. Evidence from these countries can provide potentially useful models, but it should of course be remembered that in these countries governance is different and taxation also higher than in the United Kingdom.



Fair society, healthy lives: directions for action

Globally, strong policy direction on how to improve health for all and reduce the health gap between the best and worst off groups in society has been given by the World Health Organization (WHO) Commission on the Social Determinants of Health, which reported in 2008 under the challenging title *Closing the Gap in a Generation*. The Commission identified three key areas for action, outlined in box 5.1.

Box 5.1: The Commission's overarching recommendations

The key areas of action required to improve health and health equity:

- Improve daily living conditions
- Tackle the inequitable distribution of power, money and resources
- Measure and understand the problem and assess the impact of action

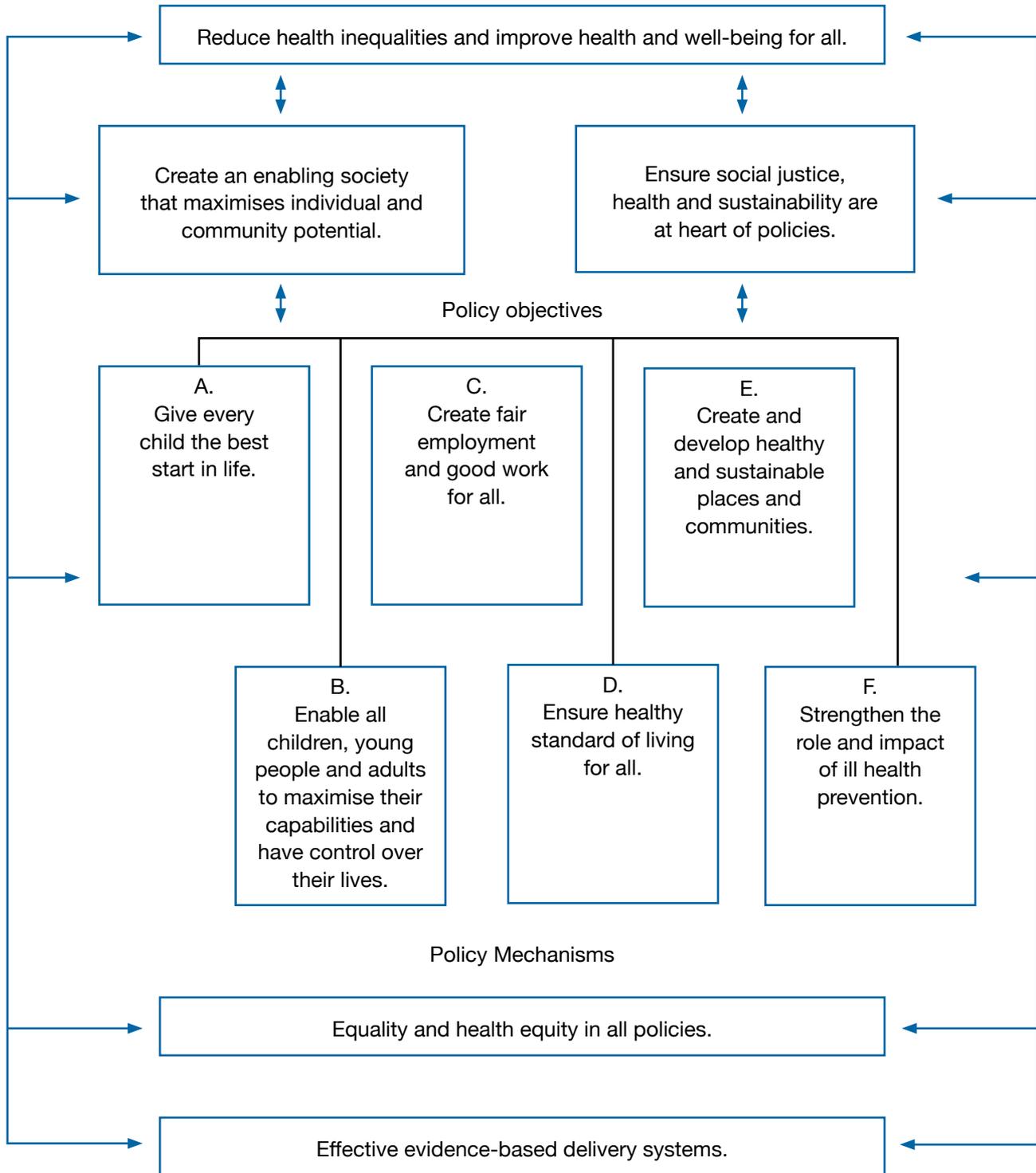
As a result of the Commission's global report, the UK government asked its Chair, Professor Sir Michael Marmot of University College London, to conduct a similar review of inequalities in health post 2010 in England. The Marmot review, *Fair society, healthy lives*, reported in February 2010 and outlined six key policy objectives, with associated recommendations for action. The objectives are outlined in box 5.2.

The review stresses that inequalities in health have not only a social cost, but also an economic one. Poor health and premature deaths directly lead to very significant productivity loss, loss in tax revenue and higher welfare payments, as well as extra costs to the NHS. These costs are all in the range of billions of pounds annually UK wide, and are likely to rise substantially if no action is taken.⁴¹

To create lasting prosperity – economic, social and environmental – the review states that action must be taken across policy areas and sectors, and that focus should be on reducing the social gradient in health. This was also Professor Marmot's key message for Northern Ireland, when he visited Belfast in October 2009 to give Belfast Healthy Cities' 21st anniversary lecture.⁴²



Box 5.2 The Marmot review framework





What is health? – some definitions

Health

“Health is more than the absence of physical disease, it is a state of complete physical, mental and social wellbeing.” (World Health Assembly 1948).

“Health is a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.” (WHO, Ottawa Charter 1986).

The social determinants of health

“The socio-economic conditions that influence the health of individuals, communities and jurisdictions as a whole. These determinants also establish the extent to which a person possesses the physical, social and personal resources to identify and achieve personal aspirations, satisfy needs and cope with the environment.” (Raphael 2004) ⁴³

Equity

“Inequity refers to differences in health which are not only unnecessary and avoidable, but in addition are considered unfair and unjust.”

“Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided.” ⁴⁴

Wellbeing

“a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding employment, and a healthy and attractive environment.” (UK Government definition, 2007)⁴⁵





Chapter 3: Evidence and directions for action for local councillors

3.1 Parks and leisure

Parks and leisure services have a wide ranging and direct impact on both physical health and mental wellbeing. They can also support social cohesion and wellbeing.

- 59% of adults in Northern Ireland are overweight or obese – 24% are obese⁴⁶
- About a fifth of P1 pupils are overweight or obese⁴⁷
- Less than half of adults in Northern Ireland participate regularly in sport; the most popular sports include swimming and keep fit type exercise⁴⁸
- Parks and country parks top the list of most popular visitor attractions in Northern Ireland, with some attracting over half a million visitors in 2009⁴⁹

Relevant Council functions

- Leisure services, eg. leisure centre provision
- Sports development
- Play provision
- Parks and cemeteries services
- Biodiversity

Relevant functions and organisations Councillors can influence:

- Funding and service provision by Sports NI and other sports bodies
- Environment policy by Northern Ireland Environment Agency
- Play and leisure policy by Office of the First Minister and Deputy First Minister, and Department of Culture, Arts and Leisure



Why does it matter?

Access to play, sports and exercise facilities supports healthy lifestyles. Active lifestyles can significantly help prevent and treat obesity, which is a major health risk and also a burden on public resources. Obesity increases the risk of cardiovascular disease, diabetes, osteoporosis and some cancers, and puts pressure on the health care system. It also increases sickness absence and inability to work, which reduces productivity in individual workplaces as well as the overall economy⁵⁰

Green spaces support and encourage healthy lifestyles. People who have easy access to green space tend to exercise more and for longer, which some studies show can reduce obesity by up to 40%.⁵¹ For children, parks, forest parks and waterways give particularly exciting opportunities to play freely and learn new skills for life. Play helps children develop their mental and social skills, as well as their physical abilities, and is very important for healthy, normal development.⁵² A particular advantage of green space is that access is often free, which supports usage by people from all income groups.

Physical activity and access to green space supports mental and social wellbeing. Green spaces can help people relax and relieve stress, which helps maintain mental wellbeing. Physical activity improves mood and can even reduce symptoms of depression, which affect up to a quarter of people.⁵³ Leisure centres, play areas and in particular parks can also be good meeting places, which help people build strong social networks and a sense of community. Such a sense of belonging supports mental wellbeing, and can also help tackle problems including anti social behaviour.⁵⁴

Green space supports job creation, tourism and economic prosperity. Parks and forest parks are among the top visitor attractions in Northern Ireland; for example Crawfordsburn Country Park in North Down reported just under one million visitors in 2009, and Lagan Valley Regional Park 600,000 visitors.⁵⁵ Access to green space is also inviting to businesses, as it can boost the productivity of employees and creates a positive image.⁵⁶ Investment in green space can also directly create new jobs at all skill levels, for example in maintenance, food production and leisure uses.⁵⁷

Green space provides environmental services. Trees provide shade and act as natural coolants, which reduces the demand for electricity and energy and supports energy security. They improve air quality and protect health by absorbing pollutants, including carbon dioxide. Not just parks, but street trees, green verges and gardens all contribute to natural drainage, which reduces the risk of localised flooding and the disruption and distress it can bring.⁵⁸



What elected representatives can do

Support and develop parks. Parks can be a major resource especially for urban dwellers. Engaging with people can help understand why and how people use parks and green spaces – or don't – and help develop activities and other approaches that might entice more people to visit regularly.

Prioritise maintenance and safety. Design, maintenance and safety is paramount to support and encourage use of greenspace. Spaces that are poorly maintained and perceived as unsafe can invite anti social behaviour and drag an area down, in terms of reputation as well as people's wellbeing. Conversely, improved quality and safety can both improve wellbeing and spark social and economic regeneration.⁵⁹

Develop local greenspaces and community gardens. Small greenspaces, such as community gardens, allotments, play areas and neighbourhood parks play a vital role for wellbeing, as they offer easy access from home, which is essential to enable and encourage frequent use. It is particularly important for less mobile groups, including children, older people, people without cars and people living on low incomes.

Encourage use of vacant land as temporary green space. Converting derelict land to green or community space temporarily, while regeneration plans are developed, can be cost effective as it provides health, social and environmental benefits and can help control vandalism and further dereliction. Where for example native fruit trees are introduced into a neighbourhood, such measures can also support biodiversity, encourage community activity and contribute to healthy diets.⁶⁰

Designate sites as Local Nature Reserves. A rich and diverse natural environment has been demonstrated to improve a sense of mental wellbeing. The designation of Local Nature Reserves enable people of all ages to get close to wildlife and also benefit from a healthy environment in which to exercise. In addition, nature reserves play an important role in supporting biodiversity. This is not only important for environmental reasons, but can also underpin tourism and economic opportunities.

Develop ways of utilising leisure centres more creatively. For example, providing crèches for specific classes can allow parents with caring responsibilities to participate. Exploring flexible opening, eg. using keycards outside fully staffed hours, can similarly be helpful, in particular for working parents and others working long hours. Outreach, for example taking classes to community centres, church halls and youth clubs, can lower the threshold for people to try services out. Such flexibilities can encourage greater use of leisure centres, which in turn can reduce the cost of maintaining leisure centres.



Support sports development. Investing in sports facilities and encouraging active participation in sports can directly benefit health and wellbeing, while providing an economic advantage. To maximise participation, it is important to ensure equitable access to different sports, which may mean considering the distribution of funding as well as location of facilities.

Seek to maintain user fees for leisure centres as low as possible, with an emphasis on affordable rates for low income groups. Cost can become a decisive factor, in particular when households face falling income or other barriers, such as limited confidence. Affordable services can tackle these barriers and provide long term benefits. For example, free provision for children may support healthy long term habits and can provide savings by reducing demand elsewhere, eg. through reducing opportunistic anti social behaviour.

Quote

“Councillors, working in close contact with our communities, are best placed to influence and improve the health of our citizens through improving their living conditions. Our physical and social environments are key to ensuring our well-being. Council provision of parks, open spaces, and leisure facilities which are accessible to all, plays a huge part in tackling obesity, relieving stress and provides places for socialising. I am looking forward to the future development of more green gyms, allotments and community gardens, to assist us in improving health at the same time as improving the environment. I also look forward to closer collaborative working with education authorities in sharing leisure provisions.”

Ald Arnold Hatch - Vice President, NILGA



Case study

Project title	Fermanagh Lakeland Forum Inclusive Sports Facility Fermanagh District Council
Description	The Council, over the past 8 years, has been working in partnership with Disability Sports NI, with funding and support from Sport NI to make the Fermanagh Lakeland Forum an Inclusive Sports Facility. This has involved refurbishment of the Centre in a number of phases to make all areas and services inclusive. Further, the staff have been trained to deliver activities and services that are inclusive. The number of disabled centre users has grown to approximately 1,000. Early 2011 the Fermanagh Lakeland Forum won the first Northern Ireland Inclusive Sports Facility Accreditation and this programme will be rolled out across the province by Disability Sports NI, supported by Sport NI.
Partners	Fermanagh District Council / Disability Sports NI / Sport NI
Contact details for more information	keith.collen@fermanagh.co.uk Tel: 028 66 325050



Project title	<p>Healthwise / Belfast and South Eastern Areas (Belfast, Castlereagh, Lisburn, Down, North Down and Ards)</p>
Description	<p>The Healthwise scheme is a physical activity referral scheme set up originally by EPACG (Eastern Physical Activity Co-ordination Group) and is a partnership arrangement between the Public Health Agency (PHA), the Health and Social Care Trusts and the Councils across the Eastern area. The aim of the scheme is to introduce sedentary individuals to regular physical activity.</p> <p>Big Lottery funding 2003-2007 and PHA mainstream funding 2007-2011 allowed the development of the infrastructure to deliver the Healthwise scheme. The scheme is now delivered in 27 locations with approximately 991 people registered as referrers to the scheme. Approximately 1858 clients participated in the scheme during the financial year 2010/2011.</p> <p>This initiative involves a process of referral from a suitable, registered health professional (primary care teams, secondary care units and allied health professionals) to trained staff based at each of the local council run facilities in the area. Clients receive an individually tailored programme of physical activity to suit their needs and will benefit from the knowledge and experience of the trained leisure staff. The Healthwise scheme aims to promote an innovative and proactive approach to health, which will tackle many key health issues prevalent in Northern Ireland today. These conditions include; Asthma, Diabetes, Heart disease, Mental Health, High blood pressure, Obesity and many more.</p>
Partners	<p>Belfast City Council, Castlereagh Borough Council, Lisburn City Council, Ards Borough Council, North Down District Council, Down District Council, Maureen Sheehan Healthy Living Centre, Ardoyne and Shankill Health Partnership, Peninsula Healthy Living Centre, The Shaftesbury Community and Recreation Centre. In addition to this all those that are registered with the scheme from primary and secondary care.</p>
Contact details for more information	<p>Public Health Agency Kim Kensett (Senior Officer Health and Social Wellbeing Improvement – Belfast Office) Nichola McCabe (Health & Social Wellbeing Improvement Officer – South Eastern Office) Tel: 02890 311611</p>



3.2 Community services

Community services play an important role in helping people and communities come together, to build networks, participate in the local community, learn and strengthen confidence. This in itself supports health and wellbeing, and creates opportunities for people to further improve their living conditions.

- Around half of adults in Northern Ireland feel they live in a tight knit community⁶¹
- In 2010, 60% of adults believed community relations were better than five years ago.⁶²
- An estimated 700,000 people volunteer in some way; either formally with an organisation or more commonly, by supporting families and communities⁶³
- Among school leavers in 2008-09, 70% achieved at least five GCSEs at grades A*-C, while just under 3% (622 students) left with no GCSEs; there is significant variation across the region and different communities⁶⁴

Relevant functions

- Provision of community centres
- Community development, including programming in community centres and support to community groups
- Arts development
- Good relations
- Community engagement and consultation

Influencing roles:

- As representative on community groups and community organisation boards
- Representation on Education and Library Boards
- Representation on Public Health Agency and Local Commissioning Groups

Why does it matter?

Cohesive communities are healthy and sustainable communities. People who have good social support networks and who feel a sense of belonging within their communities tend to be healthier and often live longer.⁶⁵ Engaging with local people and giving them a role in shaping their area helps communities build vital skills and capacity, which improves people's job prospects and their ability to collaborate with public service providers. Community development and engagement also improves people's confidence, which strengthens mental and social wellbeing. These functions and services are also vital to underpin effective community planning.⁶⁶



Arts development supports wellbeing and improves living conditions. Participation in arts activities can reduce stress levels, improve mood, create distraction from medical problems, lead to reduction in medication and aid recovery from illness. These benefits can be particularly important for children and older people, while art also can be used to support intergenerational activities.⁶⁷ Public art, as well as living in a well designed environment can similarly support wellbeing.⁶⁸

Community development supports social cohesion and mental wellbeing. Offering opportunities for people to meet and take action for their own area is an important way to support mental wellbeing for individuals, while it also strengthens the bonds and relationships between people that generate a sense of identity or cohesion.⁶⁹ Mental wellbeing is one of the most significant health issues in Northern Ireland today, and has a major impact not only on individuals, but families and communities. People with low mental wellbeing are also at greater risk of physical ill health and may engage in risky behaviour, which increases demand for care services. Mental health problems are also more likely to require long term sick absences from work.⁷⁰

Good relations contribute to wellbeing and confidence. Good relationships between people from different social, cultural and ethnic groups reduce stress, and therefore contribute to good mental wellbeing. A sense of mutual respect can also open up opportunities for learning and doing things in new ways, which increases confidence both among individuals and society as a whole. It can also improve the life opportunities of individuals and communities. Overall, a cohesive community improves social wellbeing and can for example reduce opportunistic anti social behaviour as well as some types of crime.⁷¹

Early years provision shapes educational attainment and life opportunities. The basic skills required for learning, as well as attitudes to learning, are set in very early childhood. Access to high quality preschool, child care and play provision can significantly support future educational outcomes, particularly for children from more socioeconomically disadvantaged backgrounds⁷². Positive parenting skills and support can strengthen prospects for children, and also improve wellbeing for the family as a whole; these are some of the core principles on which Surestart services are based. How well young people do at school, in turn, has a major impact on the education and job opportunities open to them in future. As such, education is a major factor that shapes health outcomes; people with limited qualifications are more likely to rely on low paid jobs, which limit their choice of living environment.⁷³

Locally based projects strengthen social cohesion, support local identity and can support mental wellbeing. For example local history projects can give people and communities a new perspective on themselves. Reminiscence – defined as the process of thinking, recalling, telling, or representing by means of oral, written and artistic forms of expression, personal past experience – also offers a way of engaging older people and developing intergenerational work, and can be effective in assisting people with dementia. A number of Councils have already led projects in collaboration with the Reminiscence Network Northern Ireland.⁷⁴



What elected representatives can do

Protect and strengthen community services. In times of diminishing resources, reducing investment in non core functions often appears a straightforward solution. Access to community centres, community development activities and the arts can provide an important co-ordinating role and lifeline for groups and individuals. This, in turn, can contribute to efficiencies by reducing demand for example on health and social services. Developing these services, for example with targeted activities, can maximise these spin-off benefits and contribute to more cohesive, strong and resilient communities.

Promote good governance and accountable provision. Good governance includes listening to service users, as well as ensuring value for money. A main function of community services is to offer ways for people to participate in society, and it is therefore important to ensure that services offer something for all population groups.

Support and develop intersectoral approaches to health improvement. Working across sectors is key to tackling some of the most urgent health issues, including obesity, suicide and broader inequalities in health. Elected representatives can support this by resourcing partnership work appropriately, and also by supporting partnerships through their cross sectoral networks. Elected representatives can also ensure that local people and communities are engaged in planning services, and to the extent possible in delivery. This strengthens local capacity, and also contributes to maximising value for money, as people are more likely to use the service appropriately and take responsibility for themselves when they feel ownership of the service.

Support local organisations. Community and voluntary organisations provide important neighbourhood level services, including family support, youth work and diversionary work, and care for older people. The support of local elected representatives can in itself be vital for community groups, which often reduce pressure on public services and provide a daily lifeline to local people and communities. Elected representatives can also strengthen grass roots work by sharing information and linking people to other decision makers.

Support and strengthen areas of weak community infrastructure. While Northern Ireland overall has a strong community sector, it is stronger in some areas than others. Areas with weaker community infrastructure are at a disadvantage in terms of community development and being able to benefit from eg. funding opportunities. Elected representatives are ideally placed to work with these areas and develop local capacity.



Support and safeguard early years provision, youth work and high quality education. Safeguarding and developing early years provision can be one of the most effective ways to tackle inequalities and improve life opportunities for more disadvantaged children. Supporting high quality youth work similarly supports young people to find and maintain a course in life.

A key way of ensuring access to a good education for all is ensuring that schools have access to relevant resources, which allow them to deliver high quality teaching and support pupils with additional needs appropriately. Elected representatives are well placed to illustrate and advocate for this.

Councillor Quote

“As community leaders, councillors are uniquely placed to support the ability of the people in their areas to build a sense of community and to participate in society. In difficult times, people will turn to their elected representatives for assistance, and it is vital that we provide support, the necessary infrastructure and resources to help our communities. I am particularly looking forward to the provision of community planning powers within the next few years, which will assist us in developing multi-sectoral approaches to tackle the big issues our communities are facing.”

Cllr Dermot Curran – Vice-President NILGA



Project title	Western Home Environmental Assessment Project. WHEAP <i>“Warm Safe Healthy Homes for the West”</i>
Description	<p>WHEAP is a 5 year project which aims to reduce home accidents, fuel poverty and fear of crime as well as to improve physical and mental health and wellbeing of residents in the community.</p> <p>Target groups included parents with children under the age of 5 and the Over 65.</p> <p>Home Assessment Officers visit homes and carry out assessments on issues around home safety, security and energy efficiency. Safety and Security equipment may be supplied to homes visited and assessed. Home Assessment Officers carry out benefit checks to assist residents to maximise their income, they also link residents to a range of services available in their local communities aimed at improving overall health and well being.</p>
Partners	<p>5 Council Areas: Fermanagh, Omagh, Strabane, Derry & Limavady.</p> <p>Other partners: Western Investing For Health (PHA); Western Health & Social Care Trust; Royal Society for the Prevention of Accidents; (R.O.S.P.A); H& A Mechanical (Warm Homes); Bryson Charitable Group; (Warm Homes); Fermanagh Rural Community Network; Omagh Forum for Rural Associations; Strabane and District Citizens Advice Bureau; North West Community Network</p>
Contact details for more information	<p>WHEAP Co-ordinator: Mrs Nicola Mc Cann Omagh District Council, Environmental Health Department Lisnamallard House, Old Mountfield Road, Omagh, BT79 7EG</p> <p>Tel: 028 822 56202 Ext: 604 Email: nicola.mccann@omagh.gov.uk</p>



3.3 Land use planning and development

Town and country planning is important to develop places in a predictable and organised way. It is also important because it shapes people's choices and opportunities, which affect health and wellbeing.

- About 20% of households in rural areas, and up to 50% in parts of some towns, do not own a car⁷⁵
- Population growth in recent years has been fastest in suburban areas in Northern Ireland⁷⁶
- In 2009-10, in total just over 20,000 planning applications were decided, of which 94% were approved. Compared to 2008-09, the number of applications received increased in Newry and Mourne, but fell in most other areas⁷⁷

Relevant Council functions:

- Parks development
- Landscaping/landscape architecture
- Regeneration
- Active travel promotion
- Contaminated land
- Street naming
- Access and public rights of way

Influencing roles:

- Statutory consultee for planning applications
- Influencing Roads Service, eg. roads development and maintenance
- Role on Housing Council

Why it matters

Planning shapes people's everyday lives and life opportunities. Because land use decisions and plans determine where people live, and where jobs and services are located, they crucially influence people's ability to access jobs, services and leisure opportunities. This directly impacts on income and living conditions, as well as people's ability to meet others and socialise. Mixed land use, which reduces the separation between residential and other land use, can support good access to all of the above, and therefore improve health. It can also help tackle inequalities in health, because mixed land use is less car dependent and can improve access to jobs and services for lower income groups. It also encourages people to use local services, which supports strong communities, and can generate new economic opportunities.⁷⁸



Vibrant places support the economy. Vibrant, active places help sustain existing and generate new local business opportunities, as they increase footfall and people's willingness to spend time and money within the local area. Planning that considers how people use their environment can therefore support the economy as well as improve people's job opportunities and strengthen wellbeing. Even small businesses can help sustain or regenerate a local high street, through generating footfall to other businesses. Squares can support more informal economic activity, such as farmers' markets, which also can be essential for social cohesion and interaction.⁷⁹ There is also increasing evidence that house buyers are willing to pay a premium for a positive sense of place, and living in a walkable environment with easy access to key services.⁸⁰

Green and open spaces support active use of public space. Integrating green and open spaces into neighbourhoods and town centres can help create attractive places that invite people to walk or cycle, which helps tackle obesity. Green spaces also offer opportunities for stress relief, and can help improve mental wellbeing. Pleasant environments attract business, as people tend to spend more time and money in inviting places, and also benefit employers as they support productivity. Creative use of land can help build a unique identity for a place, which supports social cohesion as well as tourism.⁸¹

Access to jobs, education and services affects both life and health outcomes.

Good physical access to workplaces, schools and services, including health services, is important to improve people's life opportunities. A high quality transport system, offering public transport and active travel choices, is key to providing such access.⁸² For example, good public transport links widen the job opportunities available to people with no car access, and can reduce benefit reliance. Transport also supports educational outcomes. Educational attainment, in turn, shapes future job prospects and earnings potential, which affects health as it determines the individual's living conditions. For the community, educational achievement also shapes the competitiveness of the area, which affects job opportunities and in this way health outcomes.⁸³



What elected representatives can do

Build capacity to participate in the planning process and influence planning decisions. At present, Councillors and Councils can influence planning through statutory consultation. This role is important in shaping local areas, and strengthening the capacity of elected representatives to participate in the process supports the delivery of development that promotes economic and social wellbeing in a sustainable way. Elected representatives will, however, gain a much stronger, direct power to shape their area as planning powers are transferred to local government. Building capacity on how planning affects individuals, communities and places is very important and will help ensure that future decision making on planning creates healthy, sustainable and prosperous places for all.

Focus on place making. Spaces become places when people use them. Creating places can mean looking at the overall assets and potential of an area, and working with local people and organisations to create an environment that helps them access jobs and services, as well as enjoy the area to the full. Physical elements that help people bond and actively use places can incorporate greenspaces, squares and well connected streets. Focusing on pedestrians in town centres encourages active use, but can also support the local economy, because walking gives people more time to look around and can make it easier to attract them into shops. Such spaces are also well placed to support farmers' markets, street performances and other events that can both strengthen the local economy and invite people into the area.

Advocate for improved access to jobs, education and services. Elected representatives can play a vital role in advocating for improved accessibility to jobs and services, through improved transport services and active travel infrastructure. For example, elected representatives can support access to education by securing appropriate school transport, or make representations to ensure schools and other key destinations are linked to public transport and safe walking and cycling networks.

Seek to ensure that new housing development is integrated with open and playable space. Easy access from home to green space and play space encourages use, and is particularly important for people who are more home bound, such as children, older people, people with young families and people on lower incomes. Linking new housing with existing Council owned parks and play facilities can increase use of those facilities, and strengthen potential for developing them. Where that is not realistic, elected representatives can advocate for integrating appropriate open space in new development.



Strengthen community engagement. Community engagement can support the creation of spaces that meet people’s needs, as local stakeholders have key knowledge on these. Working with people and organisations can also increase the chances for success, since it supports a stronger sense of ownership, place and pride in the neighbourhood.⁸⁴ It is important to develop a systematic way to inform people and communities about how they can engage in developing Council policies and services, to ensure services are appropriately tailored to local need. Indeed, this is a core element of community planning. Systems can be developed in creative ways. For example Horsens in Denmark⁸⁵ – and many American cities - arrange open sessions in the town hall where people can question and inform decision makers.

Councillor Quote

“I am particularly looking forward to the new planning powers that will be transferred to councils in the coming years. Although councillors have always been strong advocates for improved access to jobs, education and services within their areas, this is no substitute for having the ability to plan and deliver for the needs of the community. The ability for local government to deliver strong local planning powers within a robust framework of ethical standards will have the potential to make a difference to peoples’ lives and to deliver development ‘on the ground’ that supports healthy, sustainable and strong communities.”

Cllr Sean McPeake – Vice-President NILGA



Case study

Project title	Green Flag Accreditation
Description	<p>Lurgan Park was the first park in NI to gain the Green Flag accreditation which is updated annually. The Green Flag Award is the benchmark national standard for parks and green space in the UK. It was judged against eight key criteria; including the areas of Community Involvement and a Healthy, Safe and Secure park.</p> <p>Lurgan Park provides for a wide range of the community. The Friends of Lurgan Park are involved in the development of the park. Various community groups and sporting organisations use the park facilities on a daily basis.</p> <p>Lurgan Park has a commitment to address inequalities in health through improved access and provision of activities to target underrepresented groups. Management plans reflect this commitment to the promotion of healthy living. The Park has numerous paths accessible to cyclists, runners and walkers. The Park has mobility scooters available and is a major venue for sports development activities that target less able groups. Local Cricket, Bowling and Tennis Clubs also use the park facilities.</p>
Partners	Heritage Lottery Fund; Craigavon Borough Council; Friends of Lurgan Park
Contact details	Russell Eastwood – Parks Manager East, Craigavon council Email: russell.eastwood@craigavon.gov.uk



3.4 Economic development and regeneration

An adequate income, or a living wage, is the core prerequisite for health and wellbeing. Economic development and regeneration can improve people's job and training opportunities, and help tackle inequalities. It can also create a healthy, sustainable living environment that is supportive for existing residents and inviting to investors.

- In November 2010, 6.6% of the workforce across Northern Ireland claimed out of work benefits, which was the second highest rate among UK regions.⁸⁶
- Across Northern Ireland, 29% of the working age population was economically inactive in November 2010. This was higher than anywhere else in the UK⁸⁷
- About 15% of working age adults have a degree level or higher qualifications, while about 40% have no formal qualifications.⁸⁸
- Since 2002, there have been 177,000 enrolments in Essential Skills courses, the majority by people who are aged 16-25, in part time work or not in work⁸⁹

Relevant Council functions:

- Economic development/ town centre management
- Regeneration
- Tourism
- Business support

Influencing roles:

- Economic policy
- Representation on Education and Library Boards and university bodies
- Chambers of Commerce/City Centre Management Boards
- Regeneration policy, practice and partnerships
- Tourism policy and bodies
- European funding bodies and partnerships

Why it matters

Persistent poverty is a major cause of ill health and inequalities. The level of income has a decisive influence on material living conditions. People on low incomes and in lower social groups are more likely to die young and suffer ill health, primarily because their physical and social living conditions are poorer.⁹⁰ Children from lower income backgrounds are also at greater risk of becoming low income adults themselves.⁹¹ There is also increasing evidence that having or perceiving low social status can lead to chronic stress, which contributes to physical health risks. Stress is associated for example with a higher risk of heart disease, diabetes and metabolic syndrome. It has also been suggested that negative lifestyles, such as smoking and problem alcohol or drug use, can for some be a coping mechanism related to the stress of living with disadvantage.⁹²



Access to adult education and training supports employability. Lack of appropriate skills and experience is often a major factor in long term unemployment and can also be a factor that significantly reduces the life opportunities for young people not in education, employment or training (NEETs). This also often harms mental wellbeing and increases the risk of social exclusion.⁹³

Easily accessible services that help people access training and/or volunteer work can significantly reduce the negative impacts of unemployment, and also support people to access adequately paid employment. Access to training at work is also important, in particular for people with more limited skills, to help people widen the range of job opportunities open to them, and increase chances of promotion.⁹⁴

Regeneration can significantly support health and wellbeing, by improving the built and social environment. Physical regeneration can kickstart a positive process of rising motivation and aspiration. The greatest returns can be expected when this is linked to social regeneration, such as skill building, supporting early years and other measures aimed at improving life opportunities. The social element is crucial especially when regenerating deprived areas, to help make sure that local people can take up jobs created and benefit from new facilities and services.⁹⁵ Otherwise, there is a risk that existing residents are forced to leave the area. This can significantly harm their health and wellbeing, for example because old communities and friendships are disrupted. Supporting people to gain new skills and opportunities also helps reduce community tension, which may occur if income gaps between old and new residents are big and if old residents feel excluded and unable to benefit from regeneration.⁹⁶

Social regeneration can underpin economic regeneration. Initiatives that support social enterprise and community activity - such as capacity building, childcare, education and training - not only help people gain new skills, but can also offer sustainable economic opportunities. Retail is vital for a vibrant community and viable economy, but primarily retail led regeneration may be vulnerable in an increasingly volatile economic environment, and if unsuccessful add to blight and dereliction. Jobs created in retail are often also low grade, which can have limited health benefits, as these jobs are characterised by high demand, low control and limited progression routes.⁹⁷



What elected representatives can do

Support eligible people to access their full benefit entitlement.

Having access to all the benefits they are eligible for, can significantly ease the burden on some people and contribute to preventing potentially serious physical and mental health problems. Elected representatives can facilitate this by supporting advice services that specialise in benefits advice, and by sharing information on entitlements through work in communities. Elected representatives may also be able to work with local MLAs and MPs, with a view to improving access to information and sharing information on how the welfare system could serve local people better.

Support local small and medium business and social economy. Local small and medium enterprises are more likely to reinvest profits locally, generating new job and business opportunities that help strengthen the local economy and increase the purchasing power as well as living conditions of local people. They may also be more likely to employ local people and support local skill building. This is important in particular for more disadvantaged groups, who are less able to travel long distances to work.

Support and develop adult education opportunities. Education and training for adults exists in many forms, from essential skills and work experience placements to apprenticeships and colleges. Elected representatives can support this field in equally many ways, for example by facilitating access to relevant funding streams, and working with local business to develop apprentice opportunities. Local government can also contribute for example by offering community centres as venues for training fairs, workshops or courses.

Identify and promote new green economy opportunities. The green economy offers significant opportunities for sustainable job and wealth creation. Importantly, these are spread over several sectors and include jobs in gardening and food production, as well as civil engineering and construction. Even more importantly, the potential jobs range in the skills required, which offers greater opportunities for people with more limited qualifications to enter and progress in the labour market. Elected representatives are well placed to advocate for investment in the green economy, and also to support potential business start ups with information. For example, the Rural Fund offers support for farmers to set up allotments on their land, which offers farm diversification opportunities and promotes health and wellbeing for the wider area.



Support sustainable regeneration. Taking a long term view of regeneration and focusing on flexibility and opportunities for all resident groups offers the greatest potential for lasting change. Care should be taken with regeneration focused on the night time economy - fast food outlets, restaurants and bars - as these have direct consequences and costs for policing and healthcare. Increasing access to fast food also contributes to poor diet and increases the risk of obesity and ill health. Monitoring the impact of regeneration can help ensure everyone benefits, including more vulnerable groups.

Support volunteering and time bank programmes. Volunteering helps build skills, increase a sense of wellbeing and can pave the way towards employment. Volunteering can therefore be a viable alternative – or complement - to paid employment and formal training. In addition, it can support social cohesion and bring rewards to both participating individuals and communities. This is a particular advantage of time bank schemes, which rely on locality and mutuality: people donate time and skills, but are also able to draw on the time and skills of others living nearby with issues or tasks they themselves need help with.

Appropriate resources is important to help people become aware of volunteering opportunities, and support organisations put in place systems required to support and manage volunteers. Councils may also be able to consider their own volunteering schemes, including schemes that support employees to volunteer eg. through controlled time donation.

Councillor Quote

“The local government role in economic development and social regeneration should be strengthened. This creation of wealth and job opportunities will, in turn, lead to better community satisfaction and health.”

Cllr Tom Ekin – Vice-President NILGA



3.5 Health and environmental services

All of the functions of environmental health units directly or indirectly contribute to public health and the health and wellbeing of the population.

- About 30% of households with an income under £7,000 and households with a head age 75 or over live in housing that fails the Decent Homes Standard⁹⁸
- 32% of a batch of food samples tested by the Food Standards Agency in 2009 were found to be unsatisfactory; a minority were microbiologically unsafe while the rest was of unsatisfactory quality⁹⁹
- About a quarter of adults in Northern Ireland smoke; levels are higher in the manual worker group¹⁰⁰
- 98% of premises in Northern Ireland comply with smoke free legislation; inspections between April 2007 and March 2010 led to over 1,600 fixed penalty notices and 95 prosecutions¹⁰¹

Relevant Council functions:

- Food hygiene and environmental health inspections
- Housing and public health
- Fire and home safety assessments
- Health and safety risk assessments
- Air quality and noise monitoring and action
- Building control
- Emergency planning
- Dog and pest control
- Enforcement of smoke free legislation
- Consumer safety and advice

Influencing roles:

- Representation on Local Commissioning Groups and Public Health Agency Board
- Local health partnerships
- Community safety bodies
- Health and safety policy and legislation
- Emergency policy, eg. flood risk assessments and preparedness
- Collaboration with eg. Roads Service on air quality and noise



Why it matters

Pest and dog control protects health and living environments. Dog mess and loose dogs are potentially dangerous, especially for children, so tackling irresponsible dog ownership directly protects health. Similarly, pest control directly protects people from diseases. Less messy neighbourhoods and parks also invite people to use them, be more physically active and socialise. Therefore dog and pest control are important not only in protecting health, but creating the conditions that support people's health and boost the vibrancy of an area.

Communicable disease control safeguards people and reduces health expenditure. Ensuring that food hygiene standards are maintained in public and private premises reduces the risk of food poisoning amongst the population eating on those premises. Other health protection measures, such as testing swimming pools and registering certain cosmetic treatments, also prevent the spread of potentially serious disease. The importance of inspecting and enforcing standards will rise in future, since warmer temperatures in a changing climate are likely to increase the risk of contamination, food poisoning and other illness.¹⁰²

Enforcing the smoke free legislation helps save lives. Smoking is the greatest preventable cause of death; nearly 3,000 deaths per year in Northern Ireland can be attributed to smoking. Exposure to second hand smoke also increases the risk of smoking related diseases. Enforcement of the legislation helps protect people – in particular children and young people – from second hand smoke, and can encourage people to stop smoking. Reduced levels of smoking will benefit people's physical health and also reduce the demand for health care.¹⁰³

Collaborative working on health improvement strengthens wellbeing of people and communities. Many of the most urgent health issues of today, such as obesity, suicide, mental ill health and substance misuse have complex causes and effective solutions require a shared, intersectoral approach. Council services make a significant contribution to this; for example leisure services help tackle obesity, and community development services can effectively support suicide prevention. GP referral schemes can help tackle obesity and also support mental wellbeing, and create major public savings as the need for health care is reduced.¹⁰⁴

Monitoring and improving air quality and noise is essential to health and wellbeing. Poor air quality increases the risk of respiratory illnesses, and can complicate chronic conditions such as cardiovascular disease and asthma. Areas of high deprivation are most likely to suffer from poor air quality, in many cases because they are close to major roads.¹⁰⁵ The risks are greatest for vulnerable people such as children and older people, and in particular people with existing heart and respiratory conditions.¹⁰⁶ Ongoing exposure to noise disturbs sleep and creates annoyance, which harms mental wellbeing and can affect physical health. Noise also affects children's ability to learn and in that way influences their long term health and life opportunities.¹⁰⁷



Councillor Quote

“Councils have a huge role in protecting the public health and in supporting well-being. As Chair of the NILGA Health and Environment Group, I have been privileged over the last 6 years, to see a wider multi-sectoral approach develop to health and environmental services. I am encouraged that this approach will assist in tackling inequalities and save lives. Councillors, liaising closely with their communities, can pin-point issues and work with their council officers and other agencies to deliver change, in even the most disadvantaged areas.”

Cllr Jenny Palmer, Lisburn City Council

Supervising and enforcing health and safety protects life. Across the UK, around 200 people are killed each year through work related incidents. In Northern Ireland, the number of fatalities has varied between 15 and 20 each year, but fell to six in 2009-10.¹⁰⁸ Accidents in workplaces and businesses also contribute significantly to lost worktime and productivity, and risk assessments and inspections therefore protect both health and economic interests. Building control fulfils a similar, important protective function.

Emergency planning safeguards people and property. Being prepared and taking a long term view are key to limiting damage and harm – physical and mental – in an emergency. It can help limit disruption to daily routines, including potential impacts on jobs and income, which can have long term impacts on people’s wellbeing, and be particularly devastating to vulnerable groups and more disadvantaged areas. Listening to people who have experienced emergencies, including floods and burst pipes, plays a key role in developing responses that work best to limit harm to people as well as the economy.¹⁰⁹

Enforcement of housing standards supports health and equity. Good housing is a cornerstone of health and wellbeing; living for example in cold housing increases the risk of heart attacks for older people, while damp increases respiratory tract infections among children. On the other hand, warm, well maintained homes help older people live independently for longer, and fulfil a basic prerequisite for mental wellbeing. Young people may also be safer, as homes that are cold or in poor repair often encourage young people to socialize outdoors. In this way, good housing also contributes to community safety.¹¹⁰



Improving access to healthy local food supports health and reduces inequalities.

Over the last number of years we have seen an increase in food prices. Soaring food prices affect people's diets, as fresh foods often are more expensive than other groceries, especially processed foods. This can lead to poorer nutrition, which is particularly problematic for children, as nutrition affects both their physical and intellectual development.¹¹¹ As processed foods often are high in sugar, salt and/or fat, this may also contribute to obesity. As energy costs rise, also the cost of processed food is likely to rise.

People in lower socioeconomic groups are particularly at risk from rising food prices due to lower disposable income. In 2007, food accounted for 15% of total expenditure in households in the lowest (equivalised) income group in Britain, compared to six per cent in the top income group. People in lower socioeconomic groups are also less likely to eat a lot of fruit and vegetables.¹¹² Allotments and community gardens can support urban food production as well as offer opportunities for building social networks.

Rises in food prices are due to a number of factors: an increase in extreme weather which affects global and local food production; increased cost of importing food due to increased fuel costs; decline in local farming and a rise in the population globally putting demands on food production.



What elected representatives can do

Maintain capacity and resourcing for health protection. The suite of health protection functions Councils have plays an important role for ensuring a safe living environment for all. Ensuring that there is sufficient resources to deliver these functions appropriately promotes this, while professional development and capacity building enables Councils to develop innovative and effective new approaches.

Support and develop intersectoral approaches to health improvement. Working across sectors is key to tackling some of the most urgent health issues, including obesity, suicide and broader inequalities in health. Elected representatives can support this by resourcing partnership work appropriately, and also by supporting partnerships through their cross sectoral networks.

Ensure that particular support is given to vulnerable groups and disadvantaged areas. People in the most vulnerable groups, including older people, people with disabilities and low income groups, typically have limited capacity to protect themselves and improve their living conditions. Paying particular attention on empowering and supporting these groups can significantly improve wellbeing, as well as reduce demand on public services. For example, such groups can particularly benefit from ongoing support with flood preparedness measures, ranging from basic advice on storing documents safely to help with flood proofing buildings, or advice on fuel poverty and energy efficiency.

Strengthen access to healthy, affordable food. Especially in urban areas, community gardens and allotments can contribute to tackling food poverty, as well as improving access to healthy food and strengthening food security. Growing food also requires and builds specific skills, which can help people access jobs. Indeed, increasing local food production can create new, environmentally and economically sustainable jobs that are open to people with varying skillsets. In rural areas, elected representatives can support food producers to develop their ability to sell healthy local produce, for example by supporting producers in accessing procurement opportunities, farmers' markets and similar opportunities. Elected representatives are also well placed to share information about economic opportunities, such as the Rural Fund, which supports farmers to set up allotments on their land.



Case Study

Project Title	'Small Steps to Healthier Choices'
Description	<p>150 fast food takeaways across nine council areas took part in the groundbreaking project which resulted in healthier choices being offered in local Fish and Chip outlets.</p> <p>A wide range of 'small steps' were introduced from healthier menu choices such as salad bowls to using alternative ingredients and products which have a lower fat and higher fibre content. Healthier preparation and cooking methods were also used such as chunkier chips. Other 'small steps' included water as an alternative to fizzy drinks or to provide fruit and yoghurt for kid's meal deals.</p> <p>The project is designed to be extended to other takeaway outlets with Chinese being the next to be included.</p> <p>The implementation of the project was managed by a working group made up of Environmental Health staff from across the nine council areas and was delivered in partnership with the Public Health Agency as part of the Investing for Health Strategy. The 'Small Steps to Healthier Choices' initiative is just one of the actions delivered by local councils as part of the Agency's local Health Improvement Plan.</p>
Partners involved	The following councils are involved: Ballymena, Ballymoney, Carrickfergus, Coleraine, Cookstown, Larne, Magherafelt, Moyle and Newtownabbey.
Contact details for further information	<p>Clifford Todd Environmental Health Manager Newtownabbey Borough Council Tel: 028 9034 0176 Email: ctodd@newtownabbey.gov.uk</p>



Case study

Project Title	Stop Smoking
Description	<p>In March 2010, Environmental Health delivered a Stop Smoking project in an attempt to assist smokers to quit and to prevent further young people and adults taking up the habit.</p> <p>Part of the project included the coordination of two art and sculpture competitions for primary and secondary schools where pupils were tasked with designing resources on the annual No Smoking Day theme (breaking the chains of addiction to smoking); with winning entries being awarded prizes by the Mayor of Coleraine. Shopping centre and workplace programmes were delivered (DPP and AVX factories) where employees were supported by Action Cancer, UCF and Gordon’s chemist which saw employees enrolling on smoking cessation programmes and availing of health checks.</p> <p>The No Smoking Day Team in London acknowledged this success of the project by awarding it two prizes.</p> <p>Award 1: Best Home Made Prop: Loreto College, Coleraine (Runner up: 2nd place across the UK).</p> <p>Award 2: Best Partnership activity (Commendation: 3rd place across the UK</p>
Partners involved	<p>Coleraine Borough Council (Environmental Health)</p> <ul style="list-style-type: none"> -Gordon’s Chemist Coleraine -Action Cancer -Ulster Cancer Foundation (UCF) - No Smoking Day Team (London) - Sainsburys - The Diamond Shopping Centre -AVX - DPP - Primary and Secondary schools across the Borough
Contact details for further information	<p>Debbie Keys Health and Wellbeing Officer Environmental Health Coleraine Borough Council Tel: 028 7034 7171 Debbie.keys@colerainebc.gov.uk</p>



3.6 Waste management and street cleansing

Waste management and street cleansing are among the most visible services that contribute to health and wellbeing.

- In 2009-10, households in Northern Ireland generated 875 tonnes of waste, or about 489 kilos per capita¹¹³
- Regionally, about a third of household as well as municipal waste was recycled¹¹⁴
- Over a quarter of people in Northern Ireland perceive rubbish and litter lying around as a major issue, and about 16% perceive it as the single biggest anti social behaviour problem in their area¹¹⁵

Relevant Council functions:

- Waste collection
- Recyclable and food waste collection
- Enforcement of waste legislation (eg fly tipping)
- Waste education
- Street cleansing
- Graffiti removal
- Abandoned vehicles

Influencing roles:

- Regional and sub regional waste management policy and practice
- Regional environmental policy
- Legislation and enforcement
- Promoting economic opportunities linked to recycling and reuse

Why it matters

Good waste management improves quality of life and saves resources. Recycling preserves natural resources by reducing the need for new raw materials and uses less energy, so it can contribute significantly to a reduction in carbon emissions and the health consequences associated with climate change¹¹⁶. One of the greatest barriers to increasing recycling options and rates is the difficulty in gaining planning permission and licensing for new recycling initiatives. Ideally, recycling facilities should be located as near as possible to the source of the waste to reduce transportation costs and associated air pollution. People living in more deprived neighbourhoods often have less political power and are less able to prevent the development of new facilities. As a result new recycling plants are located more frequently in areas of relatively high deprivation. This might, however, result in increasing inequalities, as it affects land values and may affect health.¹¹⁷



A clean environment protects health and underpins wellbeing. Clean streets are a highly visible indicator of a good quality environment, which is both valued by people and important for their health. Clean residential streets encourage people to actively use their neighbourhood, which increases physical activity as well as social bonds between residents. They can also act to both indicate and boost local pride and confidence. In town centres, clean environments increase economic vitality. On the other hand, litter, graffiti, fly-tipping, abandoned cars and dog fouling are the types of anti social behaviour people complain most about.¹¹⁸ A poorly maintained environment can also invite other types of anti social behaviour, and create stress for local residents.¹¹⁹

Recycling and reuse of discarded materials offers economic opportunities. Many materials currently sent to landfill or exported for recycling could be reused locally in ways that benefit the economy. For example, furniture can be restyled and building materials reclaimed. There is considerable potential for developing creative industries, which can help develop a sustainable competitive edge, while business advice and consultancy is another area with development potential. Importantly, there is potential for job creation at all levels, which can in particular benefit those with lower qualifications.

What elected representatives can do

Promote recycling and advocate for better evidence on the health effects of recycling. In particular, research to show that recycling has health benefits is urgently needed and local work can have international impact.

Support and promote development of economic opportunities in recycled and reused materials. Innovative action can encourage recycling; this could involve for example allowing community organisations to use locally produced compost or organising neighbourhood level competitions. Workshops sharing skills such as restyling clothing, refurbishing furniture or reusing leftover food have already proven popular and can support intergenerational relations as well as new economic opportunities.

Support and promote legislation. More serious waste issues, such as fly tipping and unlicensed landfill sites, can be among the most difficult environmental issues to tackle. Supporting legislation on these issues and informing people and businesses about regulations contributes to effective enforcement and cleaner environments.



Case study

Project Title	Banbridge District Council, Restore Project
Description	The restore project takes unwanted household furniture and electrical items, tests and refurbishes them to sell back to the public. The sustainability of the project is delivered via the training of people who are long term unemployed have health issues and those who wish to volunteer; the environmental benefit of reducing waste to landfill; while also offering safe and affordable household items to members of the public. Restore, the first of its kind in Northern Ireland to be run by a council, works in partnership with the European Social Fund, the Department of Education and Learning, People First, Youth Justice and the Probation Board, local charities are involved in distribution and sourcing of items for those most in need.
Partners involved	European Social Fund, the Department of Education and Learning, People First, Youth Justice, Probation Board, St Vincent De Paul, Salvation Army, Cancer Research, Drop in ministries as well as many local churches and community groups.
Contact details for further information	Barry Patience, email: barry.patience@banbridge.gov.uk Tel: 02840660604

Councillor Quote

“As Chair of the NILGA Waste Working Group, I am happy to see the improvements that have been made to council recycling figures over the last few years. Starting from a very low base, we are gradually changing what was a ‘throwaway’ mindset and culture. I know from the work being done by councils and their waste management groups, that we aren’t at the finishing line just yet, and that the ever-tighter requirements being placed on us will no doubt mean we face even greater challenges from fly-tipping and illegal dumping. We must succeed in overcoming these challenges, and in changing our culture, if we are to succeed in improving well-being, and in creating green jobs from our recyclates. I for one, am looking forward to helping deliver the changes our communities need.”

Cllr Shaun Gallagher



3.7 Licensing and community safety

To be healthy, people must feel and be safe. Community safety is about making our communities safer, and therefore makes a major contribution to health and wellbeing. While Councils do not have alcohol licensing powers, arrangements for entertainment licences and managing the environments around licensed premises can contribute to a healthier and more welcoming environment across Northern Ireland.

- The proportion of people drinking alcohol has increased over the last 20 years and almost 75% of adults currently drink alcohol¹²⁰
- About a third of adults engage in binge drinking at least occasionally¹²¹
- 80% of 16 year olds have had an alcoholic drink, and three out of four among those have been drunk at least once.¹²²
- 1 in 6 people (8 in 10 at peak times) needing A&E treatment have alcohol related injuries or problems¹²³
- Alcohol misuse costs society up to £800 million per year¹²⁴
- About a third of adults in Northern Ireland as well as elsewhere in the UK feel fear of crime has at least a moderate impact on their life; concerns are greater in more deprived areas¹²⁵

Relevant Council functions:

- Community safety
- Health and safety of entertainment premises
- Public health
- Issue of entertainment licences
- Street cleansing
- Bye laws regarding drinking in public places

Influencing roles:

- External community safety bodies
- Liquor licensing legislation, policy and practice
- Policing and enforcement of liquor licensing
- Health care, including acute care and treatment of addiction



Why it matters

Addressing alcohol consumption supports overall health and safety. Excessive alcohol consumption is a significant health risk to individuals, which can lead to physical as well as mental ill health and even premature death. Short term excess, or binge drinking, also increases the risk of traffic collisions, violence, anti social behaviour and falling victim to a crime. Long term excessive use can lead to addiction, and social exclusion, with associated harm to health. Alcohol misuse is a significant factor in sickness absence, and can cause joblessness, as well as losses to the employer.¹²⁶

Controlling drinking in public places protects entire community.

In Northern Ireland there have been increasing concerns about the age at which young people begin consuming alcohol, the amount they are consuming, where and with whom consumption takes place, the potential for anti-social behaviour, and the long term health impacts this will have on our population.¹²⁷ Because in particular people under 18 often drink outdoors, sometimes in more hidden places, young people are among the most vulnerable groups to alcohol related harm.¹²⁸ Public drinking can also raise concern among people living in the area, and particularly older people may be reluctant to go out after dark, which reduces their and overall community wellbeing.¹²⁹ Offering alternative activities for young people, as well as setting and enforcing byelaws, can reduce harm to young people, while also bringing savings through reduced need for expenditure on health care and public order.

Managing environments near licensed premises contributes to reducing anti social behaviour. While Councils do not have responsibility for liquor licensing or enforcement, managing the effects of excessive alcohol consumption often does affect Council services. The effects are similar to those of drinking in public places, and increase for example the risk of anti social behaviour and violence both in public places and homes. Intersectoral collaboration, aimed at for example managing movements outside pubs and clubs and staggering closing times to avoid large crowds can significantly reduce the incidence of anti social behaviour. Raising awareness about responsible alcohol sales, and alcohol use, can contribute to reducing harm to individuals.¹³⁰

Feeling safe in the community is fundamental for mental health and wellbeing. Fear of crime can be a major cause of stress and anxiety, which is a risk factor to mental health, and can also contribute to physical ill health. Areas perceived as unsafe can attract anti social behaviour, which creates stress for residents and affects the image of a neighbourhood. People who worry about their safety are also less likely to walk about in their area, which reduces their opportunities for physical activity and can isolate them from neighbours. This is particularly harmful for older people, who are most likely to have few social contacts, and whose health can be directly affected. For example, isolation increases the risk for depression and can increase the risk of dementia. Older people with poor mental health are also more likely to need residential care than others.¹³¹



What elected representatives can do

Support regional alcohol strategies and action plans. Councils can contribute to the aims and objectives of regional alcohol strategies, for example through information campaigns, working with local businesses, working with local organisations, and more generally through the work of safety related partnerships. Elected representatives can also share messages effectively in their work with constituents.

Develop and support intersectoral approaches to managing environments around licensed premises. Elected representatives and Councils play an important role in informing decisions on licensing and managing people leaving licensed premises. Councils are well placed to co-ordinate and lead partnership initiatives aimed at managing crowds near licensed premises, and in particular supporting the safe movement of revellers from pubs and clubs to transport hubs. Elected representatives are also well placed to advocate for the provision of appropriate transport to minimise disruption.

Develop and support alternative opportunities for young people. Young people seek places where they can safely socialise without being directly supervised by adults, and also opportunities to test their limits. Offering spaces that allow for this, for example premises with appropriate surveillance, can support young people's healthy development and at the same time reduce use of public spaces that is perceived to be anti social. Offering targeted activities or appropriate discounts that support young people to use existing facilities, such as leisure centres, can achieve the same.

Support intersectoral collaboration for community safety. Improving safety long term must tackle the underlying causes of problems as well as deal with those who engage in problem behaviour, such as lack of qualifications or job opportunities among people involved in anti social behaviour. This requires a multi sector response, which has been initiated by the existing community safety structures.



Case study

Project Title	Civic Alcohol Forum , Derry City Council
Description	<p>The Civic Alcohol Forum is made up of representatives from the public, community and business sectors who are concerned about the culture of alcohol misuse in our local area and who want to change that culture through collective action. The forum is chaired by the Mayor and a Steering Group is charged with the delivery of associated initiatives/ interventions. The vision and aims of the forum are:</p> <p>Vision - A clean, safe and vibrant region with a responsible attitude to alcohol that protects future generations against alcohol related harm.</p> <p>Aims</p> <ul style="list-style-type: none"> • To raise awareness of the need to change the current alcohol culture • To initiate a process of cultural change • To create a responsible position for alcohol use within societal priorities
Partners involved	Partners include: Derry City Council, Derry Healthy Cities, Time IVA Change, Drink Think, Divert, Western Health and Social Care Trust, PSNI, The Foyle Drugs and Alcohol Forum, Education Board, City Centre Initiative, Community Restorative Justice, Derry & District Licensed Vintners' Association, Street Pastors, North West Taxi Proprietors Association, Department for Social Development
Contact details for further information	Karen Philips, Environmental Health Department, Derry City Council, 98 Strand Road, Derry. BT48 7NN



Project Title	Neighbourhood Officer Service Scheme
Brief description	<p>The Housing Executive’s Neighbourhood Officer service comprises 65 Neighbourhood Officers spread across all of its 35 district offices. They form part of the district office housing management service and spend up to 80% of their time working out on estates. They are uniformed and carry mobile telephones so that tenants can access the service at short notice. Their work deals with 4 broad areas of activity:-</p> <p>Environmental management: officers will address reports of illegal dumping, graffiti, litter, damage etc.</p> <p>Anti-social behaviour: officers will be the first point of contact on estates for tenants reporting anti-social behaviour.</p> <p>Community Engagement: Officers will work with communities to address local issues and are encouraged to work with older, vulnerable and marginalised households.</p> <p>Estate management: Officers will carry out inspections of vacant/ abandoned properties, report repairs on behalf of tenants as well as carry out accompanied property viewings with prospective tenants</p>
Partners involved	<p>In order to carry out the above duties, partnership working is key, with Neighbourhood Officers forging close working relationships with Council staff including environmental health officers and dog wardens. In addition, Neighbourhood Officers work closely with local police.</p>
Contact details for further information	<p>For further information on the work of Neighbourhood Officers, contact Frank Mulhern, Community Safety Manager, NIHE Housing Centre, 2 Adelaide Street, Belfast tel: 02890318224</p>

Councillor Quote

“As Vice-Chair of the NILGA Health and Environment Working Group and part of the team brought together by Belfast Healthy Cities to draft this guide, I would commend it to you. I am particularly keen to see councillors grow their role in strengthening community safety and reducing anti-social behaviour, so that we can create safe and welcoming environments, particularly for our young people. Councillors have been doing great work on their Community Safety and District Policing Partnerships and it will be vital to see this work taken forward within the newly developing arrangements.”

Cllr Joan Baird, Banbridge Council



3.8 Corporate responsibility

Improving health and wellbeing is directly linked to the overall corporate responsibility of local government. Action to support a healthy population directly supports both economic prosperity and social equity. As civic leaders, elected representatives and Councils can contribute to making better places by investing in health and wellbeing.

- Stress and mental health problems are the greatest cause of long term sickness absence from work¹³²
- Life expectancy in the most deprived areas in Northern Ireland is 4.6 years less than the Northern Ireland average for men, and 2.9 years less for women; the gap has grown between 2001 and 2008. In 2006-08, average life expectancy in Northern Ireland was 76.4 years for men and 81.3 years for women¹³³
- Life expectancy in rural areas is higher than the Northern Ireland average and has increased faster between 2001-03 and 2006-08. In 2006-08, rural life expectancy was 77.7 years for men and 82.6 years for women¹³⁴

Relevant Council functions:

- Human resources
- Community safety
- Consumer and business advice
- Improving health and wellbeing

Influencing roles:

- Representation to Chambers of Commerce
- Employment policy and practice
- Policing Board

Why it matters

Improving the health of the working age population is critically important for everyone, in order to secure both higher economic growth and increased social justice. With the annual economic costs of sickness absence and worklessness associated with working age ill-health estimated to be over £100 billion in the UK, recent thinking has established the importance of the workplace as a forum to promote public health. The workplace as a setting is the ideal environment to highlight a range of health messages, for example around mental wellbeing, physical activity, smoking, and on specific conditions. By introducing health supporting practices employers can also help improve health in the population – while reaping benefits for the organisation as outlined below. Examples of such practices include a wide range of measures, ranging from healthy food options in canteens and smoking cessation support to flexible worktime arrangements and supported access to training.



In doing so, not only does this allow public health promotion to target previously unmet target groups; workplace health initiatives can also lead to the achievement of economic development goals as a result of a healthier workforce, for example:

- **increased business productivity;**
- **higher rates of employee retention;**
- **attraction of talent to Northern Ireland;**
- **competitive innovation (through engagement and motivation) attracting both inward and outward investment**¹³⁵

Health and wellbeing are key drivers of economic growth. This sector is, moreover, expected to exert a stronger influence in the future for a number of reasons. These include the following:

- **the role played by a healthy workforce in improving economic performance through increased productivity, and reduced worklessness whilst achieving a reduced tax burden from savings associated with lower rates of illness and injury;**
- **the health care industry being a major employer and economic driver; and**
- **new and emerging trends in the health sector and wider society that are driving growth across a diverse range of economic activity.**¹³⁶

However, there is unfortunately a correlation between the economic opportunity and the threat of increasing health inequalities, which both reduces wellbeing in society and poses a challenge for local authorities moving in to the future.

In considering the impact of health and wellbeing on the overall economy it is necessary to consider the value of greater integration between health and economic policy and the impact that this might have.

The health of the current population will affect the potential of the next generation.

When parents are prevented from working because of a health condition, their children may experience worse health outcomes and face an increased likelihood that they themselves will be workless in the future. Therefore, it is important that economic development and policy takes into account the specific needs of people with long term conditions or disabilities, and seeks to develop solutions that make employment possible for all groups. Not only can such inequalities be reduced now, there is also an opportunity to prevent them in future and improve life opportunities for future generations.¹³⁷

The quality of jobs matters. Low skilled and paid jobs are often the most stressful and potentially harmful to health, because staff have little control over their work, but face high demands. To avoid these negative impacts, it is important to offer staff opportunities to develop their skills and pathways to promotion. This also shows that the advantages of policies that support a healthy workforce, and support individual employees, can be significant.¹³⁸



What elected representatives can do

Integrate health and wellbeing as a corporate objective. Integrating health and wellbeing as an overarching corporate objective offers an ideal platform for developing policies and services that contribute to the wellbeing of the area as a whole. It can also support the use of the power of wellbeing, and provide a basis for developing community planning.

Utilise influencing role to advocate for health and wellbeing and linking across sectors. Elected representatives contribute significantly to public life in Northern Ireland, as members of Boards and steering organs in a variety of organisations ranging from community groups to the Housing Council, the Public Health Agency and Education and Library Boards. Highlighting how these bodies contribute to health and wellbeing, as well as sharing information from constituents to support service planning, can have a major influence on the health and wellbeing of the population. Elected representatives are particularly well placed to do this, and also build networks across sectors that can support more effective service delivery.

Develop and promote policies that support a healthy workplace. Local government can play a key role by acting as an example of good practice, and demonstrating the benefits of health promoting policies. Local government and elected representatives are also well placed to advise people and businesses in their constituencies on how to support a healthy, productive workforce.



Case Study

Project Title	Improving the health and wellbeing of older people in Belfast
Description	<p>Belfast City Council has identified older people as a key priority under the social pillar of its corporate plan, ‘better support for people and communities’. It has established a cross party political reference group to lead the Council approach in tackling the issues affecting older people in Belfast. This political and civic leadership is at the heart of the Council’s approach in its advocacy role with other agencies and government and it has linked its older people agenda with the work of the Belfast Health Development Unit, a newly formed collaboration between the Council and the health sector.</p> <p>This collaboration has formed the basis of a city wide health partnership, which is in the process of developing an integrated plan for tackling health inequalities in Belfast. The Council is an active partner in the Healthy Ageing Strategic Partnership and along with the Regional Health and Social Care Board jointly funds a Coordinator to support the Partnership. This political leadership and connected working within the Council and with its partners provides a sound basis for joined up planning and the sharing of resources in a strategic way to improve the health and wellbeing and independence of older people in the city.</p>
Contact details for further information	Valerie Brown, Environmental Health Manager, Belfast City Council Email: brownv@belfastcity.gov.uk



Case Study

Project Title	Joint Appointments - Newry and Mourne District Council
Description	Through the councils Investing for Health/ Inequalities Officers activity to address health inequalities, action has included the development of Newry and Mourne Ethnic Minority Support Centre and implementation of the emergency fuel relief scheme.
Partners involved	Newry and Mourne District Council, PHA, Wellbeing Action Partnership (Community, statutory partnership including SHSCT, NIHE, PSNI, Confederation of Community Groups, CAB, Women and Family Health, South Down Family Health, Women’s Aid etc
Contact details for further information	Aisling Rennick, Investing for Health Officer, 02830 313066 aisling.rennick@newryandmourne.gov.uk

Councillor quote

Councillor Bernie Kelly, Chair of the Council’s cross party reference group on older people recently highlighted the importance of engaging with older people and making good use of the knowledge and skills they have. She said ‘our volunteering in Europe initiative for seniors is a very good example of how this can be done. Belfast City Council has joined up with Madrid in Spain to send six older people from Belfast to take part in a volunteer exchange with Madrid. Our older people will spend up to eight weeks in Spanish organisations learning and sharing knowledge and experiences. In turn volunteers from Madrid will visit Belfast to learn from our experiences.’

Councillor Bernie Kelly, Belfast City Council





Chapter 4:

Why and how to measure health, wellbeing, and inequalities

If we want to improve health and wellbeing, we must first have a good idea of what the current situation is. How healthy is our society and how well are our people doing? To know that we have made a difference, we must also be able to monitor and measure how things change.

Having a measure of success can be helpful in particular to show that funds are spent effectively. It can also reassure constituents that elected representatives are making a difference to improve their lives and living conditions. Statistics, including information on people's needs, wishes and skills, that highlight the current picture can help when taking decisions on what to invest in and where.¹³⁹

This chapter looks at what currently is measured and how wellbeing indicators can support elected representatives. It also outlines a potential indicator set for measuring wellbeing in Northern Ireland.

Identifying indicators

Indicators are a key tool for measuring success, and also assessing needs. An indicator is a marker of a wider, underlying issue or condition. Often, it is a statistic or combination of statistics, which research and monitoring has proven to be linked to the wider issue.

For example, life expectancy is an indicator of overall health, while infant mortality is a marker of overall living standard as well as maternal and infant care. The percentage of housing that passes a given standard, such as the Decent Housing Standard which is the current housing standard in Northern Ireland, can be seen as an indicator of the quality of housing stock. Educational attainment – which can be an indicator of future prospects – can be measured by the proportion of school leavers gaining at least five A*-C GCSEs gives an outline of educational attainment. The proportion of mothers smoking in pregnancy is a lifestyle indicator, but a high percentage is commonly considered an indicator of deprivation.¹⁴⁰



Measuring deprivation

The Northern Ireland Measure of Multiple Deprivation (NIMDM) is the official index of deprivation and is carried out by the Northern Ireland Statistics and Research Agency (NISRA). The Measure utilises a number of indicators to create a single, composite score for each of six domains: income; employment; health and disability; education, skills and training; living environment, and crime and disorder. These are then combined into an overall multiple deprivation score, and all Super Output Areas are ranked from most to least deprived based on the scores. The data has been used in policy making to identify areas in greatest need.¹⁴¹ However, the Measure has also been criticised. In particular, there have been concerns that it does not accurately reflect deprivation in rural areas, due to the methodology used to define Super Output Areas.

Profiling places

A good profile of a place, its population and wellbeing requires indicators from a range of sectors. These include, for example:

- demographic data, such as population age distribution;
- concrete health data, eg. the proportion of people who are diagnosed with specific conditions (disease prevalence);
- economic data, eg. the percentage of unemployed or economically inactive people;
- social care data such as the number of children in care or older people in residential care; and
- data on the living environment, for example crime rates.

Specific indicators are needed to highlight social differences. These are not intended to stigmatise, but are important as they highlight potential inequalities, and can provide context that helps interpret other indicators, including health and lifestyle indicators.

They include, for example:

- the proportion of owner occupiers compared to people in social housing
- the proportion of residents in different income or socioeconomic groups

Divided by Health, a health profile of Belfast that incorporates an overview of change between the late 1990s and the late 2000s is one example of a detailed area profile. This profile, developed by Belfast Healthy Cities, indicated that inequalities remained, despite improving living conditions.¹⁴² In England, a health profile for each local authority is compiled annually by the Association of Public Health Observatories.¹⁴³



The potential of wellbeing indicators

Wellbeing indicators have become more commonplace in recent years. In England, a new National Wellbeing Index is to be introduced from 2011. The stated aim of the Index is to assess how the country is doing overall, to underline that wellbeing is not built on material resources alone.¹⁴⁴

An existing set, collected since 2004, includes a number of indicators focused specifically on individual wellbeing and life satisfaction, drawn from specific surveys.¹⁴⁵ The set from 2004 is outlined in Box 1. While the new index had not been published at the time of going to press in June 2011, consultation on it in early 2011 was based on largely the same themes as the 2004 indicator set.

Wellbeing indicators can be very useful to elected representatives. They give an overall picture of how people feel about themselves and their lives, and also provide an outline of people's life circumstances that might influence their sense of wellbeing. Although people's assessments of life satisfaction necessarily are subjective, put together, this information can give important clues about a number of things. For example, it can indicate factors and services that strengthen and maintain people's confidence in life, reasons why some people have become 'hard to reach', or even why people feel a particular way about their council or elected representatives. Most importantly, having this information can help identify action that can be taken to improve people's lives. This can, in addition, help generate sustainable prosperity, make the area more attractive as a place to live, work and invest in, and strengthen people's confidence in local decision making.

Elected representatives can play a key role in developing use and collection of this information in Northern Ireland. For example, the annual surveys conducted by many councils contain information relevant to wellbeing, which could be collated and used to support policy making and service delivery planning. Through its routine activities, each Councils also collect a wealth of data that can support this. Elected representatives could also advocate for greater sharing of this information across sectors and Council areas. It is quite possible to do this sensitively to ensure appropriate data protection, for example through NISRA.

Where new surveys are introduced or existing ones reviewed, these could easily incorporate questions around wellbeing. Standard questions have already been developed in England, which means that the addition would not necessarily be costly, and also that it would be easy to make sure the questions are the same across the region. This is important so that responses can be compared and a regional picture developed.



Box 1. Wellbeing indicator set, England 2010

<p>39. Fear of crime</p> <ul style="list-style-type: none"> • Perceptions of anti-social behaviour <p>41. Workless households</p> <p>43. Childhood poverty</p> <p>45. Pensioner poverty</p> <p>47. Education</p> <p>50. Healthy life expectancy</p> <ul style="list-style-type: none"> • Self-reported general health status • Self-reported long-standing illness <p>51. Mortality rates (suicide)</p> <ul style="list-style-type: none"> • Mortality rates for those with severe mental illness <p>57. Accessibility</p> <p>59. Social justice (to be developed)</p> <p>60. Environmental equality (based on living environment scores in Multiple Deprivation Index and air quality)</p> <p>62. Housing conditions</p> <p>66. Satisfaction with local area</p> <ul style="list-style-type: none"> • Trust in people in neighbourhood • Influencing decisions in the local area 	<p>68. Wellbeing</p> <ul style="list-style-type: none"> • Overall life satisfaction • Overall satisfaction with aspects of life • Positive and negative feelings • Engagement in positive activities • Child wellbeing • Local environment • Feelings of safety • Health and physical activity • Physical activity • Green space • Cultural participation • Positive mental health
--	---

Numbers refer to the indicator number in the sustainable development indicator set
 Source: *Measuring progress: Sustainable development indicators 2010*, Defra

What we know about health and wellbeing in Northern Ireland

In Northern Ireland, there is good access to a vast amount of information on living conditions, economic conditions and health outcomes. A substantial amount of data is available at local level, down to electoral ward or increasingly even more local neighbourhoods. This work has been developed by the Northern Ireland Neighbourhood Information Service (NINIS, www.ninis.nisra.gov.uk), an initiative by the Northern Ireland Statistics and Research Agency (NISRA). Decisions on what data to collect, however, rest with Departments, Councils and other public sector agencies.

Since 2006, NINIS has collated a dedicated set of data related to health and wellbeing, intended to support monitoring outcomes identified in the public health strategy Investing for Health. This resource includes a focus on inequalities in health, and allows an analysis of change over time.



The data currently available includes information on social capital, including how people view their neighbourhood and to what extent they feel people can be trusted. At the time of publication, however, no indicators on life satisfaction or similar aspects of wellbeing were routinely collected in a way that allows local level breakdowns. There is also limited local level data on mental health, physical activity, green space or cultural participation.

Monitoring health and wellbeing

A focused indicator set can be helpful to support elected representatives, and also other decision makers and service providers, to monitor how decisions, policies and initiatives affect people's health and wellbeing.

In this section an initial, potential core set of indicators is outlined. The indicators have been selected to provide firstly, a broad overview of health and wellbeing in an area, and secondly, indicators relevant to the functions local elected representatives control and influence.

This set is based on currently available data, and can be put into use immediately by elected representatives. An alternative is developing a dedicated indicator set, which can incorporate new indicators felt to be important and useful. Such a set has been developed for regeneration and health for Belfast, by a partnership led by Belfast Healthy Cities, Belfast City Council and the five Belfast Area Partnerships. This set is being piloted in 2011, and an initial publication outlining the set and the rationale behind it will be available from September 2011.



Proposed initial indicator set

The outline below is a very brief introduction to the data available. For most of the proposed indicators below, much more detailed breakdowns are available, eg. by Council area, by sex and/or age group, and so on. Routinely published breakdowns are available through the NINIS service of NISRA at <http://www.ninis.nisra.gov.uk/>.

Indicator: Life expectancy

What it shows: A high level outcome indicator - illustrates changes in overall life chances, linked to changes in disease and other causes of death

What we know: Life expectancy in Northern Ireland is 76.4 years for males and 81.2 years for females. The gap between the most and least deprived areas is seven years for males and four years for females. There is also considerable regional variation: life expectancy for males in North Down is 79 and in Belfast 73.4.¹⁴⁶

Indicator: Mortality

What it shows: A high level outcome indicator
Shows comparable data on deaths – in standardised rates the age structure specific to a given area and similar effects have been removed (so rates can be compared)

What we know: There are figures both on the actual numbers of deaths in a given year, and on the standardised death rate, which makes it possible to analyse if one area has comparatively more deaths than another. In recent years, there has been between 14,000 and 15,000 deaths each year, with cardiovascular diseases responsible for approximately a third of all deaths in all Local Government Districts. People in Belfast and Derry are much more likely to die before the age of 75 than in Northern Ireland on average, while people in North Down, Castlereagh and Ballymena are less likely to die before age 75.¹⁴⁷



Indicator: Self reported health status

What it shows: How individuals perceive their health, which can indicate overall outlook on life and provide a context eg. for lifestyle choices

What we know: In the 2001 Census, 70% of all Northern Ireland residents reported good health and 10% poor health. Older people are more likely to report poor health than younger people and men. People in lower socioeconomic groups are also more likely to report poor health than people in higher groups.¹⁴⁸

Indicator: Limiting long term illness

What it shows: Indicates levels of chronic illness and disability, which can be a result of disadvantage or also lead to reduced wellbeing and quality of life. Can also help provide background information that supports with planning interventions, for example training, social support and employability support

What we know: In the 2001 Census, 20% of all Northern Ireland residents reported a long term limiting illness. Older people are most likely to report such an illness, ranging from 43% of people aged 60-64 to 68% among people aged 80-84. Among children and young people, boys are somewhat more likely to have a long term limiting illness. For example, about seven per cent of boys aged 5-9 were reported as having a long term limiting illness, compared to about six per cent of girls the same age. People in lower socioeconomic groups are also more likely to report a long term limiting illness than people in higher groups.¹⁴⁹



Mental wellbeing

Indicator: Suicide rate

What it shows: Suicide related data include the number of deaths and the death rate, usually by 100,000 people. The rate makes it possible to compare different areas.

What we know: The number of deaths due to suicide has risen from 156 men and 45 women in 2000 to 255 men and 82 women in 2008.¹⁵⁰ In a UK wide comparison of suicide death rates between 1998 and 2004, Belfast West and Belfast North were among the 15 areas with the highest suicide rates for males. For females, Belfast West, North and East all ranked among the 70 areas with the highest rates.¹⁵¹

Indicator: % of GP patients who are prescribed drugs for depression or anxiety disorders

What it shows: Provides a very rough indication of the prevalence of mental health problems.

What we know: Around 12% of patients registered with GPs have a prescription for depression or anxiety disorder. The proportion varies from just under 14% in Belfast, which has the highest rate, to about 11% in Lisburn, Coleraine and Newry and Mourne, to under 10% in Fermanagh, Larne, Dungannon and Omagh. In Belfast, the variation is from 15% in Belfast North to 11% in Belfast South.¹⁵²



Living environment

Safety

Indicator: Recorded crime, total and by type (violent crime, criminal damage, burglary, domestic violence)

What it shows: Indicates level of disorder in an area, which can highlight other issues that affect health and wellbeing. Living in an area with high levels of crime increases stress and can directly affect mental and social wellbeing.

What we know: In 2009-10, a total of just over 109,000 offences was recorded by the PSNI. Violent crime (including offences against the person, sexual offences and robbery) accounted for 30% of recorded offences, while theft and criminal damage each accounted for about 23%. The violent crime rate was notably higher than average (186.5 per 10,000 people) in Belfast (331 per 10,000), Derry (264 per 10,000 and Coleraine (261 per 10,000). Outside Belfast, burglary rates were highest in Newtownabbey, Newry and Mourne, and Larne. The highest rates of crimes with a domestic motivation were recorded in Derry and Limavady, followed by Belfast and Craigavon.¹⁵³

Indicator: Fear of crime and disorder

What it shows: Highlights level of concern about crime, which provides context to crime statistics and can indicate

- a) limitations to daily life that affect lifestyle choices and mental wellbeing
- b) level of resilience and coping resources

What we know: People in Northern Ireland tend to have higher concerns about crime than people in England and Wales. In total 18% say they are very worried about violent crime, 15% have great concerns about burglary and 14% about car crime. About ten per cent feel very unsafe walking alone outside after dark, and about 14% feel that anti social behaviour is a big problem in their area. People in the lowest income groups, people living in the 20% most deprived areas and older people are most likely to report high levels of concern about crime.¹⁵⁴



Education and economic conditions

Indicator: Educational attainment

What it shows: Provides information on access to and uptake of education and formal qualifications, which are a key resource for long term health and wellbeing. For example, good education widens job opportunities, earnings potential and ability to make choices about life and lifestyle.

What we know: In the 2001 Census, among the working age population in Northern Ireland about 15% reported a degree level or higher qualifications, while just over 40% had no formal qualifications.¹⁵⁵ Among school leavers in 2008-09, 70% achieved at least five GCSEs at grades A*-C, while just under 3% (622 students) left with no GCSEs. There is significant regional and local variation in educational attainment; for example, in Belfast, Carrickfergus and Larne over four per cent of school leavers left with no GCSEs, compared to less than one per cent, or under five students, in Castlereagh and Ballymoney. The choices of school leavers also vary: In Magherafelt, 85% of school leavers went on to further or higher education, compared to 64% in Strabane.¹⁵⁶



Indicator: Unemployment and economic inactivity

What it shows: Highlights difficulties in accessing employment, which significantly increases the risk of poverty and social exclusion. Economic inactivity, which is defined as not being in or seeking work, may be due to long term illness or caring duties, but carries a particularly high risk of social exclusion and persistent low income. Unemployment is also associated with low income, which increases stress and the risk of low mental and social wellbeing, particularly if the person has limited social support.

What we know: Unemployment is defined as being available for and seeking work, and is usually based on benefit claimant figures. In November 2010, 6.6% of the workforce across Northern Ireland claimed out of work benefits, which was the second highest rate among UK regions.¹⁵⁷ The most recent local data is from 2009, and indicates that the average for the year was highest in Derry, Limavady and Strabane at over six per cent of the working age population, and lowest in North Down, Ards and Banbridge at around three per cent.¹⁵⁸

Across Northern Ireland, 29% of the working age population was economically inactive in November 2010. This was higher than anywhere else in the UK; in Wales, 27% of working age people were economically inactive and in the North East of England the proportion was 25%.¹⁵⁹ Local level data from 2009 show that the variation across the region was significant, from under 23% in Larne, Antrim, Armagh and Down, and over 36% in Derry and Omagh.¹⁶⁰



Indicator: Poverty and risk of poverty

What it shows: Highlights poverty and groups in poverty, in particular specific vulnerable groups, whose health and wellbeing is at risk from the negative effects of living on low income. People in the most vulnerable groups usually also have the least capacity to change their situation.

Data on income is relatively limited, particularly at the local level. Available data include the 2010 Multiple Deprivation Index, which shows that areas ranked highest on the list of income deprivation affecting children are predominantly located in Belfast and Derry, but that pockets exist in many places, including Lisburn, Strabane, Craigavon and Coleraine. Income deprivation affecting older people is somewhat less concentrated in specific areas, but again areas in Belfast and Derry are high on the ranking list.¹⁶¹

It is also possible to get figures on households in receipt of key benefits, households with no one in employment, and households with dependent children where nobody is in employment. In early 2010, 21% of working age people claimed at least one key benefit (such as Jobseekers' Allowance, Income Support, Incapacity Benefit (now Employment and Support Allowance) or Disability Living Allowance). In total 27% of all children under 16 lived in such a household. The proportion of key benefit claimants has been rising particularly in the 16-24 age group.¹⁶²

Indicator: Access to transport

What it shows: Indicates the level of physical access to jobs and services, and also opportunities to socialise and participate in events. Good access especially to public transport improves people's ability to seek and take up jobs and can through this support health and wellbeing. Walking and cycling for transport is for many the easiest way to be physically active, which reduces the risk of obesity and also supports mental wellbeing.

What we know: In the Census 2001, in total 26% of households in Northern Ireland did not have access to a car or van. Car ownership was more common in rural than urban areas.¹⁶³ Public transport usage remains low: regionally about five per cent of all journeys were taken using public transport in the period 2007-09. Walking and cycling for transport is also relatively limited, in comparison with other regions in the United Kingdom, and accounts for just about a fifth of all journeys. In England, Wales and Scotland, almost a quarter of journeys were on foot in 2009.¹⁶⁴ This applies to adults as well as children and young people: over half of primary school children are driven to school, and the majority of secondary school pupils travel by bus.¹⁶⁵



Indicator: Housing conditions

What it shows: Highlights the quality of housing, which is important for physical health and also affects mental and social wellbeing.

What we know: Although housing quality in Northern Ireland has improved over many years, most recent available figures indicate that just under a quarter failed the Decent Homes Standard, which is the current key housing standard.¹⁶⁶ Most properties failed on the thermal comfort criterion, and fuel poverty remains a major issue in Northern Ireland. In 2009, an estimated 44% of households were in fuel poverty and the economic conditions may have led to an increase in fuel poverty since. Households on the lowest incomes, those living in the oldest properties and households headed by an older person are most likely to be fuel poor.¹⁶⁷

Northern Ireland Housing Executive also collects data on households on the social housing waiting list and on homelessness.

Indicator: Living environment

What it shows: Provides information on the quality of the living environment, which shapes in particular mental and social wellbeing. A high quality living environment - with good access to green space, walking and cycling routes, good air quality and high levels of safety - enhances a sense of wellbeing, while a poor quality environment increases stress, apathy and perceptions of exclusion. Access to a good choice of food stores improves people's ability to choose a healthy diet.

What we know: Limited data is currently available on the living environment. Environmental problems such as litter is considered in relation to anti social behaviour, and 28% of people report it as a big problem in their area; people on low incomes and in the most deprived areas are most likely to voice concerns¹⁶⁸. Access to services is most limited in rural areas, although existing data cover only the distance, and does not consider any other factors that may affect accessibility or quality of services. Air quality data tend to be localised, but problems are most common along major roads, and also in areas where solid fuel is still widely used.¹⁶⁹



Indicator: Satisfaction with social conditions

What it shows: Indicates people's perceptions about their social living environment, which gives some insight into overall levels of wellbeing, as well as social cohesion and resilience or coping resources

What we know: Limited data about how people view their social living conditions is currently routinely published. Most recent data is from 2006¹⁷⁰, and show that over half of people in most Parliamentary Constituencies feel that people in their area can be trusted and that their area is a close knit community. About half of people in Fermanagh and South Down agreed that they can influence decisions on their area, while less than a quarter in Belfast South, East Antrim and Upper Bann felt the same.

Further indicators needed

Good relations indicators. Currently available good relations indicators are focused on so called hate crime, people's perceptions about people from another cultural or ethnic background, and also include some information on how people perceive public space. However, with the exception of crime indicators this data only exists at a Northern Ireland level, as it is drawn from a relatively small survey.¹⁷¹ To monitor local conditions and change, local level data would be valuable.

Wellbeing indicators. At present no data on people's life satisfaction, wellbeing at work, level of stress or social isolation and similar issues is routinely collected in a way that can be broken down to local level. Developing such data would support the planning and provision of appropriate local services, and could also indicate ways of engaging people and communities effectively.



Summary

This publication outlines how local elected representatives and local government can be an effective enabler for health and wellbeing. It stresses that **strengthening health and wellbeing can contribute to the broader aims and objectives of Councils**. Healthy people are a cornerstone of vibrant and thriving communities, which set a place apart from others. Healthy communities tend to have fewer problems, which means less resources are required to keep a lid on things and more can be invested in developing the area further.

The publication highlights a number of key messages, in addition to outlining potential areas for action that can support health and wellbeing.

- 1. Health is created by the wider living conditions.** For example, income is a crucial factor for health, as it largely determines material living conditions. Improving people's income, in turn, requires both access to appropriate training, physical access to workplaces, and attention to the quality of jobs; low paid, routine jobs may not be sufficient to improve people's health and wellbeing or disposable income.
- 2. Creating prosperity – economic, social and environmental – requires action across policy areas and sectors.** Intersectoral and cross departmental collaboration can increase the potential for success, in particular as collaboration enables a more wide ranging approach. It can also create additional benefits; in particular, improving living conditions can help create good places, which are not only supportive for existing residents but also inviting for new residents, investors and visitors.
- 3. Elected representatives have direct power over key services that shape health and a community development approach can strengthen effective decision making and good use of resources.** Parks and amenities support physical health and mental wellbeing. Economic development can improve people's material living conditions, and reduce inequalities. Community development, neighbourhood renewal, good relations and community safety all shape the living environment and can support people's mental and social wellbeing. Engaging with local people and communities in planning services ensures that services meet local needs. It can also strengthen confidence, which in turn improves wellbeing and helps people and communities be engaged, proactive and responsible with their own lives and areas.
- 4. Elected representatives influence decisions on most key issues for health.** Through their role in shaping land use planning, education and licensing, elected representatives influence the living conditions and choices available to people. It is intended that this publication will support local elected representatives to influence the work of MLAs, Westminster MPs and also MEPs. In particular, this publication is intended to support elected representatives highlight the links between issues, and underline the impact of decisions on health and wellbeing.



Acknowledgements

Belfast is a leading member of the WHO European Healthy Cities Network Phase V (2009-2013). This publication has been produced as one mechanism to engage with politicians and establish common understanding of health inequalities/ inequities. It has been written by Jonna Monaghan with support from Ruth Fleming within the Belfast Healthy Cities Office. Comments were integrated from members of a regional advisory group.

Advisory Group membership

John Adams	NI Local Government Association (NILGA)
Cllr Joan Baird MBE	Banbridge Borough Council / nomination from NILGA
Tom Crossan	Belfast City Council
Ruth Fleming	Belfast Healthy Cities
John Hanna	Local Government Staff Commission
Michael Hughes	Rural Community Network
Hilary Johnston	Public Health Agency
Tanya Kennedy	Business in the Community NI
Mary McDonnell	Northern Ireland Housing Executive
Jonna Monaghan	Belfast Healthy Cities
Joanne Morgan	Community Development Health Network
Clifford Todd	Chief Environmental Health Officers Group

Comments on drafts also received from

Cllr Cathal Mullaghan	Belfast City Council
Cllr Stephen Nicholl	Antrim Borough Council

We would also like to express our thanks to the Councils that submitted case studies and to NILGA health committee for their support and comments.



References

(Endnotes)

- ¹ Northern Ireland Health and Social Care Inequalities Monitoring System, Department of Health, Social Services and Public Safety. See eg . *2009 Monitoring Update*, http://www.dhsspsni.gov.uk/inequalities_monitoring_update3.pdf
- ² *Fair society, healthy lives: Marmot review* (2010). London: University College London. <http://www.ucl.ac.uk/gheg/marmotreview>
- ³ Office of National Statistics, <http://www.statistics.gov.uk/pdfdir/liex1010.pdf>
- ⁴ Registrar General Annual Reports, <http://www.nisra.gov.uk/demography/default.asp3.htm>
- ⁵ Census 2001, NISRA <http://www.nisra.gov.uk/Census/agreement.html>
- ⁶ Census 2001, NISRA, <http://www.nisra.gov.uk/Census/agreement.html>
- ⁷ GP prescription data 2008 , analysed by Department of Health, Social Services and Public Safety. Available through NINIS at <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Health>
- ⁸ *Perceptions about crime: findings from the Northern Ireland Crime Survey*.
- ⁹ *Home Energy Conservation Report 2010* (2010). Belfast: NIHE. http://www.nihe.gov.uk/home_energy_conservation_report_2010.pdf
- ¹⁰ Liddell, C (2008). *The impact of Fuel Poverty on Children*. Belfast: Save the Children Fund.
- ¹¹ Department of Education statistics. Available through NINIS at <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Education>
- ¹² Department of Education, England. Available at <http://www.education.gov.uk/rsgateway/DB/SFR/s000985/index.shtml>.
- ¹³ *Monthly labour market report November 2010*, Department for Enterprise, Trade and Industry. http://www.detini.gov.uk/lmr_november_2010.pdf.
- ¹⁴ Labour Market Statistics November 2010, Office of National Statistics. <http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=15084>
- ¹⁵ *Monthly labour market report November 2010*, Department for Enterprise, Trade and Industry. http://www.detini.gov.uk/lmr_november_2010.pdf.
- ¹⁶ Continuous Household Survey 2006-07, NISRA. Available at <http://www.csu.nisra.gov.uk/survey.asp150.htm>
- ¹⁷ Foot, J & Hopkins, T (2010). *A glass half full - how an asset approach can improve community health and well-being*. London: Local Government Improvement and Development. <http://www.idea.gov.uk/idk/core/page.do?pageld=18364393>
- ¹⁸ Marmot, M & Wilkinson, R.G. 2006 (eds). *The Social Determinants of Health, 2nd edition*. Oxford: Oxford University Press. Preview available at http://books.google.co.uk/books?id=x23fpBPC3_gC&dq=social+determinants+of+health&source=gbs_summary_s&cad=0
- ¹⁹ See eg. Marmot. M. 'Economic and social determinants of disease'. *Bulletin of the World Health Organisation* 2001; 79:906-1004. [http://www.who.int/bulletin/archives/79\(10\)988.pdf](http://www.who.int/bulletin/archives/79(10)988.pdf)
- ²⁰ Hunter, D (2010) 'What makes us healthy and what makes us ill?'. In Campbell, F (ed.) *The social determinants of health and local government*. London: Local Government Improvement and Development.
- ²¹ See eg. Campbell, F (ed.) (2010). *The social determinants of health and local government*. London: Local Government Improvement and Development.
- ²² *Local government reform consultation proposals*.



- ²³ See eg. Department of Health, Social Services and Public Safety press release, 3 December 2008, <http://www.northernireland.gov.uk/index/media-centre/news-departments/news-dhssps/news-dhssps-december-2008/news-dhssps-approach-to-tackling-health-inequalities031208.htm>.
- ²⁴ Barton, H (2009) 'Land use planning and health and wellbeing'. *Land Use Policy* 26S (2009) S115–S123
- ²⁵ *Fair society, healthy lives: Marmot review* (2010). London: University College London. <http://www.ucl.ac.uk/gheg/marmotreview>
- ²⁶ Thompson, S & Marks, N (2008) *Measuring wellbeing in policy: issues and applications*. London: nef.
- ²⁷ Registrar General Annual Reports, <http://www.nisra.gov.uk/demography/default.asp3.htm>
- ²⁸ *Investing for Health* (2002). Belfast: DHSSPS. <http://www.dhsspsni.gov.uk/ifh>
- ²⁹ Barton, H & Grant, M (2006) 'A health map for the human habitat'. *The Journal of the Royal Society for the Promotion of Health* 2006, 126 p 252-253
- ³⁰ As above.
- ³¹ Skentelbery, R (ed). *Family Spending: a report on the 2007 Expenditure and Food Survey*. Office for National Statistics, London 2008. www.statistics.gov.uk/downloads/theme_social/Family_Spending_2007/FamilySpending2008_web.pdf
- ³² *Fair society, healthy lives: Marmot review* (2010). London: University College London. <http://www.ucl.ac.uk/gheg/marmotreview>
- ³³ Thompson, S & Marks, N (2008) *Measuring wellbeing in policy: issues and applications*. London: nef.
- ³⁴ Marmot, M & Wilkinson, R.G. 2006 (eds). *The Social Determinants of Health, 2nd edition*. Oxford: Oxford University Press. Preview available at http://books.google.co.uk/books?id=x23fpBPC3_gC&dq=social+determinants+of+health&source=gbs_summary_s&cad=0
- ³⁵ 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/
- ³⁶ Marmot, M & Wilkinson, R.G. 2006 (eds). *The Social Determinants of Health, 2nd edition*. Oxford: Oxford University Press. Preview available at http://books.google.co.uk/books?id=x23fpBPC3_gC&dq=social+determinants+of+health&source=gbs_summary_s&cad=0
- ³⁷ Marmot, M & Wilkinson, R.G. 2006 (eds). *The Social Determinants of Health, 2nd edition*. Oxford: Oxford University Press. Preview available at http://books.google.co.uk/books?id=x23fpBPC3_gC&dq=social+determinants+of+health&source=gbs_summary_s&cad=0
- ³⁸ Hunter, D (2010) 'What makes us healthy and what makes us ill?'. In Campbell, F (ed.) *The social determinants of health and local government*. London: Local Government Improvement and Development.
- ³⁹ *Fair society, healthy lives: Marmot review* (2010). London: University College London. <http://www.ucl.ac.uk/gheg/marmotreview>
- ⁴⁰ 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/
- ⁴¹ *Fair society, healthy lives: Marmot review* (2010). London: University College London. <http://www.ucl.ac.uk/gheg/marmotreview>
- ⁴² <http://www.belfasthealthycities.com/news/3-news/51-professor-sir-michael-marmot-delivers-21st-anniversary-lecture.html>
- ⁴³ Raphael, D. (2004) *Social Determinants of Health: Canadian Perspectives* Toronto, CSPI.
- ⁴⁴ World Health Organization (1998) *Health 21 – Health for All in the 21st Century*, Copenhagen, WHO Regional Office for Europe
- ⁴⁵ Defra (2007) *Sustainable development indicators in your pocket 2007* (London: HMSO).
- ⁴⁶ NI Health and Social Wellbeing Survey 2006. available at <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Health>.



- ⁴⁷ Child Health System, 2008, available at <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Health>.
- ⁴⁸ NISRA Omnibus Survey 2007-08, available at <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Health>.
- ⁴⁹ Annual survey of visitor attractions, NI Tourist Board, available at <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Transport>
- ⁵⁰ The Foresight programme (2007) *Tackling obesities: future choices*. London: Government Office for Science. Available at <http://www.foresight.gov.uk/OurWork/ActiveProjects/Obesity/KeyInfo/Index.asp>.
- ⁵¹ Barton, H (2009) 'Land use planning and health and wellbeing'. *Land Use Policy* 26S (2009) S115–S123
- ⁵² Bell, S, V Hamilton, A Montarzino et al (2008). *Greenspace and quality of life: a critical literature review*. Stirling: Greenspace Scotland, available at http://www.openspace.eca.ac.uk/pdf/greenspace_and_quality_of_life_literature_review_aug2008.pdf
- ⁵³ *Physical activity and the environment: guidance* (2008). London: NICE. <http://guidance.nice.org.uk/PH8/Guidance/pdf/English>
- ⁵⁴ Barton, H (2009) 'Land use planning and health and wellbeing'. *Land Use Policy* 26S (2009) S115–S123
- ⁵⁵ Annual survey of visitor attractions, NI Tourist Board, available at <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Transport>
- ⁵⁶ *Grey to green: how we shift funding and skills to green our cities* (2009). London: CABE (Commission for Architecture and the Built Environment). <http://www.cabe.org.uk/files/grey-to-green.pdf>
- ⁵⁷ *A Green New Deal* (2008). London: new economics foundation. <http://www.neweconomics.org/publications/green-new-deal>.
- ⁵⁸ *Grey to green: how we shift funding and skills to green our cities* (2009). London: CABE (Commission for Architecture and the Built Environment). <http://www.cabe.org.uk/files/grey-to-green.pdf>
- ⁵⁹ As reference 31.
- ⁶⁰ The Children's Orchard, http://www.childrensorcharard.co.uk/The_childrens_orchard/growing.html
- ⁶¹ Continuous Household Survey 2006, available at <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Social>
- ⁶² Northern Ireland Life and Times Survey, cited in *Good relations indicators – 2010 update* (2011). Belfast: OFMdfM. <http://www.ofmdfmi.gov.uk/index/equality/equalityresearch/research-publications/gr-pubs.htm>
- ⁶³ *It's all about time* (2007). Belfast: Volunteer Development Agency. http://www.volunteering-ni.org/what_we__do/publications/#Research
- ⁶⁴ School Leavers' Survey, Department of Education, available at <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Education>.
- ⁶⁵ ____ (2007) *How do councillors improve health and community wellbeing?* Glasgow: NHS Health Scotland. <http://www.improvementservice.org.uk/news-2007/news-2007/how-do-councillors-improve-health-and-well-being/>
- ⁶⁶ See eg. Local Government Improvement and Development, *Benefits of investing in community empowerment*. <http://www.idea.gov.uk/idk/core/page.do?pagelId=16639522>
- ⁶⁷ Campbell, F (ed.) *The social determinants of health and local government*. London: Local Government Improvement and Development.
- ⁶⁸ *Grey to green: how we shift funding and skills to green our cities* (2009). London: CABE (Commission for Architecture and the Built Environment). <http://www.cabe.org.uk/files/grey-to-green.pdf>
- ⁶⁹ Thompson, S & Marks, N (2008) *Measuring wellbeing in policy: issues and applications*. London: nef.
- ⁷⁰ ____ (2010) *Consultation document on Service Framework for mental health and wellbeing*. Belfast: Department of Health, Social Services and Public Safety. http://www.dhsspsni.gov.uk/service_framework_for_mental_health_and_wellbeing_-_consultation_version.pdf



- ⁷¹ *Good relations and community cohesion within the context of health in Scotland – Proposal for Action* (2010). Edinburgh: Scottish Government through MEHRB (Mutuality, Equality and Human Rights Board) and NHS Health Scotland. <http://www.healthscotland.com/uploads/documents/13024-Good%20relations%20and%20community%20cohesion.pdf>
- ⁷² *Fair society, healthy lives: Marmot review* (2010). London: University College London. <http://www.ucl.ac.uk/gheg/marmotreview>
- ⁷³ As above.
- ⁷⁴ See eg. Reminiscence Network Northern Ireland website, <http://www.rnni.org/Index.asp?MainID=3769>.
- ⁷⁵ Census 2001, NISRA, available at <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Census>
- ⁷⁶ Components of population change, NISRA, available at <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Population>
- ⁷⁷ ____ (2010) *Development statistics Northern Ireland: 2009-10 annual statistical bulletin*. Belfast: Planning Service. http://www.planningni.gov.uk/index/tools/about-statistics/annual_stats_pub_010710.pdf
- ⁷⁸ Barton, H (2009) 'Land use planning and health and wellbeing'. *Land Use Policy* 26S (2009) S115–S123
- ⁷⁹ N Dines & V Cattell (2006) *Public spaces and social relations in east London*. York: Joseph Rowntree Foundation. Available at <http://www.jrf.org.uk/publications/public-spaces-and-social-relations-east-london>.
- ⁸⁰ Litman, T (2010). *Where we want to be: home location preferences and their implications for smart growth*. Victoria Transport Institute, Victoria (CAN) 2007. <http://www.vtpi.org/sgcp.pdf>
- ⁸¹ Bell, S, V Hamilton, A Montarzino et al (2008). *Greenspace and quality of life: a critical literature review*. Stirling: Greenspace Scotland, available at http://www.openspace.eca.ac.uk/pdf/greenspace_and_quality_of_life_literature_review_aug2008.pdf
- ⁸² 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/.
- ⁸³ As above.
- ⁸⁴ ____ (2005) *National Standards for Community Engagement*. Glasgow: Scottish Community Development Centre. <http://www.scdc.org.uk/national-standards-community-engagement/>,
- ⁸⁵ See website of Horsens Healthy Cities, Denmark, <http://www.horsenssundby.dk/default.asp?k=20&s=133>
- ⁸⁶ *Monthly labour market report November 2010*, Department for Enterprise, Trade and Industry. http://www.detini.gov.uk/lmr_november_2010.pdf.
- ⁸⁷ As above.
- ⁸⁸ Census 2001, NISRA <http://www.nisra.gov.uk/Census/agreement.html>
- ⁸⁹ ____ (2010) *Statistical Bulletin: Essential Skills Enrolments and Outcomes*. Belfast: DEL. <http://www.delni.gov.uk/es/statistical-bulletin-essential-skills-enrolments-and-outcomes-december-2010-amended.pdf>
- ⁹⁰ 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/
- ⁹¹ ____ (2010) *Measuring severe child poverty in Northern Ireland*. Belfast: Save the Children. http://www.savethechildren.org.uk/en/docs/Severe_Child_Poverty_-_NI_Briefing_Jan_2010.pdf
- ⁹² See eg/ Marmot, M & Wilkinson, R.G. 2006 (eds). *The Social Determinants of Health, 2nd edition*. Oxford: Oxford University Press. Preview available at http://books.google.co.uk/books?id=x23fpBPC3_gC&dq=social+determinants+of+health&source=gbs_summary_s&cad=0
- ⁹³ See eg. Campbell, F (ed.) *The social determinants of health and local government*. London: Local Government Improvement and Development.
- ⁹⁴ See eg. Marmot, M. *Economic and social determinants of disease*. *Bulletin of the World Health Organisation* 2001; 79:906-1004. [http://www.who.int/bulletin/archives/79\(10\)988.pdf](http://www.who.int/bulletin/archives/79(10)988.pdf)



- ⁹⁵ Barton, H and Tsourou, C (2000) *Healthy Urban Planning*. London: Spon Press.
- ⁹⁶ Cave et al. (2004) *Healthy Sustainable Communities: What works?* Milton Keynes and South Midlands Health & Social Care Project.
- ⁹⁷ As reference 48.
- ⁹⁸ ___ (2010) *2009 House Condition Survey*. Belfast: Northern Ireland Housing Executive.
http://www.nihe.gov.uk/2009_northern_ireland_house_condition_survey___statistical_annex.pdf
- ⁹⁹ ___ (2010) *Food sampling by District Councils in Northern Ireland in 2009: A report of the Northern Ireland Strategic Committee on Food Surveillance*. Belfast: Food Standards Agency.
<http://www.food.gov.uk/multimedia/pdfs/foodsamplingni2009.pdf>
- ¹⁰⁰ ___ (2009) *Chief Medical Officer's report 2009*. Belfast: DHSSPS.
<http://www.dhsspsni.gov.uk/cmo-annual-report-2009.pdf>
- ¹⁰¹ ___ (2011). *Ten year tobacco control strategy for Northern Ireland consultation document*. Belfast: DHSSPS. <http://www.dhsspsni.gov.uk/tobacco-strategy-consultation.pdf>
- ¹⁰² Kovats, S (ed). *Health effects of climate change in the UK 2008*. Department of Health, London: February 2008.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080702
- ¹⁰³ ___ (2009) *Chief Medical Officer's report 2009*. Belfast: DHSSPS.
<http://www.dhsspsni.gov.uk/cmo-annual-report-2009.pdf>
- ¹⁰⁴ See eg. Campbell, F (ed.) (2010). *The social determinants of health and local government*. London: Local Government Improvement and Development.
- ¹⁰⁵ House of Commons Environmental Audit Committee (2010). *Air Quality: Fifth report of session 2009-10*. London: The Stationery Office Ltd.
<http://www.publications.parliament.uk/pa/cm200910/cmselect/cmenvaud/229/229i.pdf>
- ¹⁰⁶ *The Air Quality Strategy for England, Scotland, Wales and Northern Ireland Volume 1*, DEFRA 2007, <http://www.defra.gov.uk/environment/airquality/strategy/index.htm>
- ¹⁰⁷ Moorhouse, A. (Ed.). (2010). *Environmental Noise and Health in the UK. A Report by the Ad Noise Expert Group on Noise and Health*. Oxfordshire: Health Protection Agency.
- ¹⁰⁸ ___ (2010) *General Health and Safety Executive NI statistics 2005-2010*. Belfast: Health and Safety Executive Northern Ireland. <http://www.hseni.gov.uk/general-hseni-statistics-2005-2010.pdf>.
- ¹⁰⁹ ___ (2010) *Climate change and health: Impacts, inequalities & action*. Belfast: Belfast Healthy Cities.
<http://www.belfasthealthycities.com/publications.html>
- ¹¹⁰ Liddell, C (2008). *The impact of Fuel Poverty on Children*. Belfast: Save the Children Fund.
- ¹¹¹ *Closing the gap in a generation* (2008). Geneva: World Health Organization, Commission on Social Determinants of Health. http://www.who.int/social_determinants/thecommission/en/
- ¹¹² Skentelbery, R (ed). *Family Spending: a report on the 2007 Expenditure and Food Survey*. Office for National Statistics, London 2008.
www.statistics.gov.uk/downloads/theme_social/Family_Spending_2007/FamilySpending2008_web.pdf
- ¹¹³ ___ (2010) *Northern Ireland Municipal Waste Management Statistics, Annual Report 2009/10*. Belfast: Department of the Environment. http://www.doeni.gov.uk/northern_ireland_municipal_waste_management_statistics__annual_report_2009-10.pdf
- ¹¹⁴ As above.
- ¹¹⁵ ___ (2010) *Digest of Information on the Northern Ireland Criminal Justice System*. Belfast : Department of Justice. http://www.dojni.gov.uk/index/statistics-research/stats-research-publications/department_of_justice_digest_of_information_on_the_northern_ireland_criminal_justice_system-autumn_2010.pdf
- ¹¹⁶ Lyons, M et al (2009). *Recycling and Public Health*. Liverpool: Centre for Public Health, Liverpool John Moores University. <http://www.cph.org.uk/publications.aspx>
- ¹¹⁷ As above.



- ¹¹⁸ French, B et al (2010) *Perceptions of Crime: Findings from the 2008-09 Northern Ireland Crime Survey*. Belfast: Northern Ireland Office.
- ¹¹⁹ Bell, S, V Hamilton, A Montarzino et al (2008). *Greenspace and quality of life: a critical literature review*. Stirling: Greenspace Scotland, available at http://www.openspace.eca.ac.uk/pdf/greenspace_and_quality_of_life_literature_review_aug2008.pdf
- ¹²⁰ Continuous Household Survey, NISRA <http://www.csu.nisra.gov.uk/survey.asp141.htm>.
- ¹²¹ ____ (2008) *Adult drinking patterns report*. Belfast: DHSSPS. http://www.dhsspsni.gov.uk/adult_drinking_patterns_report_2008.pdf
- ¹²² ____ (2009) *Chief Medical Officer's report 2009*. Belfast: DHSSPS.
- ¹²³ As above.
- ¹²⁴ ____ (2010). *Powers to prohibit or restrict irresponsible alcohol promotions - Consultation document* . Belfast: DSD. <http://www.dsdni.gov.uk/index/consultations/archived-consultations/consultation-powers-to-prohibit-irresponsible-alcohol-promotions.htm>.
- ¹²⁵ ____ (2010) *Digest of Information on the Northern Ireland Criminal Justice System*. Belfast : Department of Justice. http://www.dojni.gov.uk/index/statistics-research/stats-research-publications/department_of_justice_digest_of_information_on_the_northern_ireland_criminal_justice_system-autumn_2010.pdf
- ¹²⁶ FGS McClure Watters (2010). *Social Costs of Alcohol Misuse in Northern Ireland for 2008/09*. Belfast: DHSSPS. http://www.dhsspsni.gov.uk/social_costs_of_alcohol_misuse_200809.pdf
- ¹²⁷ ____ (2009) *Young people's drinking action plan*. Belfast: DHSSPS.
- ¹²⁸ ____ (2009) *Young people's drinking action plan*. Belfast: DHSSPS.
- ¹²⁹ Koskela, H & Pain, R. "Revisiting fear and place: women's fear of attack and the built environment". *Geoforum*, 2000; vol 31 issue 2: pp. 269-280.
- ¹³⁰ ____ (2010) *Consultation on Introduction of powers to prohibit or restrict irresponsible alcohol promotions*. Belfast: Department for Social Development. <http://www.dsdni.gov.uk/index/consultations/archived-consultations/consultation-powers-to-prohibit-irresponsible-alcohol-promotions.htm>
- ¹³¹ ____ (2008) *The health impacts of fear of crime: older people*. Belfast: Belfast Healthy Cities. <http://www.belfasthealthycities.com/publications.html>.
- ¹³² ____ (2010). *Absenteeism in Northern Ireland Councils 2009-10*. Belfast: NI Audit Office. <http://www.niauditoffice.gov.uk/pubs/2010/AbsenteeisminNorthernIrelandCouncils200910/AbsenteeisminNorthernIrelandCouncils2009-10.pdf>; *Analysis of sickness absence in the Northern Ireland Departments 2009-10* (2010). Belfast: NISRA <http://www.nisra.gov.uk/publications/0910%20Sickness%20Absence%20Headline%20Results.pdf>
- ¹³³ Rodgers, H & Stewart, B (2011). *Life Expectancy Decomposition. An overview of changes in Northern Ireland life expectancy 2001-03 to 2006-08*. Belfast: DHSSPS. http://www.dhsspsni.gov.uk/hscims_life_expectancy_decomposition_2011.pdf
- ¹³⁴ As above.
- ¹³⁵ ____ (2009) *Health and Wellbeing Industries: Exploring the Potential*. Adroit Economics for Our Life, DH Northwest, the Strategic Health Authority and NWDA. <http://www.ourlife.org.uk/silo/files/health-and-wellbeing-industries-exploring-the-potential--executive-summary.pdf>
- ¹³⁶ As above.
- ¹³⁷ ____ (2010) *Consultation document on a Childhood poverty strategy for Northern Ireland*. Belfast: Office of the First Minister and Deputy First Minister.
- ¹³⁸ 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/
- ¹³⁹ Thompson, S & Marks, N (2008) *Measuring wellbeing in policy: issues and applications*. London: nef.



- ¹⁴⁰ Lumley J, Chamberlain C, Dowswell T, Oliver S, Oakley L, Watson L. Interventions for promoting smoking cessation during pregnancy. *Cochrane Database of Systematic Reviews* 2009, Issue 3. Art. No.: CD001055. DOI: 10.1002/14651858.CD001055.pub3
- ¹⁴¹ For more information, see NISRA outline of work measuring deprivation, http://www.ninis.nisra.gov.uk/mapxtreme_deprivation2010/default.asp.
- ¹⁴² *Divided by Health* (2008). Belfast: Belfast Healthy Cities. <http://www.belfasthealthycities.com/publications.html>
- ¹⁴³ See <http://www.apho.org.uk/resource/view.aspx?RID=50202> or <http://www.apho.org.uk>.
- ¹⁴⁴ See Prime Minister's speech on 25 Nov 2010 at <http://www.number10.gov.uk/news/latest-news/2010/11/britain%E2%80%99s-wellbeing-to-be-measured-57578>.
- ¹⁴⁵ *Measuring progress: Sustainable development indicators 2010*. London: Defra.
- ¹⁴⁶ Office of National Statistics, <http://www.statistics.gov.uk/pdfdir/liex1010.pdf>
- ¹⁴⁷ Registrar General for Northern Ireland. Available through NINIS at <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Population>
- ¹⁴⁸ Census 2001, NISRA <http://www.nisra.gov.uk/Census/agreement.html>
- ¹⁴⁹ Census 2001, NISRA <http://www.nisra.gov.uk/Census/agreement.html>
- ¹⁵⁰ Registrar General for Northern Ireland, <http://www.nisra.gov.uk/demography/default.asp2.htm>.
- ¹⁵¹ Office for National Statistics, <http://www.statistics.gov.uk/statbase/Product.asp?vlnk=13618>
- ¹⁵² Department of Health, Social Services and Public Safety (2008 data), <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Health>.
- ¹⁵³ Police Service of Northern Ireland (2009 data), available at <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Crime>.
- ¹⁵⁴ *Perceptions about crime: findings from the Northern Ireland Crime Survey x. TO UPDATE Feb 2011*.
- ¹⁵⁵ Census 2001, NISRA <http://www.nisra.gov.uk/Census/agreement.html>
- ¹⁵⁶ School Leavers' Survey, Department of Education, available at <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Education>.
- ¹⁵⁷ *Monthly labour market report November 2010*, Department for Enterprise, Trade and Industry. http://www.detini.gov.uk/lmr_november_2010.pdf.
- ¹⁵⁸ Claimant count statistics, Department of Enterprise, Trade and Industry, available at <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Labour>.
- ¹⁵⁹ Labour Market Statistics November 2010, Office of National Statistics. <http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=15084>
- ¹⁶⁰ Labour Force Survey Local Area Database (2009 data), available at <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Labour>
- ¹⁶¹ Northern Ireland Multiple Deprivation Index 2010, NISRA, available at http://www.ninis.nisra.gov.uk/mapxtreme_deprivation2010/datacatalogue.asp?button=soa.
- ¹⁶² *Client Group Analysis publication* (Feb 2010 data), DSD, available at http://www.dsdni.gov.uk/index/stats_and_research/stats-publications/stats-benefit-publications/client_group_analysis.htm.
- ¹⁶³ Census 2001, NISRA <http://www.nisra.gov.uk/Census/agreement.html>
- ¹⁶⁴ National Travel Survey 2009 data, accessed through <http://www.dft.gov.uk/pgr/statistics/datatablespublications/nts/#regional>.
- ¹⁶⁵ *Northern Ireland Travel Survey 2007-09*, Department for Regional Development, available at http://www.drndi.gov.uk/index/statistics/stats-catagories/stats-catagories-travel_survey.htm.
- ¹⁶⁶ House Condition Survey 2006, Northern Ireland Housing Executive.
- ¹⁶⁷ *Home Energy Conservation Report 2010* (2010). Belfast: NIHE. http://www.nihe.gov.uk/home_energy_conservation_report_2010.pdf



¹⁶⁸ Perceptions of crime: Findings from the 2008/09 Northern Ireland Crime Survey. 2010, Northern Ireland Office. http://www.nio.gov.uk/09_northern_ireland_crime_survey-4.pdf TO UPDATE Feb 2011

¹⁶⁹ *Air Pollution in Northern Ireland 2009*, DoE and AEA Energy and Environment 2010, <http://www.airqualityni.co.uk/reports.php>

¹⁷⁰ Continuous Household Survey 2006-07, NISRA. Available at <http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Social>

¹⁷¹ *Good Relations Indicators – 2010 update* (2011). Belfast: Office of the First Minister and deputy First Minister. <http://www.ofmdfmi.gov.uk/index/equality/equalityresearch/research-publications/publication-az.htm#anc-g>.



Notes



Belfast Healthy Cities

22/24 Lombard Street
BELFAST BT1 1RD

Tel: +44 (0) 28 9032 8811

Fax: +44 (0) 28 9032 8333

www.belfasthealthycities.com

