

**A Response to the Consultation on Fit and Well – Changing Lives (A
10 Year Public Health Strategic Framework)
Belfast City Council**

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Public Health Framework 'Fit and Well – Changing Lives'
Belfast City Council
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Generic Observations and Comments

Belfast City Council considers the framework to provide a well written, comprehensive evidenced based report addressing the main health inequalities that exist in Northern Ireland. While recognising the considerable challenges that exist it is reassuring to note that the Council's approach to collaborative working, tackling social inclusion, empowering local communities and encouraging volunteering has many synergies with the proposed framework.

The framework provides an important starting point to consider what can be learned from the work of Investing for Health and there is a clear ambition within it to continue to work to address the persistent factors which contribute to health inequalities. There is also an ambition within the framework to connect the strategic (Ministerial), regional and local levels in working better together to maximise impact and improve health and wellbeing.

The fact that the framework is outcome and evidenced based and cuts across the life course is important although the Council's role in its implementation is somewhat unclear and needs further discussion as the framework is developed.

It is also important that the framework is seeking synergy with other relevant strategies, policies and programmes in what has the potential to be a very overcrowded interdepartmental setting.

Specific consultation questions

Aims (page 11)

Question 1: Are these aims still valid? If not, what alternatives should be considered?

Belfast City Council welcomes the framework and would support the continuing aim of focusing on improving the health and well-being status for all people, whilst still concentrating on tackling the significant health inequalities that exist and which are ever increasing.

The strategy recognises the growing importance of an asset approach; i.e. building on what a community has rather than basing interventions on what it doesn't have. This is helpful in providing practitioners with a fresh perspective on building bridges with socially excluded people and marginalised groups

Visions, Values & Principles (page 58)

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

The Council considers that the vision should be changed to reflect the importance of people achieving their full 'health and wellbeing' potential across their life course, for example
"Where all people are enabled and supported in achieving their full health and wellbeing potential"

Belfast City Council considers that the concept of 'wellbeing' should be more explicit in the values and that in the final value '...according to their needs' should be replaced with '...to enable them to reach their full health and wellbeing potential'

The Council would also suggest that the underlying principles of the framework better reflect the following key elements:

- Action across the social gradient (proportionate universalism)
- Action on social determinants of health
- Partnership and integration
- Health and health equity in all policies
- Value for money
- Sustainability
- Asset approach
- Strong shared collaborative leadership

Life Course Approach (page 59)

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

Belfast City Council agrees with the life course approach and the underpinning themes suggested. The approach is well documented and supported by Marmot and incorporated into other UK based approaches to improving health and wellbeing.

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

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

Belfast City Council fully supports the strategic priorities identified in the framework, particularly early years given the evidence to suggest that a large part of the pattern for a person's future adult life is set by age 3; and also the fact that research has shown that preventative strategies and early intervention are cost effective and that resources invested in early years will result in proportionately greater benefits.

Chapter 7 – Strategic Framework – Themes and Outcomes

The Council supports an outcome based approach and considers the majority of the long term outcomes to be appropriate. However this part of the framework is slightly confusing because of the extensive number of short term outcomes, some of which are repeated at different life stages and some of which are more like actions or work streams, for example, those which refer to publishing strategies or implementing plans; this is particularly noticeable under the underpinning theme of 'sustainable communities'. It is suggested that the short term outcomes are rationalised, focused and worded to fit in with the definition of an outcome as stated in the framework. It is also important to ensure that listing key partners against the short term options does not exclude

organisations, for example the way in which the information is presented makes the role of local government and the community and voluntary sectors in delivering the outcomes unclear. It might be better to present 'key partners' as 'Lead Government Departments'.

In terms of the role of local government in contributing to the long term outcomes it is worth noting that the localism agenda is currently a dominant theme of National Government. Taking this into account and also the ongoing reorganisation of local government in Northern Ireland, it is suggested that the current role and indeed the future role of local government be more explicitly reflected in chapter 7 of the framework.

The Council would be interested to know how the outcomes will be measured and would suggest, given the detail and operational nature of the short term outcomes, that where possible specific baseline data and data sources be identified in the framework.

The framework does not take enough account of the recent report from the Kings Fund on the clustering of unhealthy behaviours. It does make reference to the concept of 'proportionate universalism', where action must be universal but with a scale and intensity proportionate to the level of disadvantage; however the interrelationship between the unhealthy behaviours identified in the Kings Fund report is not clear in the framework.

Pre-Birth & Early Years Lifestage (page 65)

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

The Council considers that many of the key issues impacting on health at the early years life stage, including relationships with parents, quality child care, maternal smoking / alcohol consumption, nutrition, poverty and educational attainment are reflected in the short term outcomes. However outcome 1 (11) relating to poverty and the Social Change Delivery Framework could perhaps be expanded to consider fuel poverty', particularly given the link between a cold environment and infant brain development. Outcome 1 (12) could be reworded to identify the change or benefits resulting from the Neighbourhood Renewal Investment Fund.

Children & Young People Lifestage (page 72)

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

The Council supports the long term outcomes but would suggest that greater emphasis on reducing teenage pregnancy rates and reducing smoking should be included in the short term outcomes (outcome 1.3 refers to underage sales of alcohol but not tobacco products even though there is a significant investment by PHA and local councils in this area of work).

Under this life stage there are a number of short term outcomes that could be reworded to make measuring progress against them easier, for example outcome 3 (1) could read 'improved emotional health and wellbeing in pupils achieved by implementation of the Pupils' Emotional Health and Wellbeing Programme across the primary and post primary sectors'. Other similar outcomes are, outcome 2 (3, 4, 6 and 7) and outcome 3 (1, 2, 12, 15, 16, 17 and 18)

The Council would also highlight the contribution local councils and Belfast City Council in particular makes to delivering a number of the short term outcomes, in particular outcome 1 (2), outcome 3 96 and 11)

The Council's Parks and Leisure Department currently provides a range of resources, targeted services, programmes and facilities which provide opportunities to improve children and young people's health and wellbeing.

We currently provide a range of assets across the city including:

- 10 leisure centres across the city
- 48 parks and open spaces
- 74 playgrounds
- Outdoor fitness gyms
- 120 sports pitches
- 12 bowling pavilions
- 1 golf course
- Belfast Zoological Gardens
- 1 Adventure playground

There are support services in the Parks and Leisure Department to help develop and deliver opportunities for improving the health and wellbeing of children and young people. These include staff teams at each of the leisure centres, a participation manager and officers, outdoor leisure, community and outreach managers, an active living and open spaces unit and the Active Belfast co-ordinator.

The Parks and Leisure Department also delivers a range of focused programmes and activities specifically for children and young people including:

- Healthwise scheme;
- FRESH programme;
- Our involvement with bike club offering participant opportunities in cycling across BCC catchment area
- Active communities – current participation level is 80% younger people
- Healthy families:
- Playground refurbishment programme
- 'Make a Splash' swimming lesson programme
- Summer schemes
- Teenage Kicks programme
- Try it sports days/ Olympic events
- Schools cross country events
- Provision of kids gyms
- Midnight soccer programmes
- Bridges urban sports park

Belfast Strategic Partnership

Recently the Belfast Strategic Partnership (BSP) was established. It represents a long term commitment from senior decision makers and influencers from the statutory, community and voluntary, and private sectors and local elected representatives in the city. Its purpose is to address the life inequalities that impact on Belfast and this will include agreeing effective interventions which address key priority areas, ensuring that public money is used to best effect and influencing policy makers to focus on relevant issues and invest in the correct areas.

One of the BSP's key areas of work which the Council is leading on is Active Belfast. Active Belfast aims to promote healthy living and increase physical activity. The Council is working with partners to set up a range of activities to encourage a healthier lifestyle. These fall under 3 categories:

- active living (growing communities and community gardening, fresh programme)
- active leisure (outdoor gyms)
- sport (active communities programme)

The concept of BSP and the Active Belfast model represents a potential local delivery mechanism for achieving the outcomes identified in this framework and the Council welcomes further discussion on the role of local government in its implementation.

Young Adult Lifestage (page 80)

Question 7: Do you wish to make any comments on the aims and outcomes for the Young Adults lifestage? Are there any gaps and do you have evidence to support your view?

The Council supports the long term outcomes but would suggest that greater emphasis on reducing teenage pregnancy rates and assistance with travel for those seeking employment are included in short term outcomes.

It is recommended the short term outcomes under this life stage are reviewed and presented so as to enable progress against them to be measured. Some of them are very general and wide ranging, in particular outcome 2 (4) and 3 (14). Another example is outcome 1 (6), which could be changed to 'a reduction in the number of young people offending as a result of being diverted through PSCPs'; and outcome 1 (7) 'a reduction in the number of young that have been in custody reoffending' It is suggested that outcome 1 (12) is long rather than short term.

Again the Council would like to take this opportunity to highlight the contribution local councils and Belfast City Council in particular makes to delivering a number of the short term outcomes under this life stage, in particular:

- | | |
|--------------|---|
| Outcome 3.6: | Reduction in the % of young adults who are overweight or obese |
| Outcome 3.7: | Increased % of this age group meeting the CMO physical Activity guidelines |
| Outcome 3.8: | Increased number of young people and adults with learning disabilities participating in sport and recreation and leisure activities |
| Outcome 3.9: | Increased numbers of young people who are members of at least one sports club |

Belfast City Council's Parks and Leisure Department works in partnership with government departments for example PHA, DCAL and DHSSPS in delivering a wide range of activities and programmes many of which are targeted to increase participation from under-represented groups including females and people with a disability. These programmes include Active Communities, health and well-being programmes such as Healthy families, a cardiac rehabilitation programme, Activate, try it schemes and activities such as summer schemes. The Parks and Leisure Department provides a wide range of accessible facilities across the city including leisure centres, parks, outdoor pitches and specialist facilities such as the Mary Peters Track and Bridges Urban Sports Park.

In relation to outcome 3 (9), the Council delivers 'Coach-mark' and 'Club-mark' schemes. We also investment in high quality facilities such as the five new 3G pitches, the upgrade of the Mary Peters Track and the development of the Bridges Urban Sports Park.

Working Age Adult Lifestage (page 88)

Question 8: Do you wish to make any comments on the aims and outcomes for the Working Age Adults lifestage? Are there any gaps and do you have evidence to support your view?

The Council supports the long term outcomes but would suggest that greater emphasis on the following:

- Assistance with travel required for those seeking employment;
- Greater understanding of welfare reforms and potential impact linking with poverty;
- The factors which impact on mental health and emotional wellbeing – the short term outcomes under outcome 3 focus more on physical health
- The importance of inclusion and community development in relation to mental health
- Volunteering and social enterprise
- The need for Public health campaigns to be targeted and mediums used which focus on different socio-economic groups (general television campaigns have greater impact on middle class than working class, leading to potential increase in health inequalities); and
- The impacts of social media and social marketing need to be fully explored.

It is recommended the short term outcomes under this life stage are reviewed and presented so as to enable progress against them to be measured. Some of them are very general and wide ranging.

The Council would also take this opportunity to highlight the following programmes of work that are delivered in partnership with the PHA, HSC, DHSSPS, and Sport NI in relation to workplace health initiatives:

- Healthwise exercise referral scheme
- Drive to health (pilot programme delivered in west Belfast for taxi drivers) which will be rolled out to other employers whose employees are engaged mainly in sedentary activities i.e. sitting at the desk.
- Corporate membership scheme provided at a special corporate rate to organisations in Belfast enabling access to leisure facilities and programmes across Belfast.
- Active workplace programme
- Availability of grants through the Active Belfast Partnerships giving people the opportunity to train employees as coaches to deliver physical activity sessions at lunchtime

Later Years Lifestage (page 96)

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

The Council supports the long term outcomes but is concerned that the short term outcomes identified are limited and focus more on health outcomes and outputs rather than the wider whole system approach advocated in the framework. Also the outcomes appear to miss key domains for healthy ageing identified by the World Health Organisation in its Age Friendly Cities and Communities project, and don't prioritise the importance of outdoor spaces and the built environment, social respect, isolation and inclusion, housing needs, and property repair and maintenance. It is recommended that the WHO outcomes and domains for healthy ageing, which are comprehensive and community based, should be considered when further developing the strategic outcomes in this framework.

The WHO Age Friendly Cities and Communities project provides a good mechanism to achieve the objectives of healthy ageing and is consistent with strategic vision and the principles outlined in the framework. A number of regions and countries have adopted the model at national or regional level. A regional approach using the WHO initiative would be particularly relevant in Northern Ireland and could be supported using a regional body similar to 'Netwell' in the south of Ireland.

It is also suggested that there is a need to focus on transition periods within later years and ensure services are aligned / accessible at times when they are required, for example, retirement, loss of a spouse, diagnosis of a chronic condition, etc; and there should be an increased emphasis on issues such as alcohol / substance misuse and fuel poverty. Consideration should also be given to engaging the most excluded older people for uptake of services / screening; this links with the principle of tackling social exclusion.

Underpinning Theme – Sustainable Communities (page 103)

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

The Council agrees that 'sustainable communities' is an important underpinning theme. The short term objectives recognise the Urban Regeneration and Community Development Policy Framework (URCD), which is currently being consulted on, and it is recommended that consideration be given to that consultation when further developing the strategic aims and outcomes of this underpinning theme. Ensuring that the outcomes align with the main policy and enabling objectives in the URCD Framework.

A number of the short term outcomes under this theme are very general and are more output, action based rather than measurable outcomes. It is recommended that they be reviewed and clear short term outcomes identified. There should also be a strong emphasis on community engagement and community planning **and the future role of local government in urban regeneration** under this theme.

Underpinning Theme – Building Healthy Public Policy (page 110)

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

The Council is a strong advocate of the concept of health and health equity in all policies; and this is reflected in the BSP Framework for Action to address life inequalities. The Council considers the long term outcomes under this underpinning theme to support both equity and health gain in public policy.

Chapter 8 – Priority Areas for Collaboration (page 125)

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

The priority areas proposed for collaborative working reflect the commitments in the three main areas of the Council's Investment Programme 2012-2015; physical investment, investment in economic growth and investment under the theme of supporting people, communities and neighbourhoods. Much of the council investment programme is directed around projects involving collaborative working, including implementation of the actions under our poverty and social inequalities framework and the BSP's framework for action on addressing life inequalities. The priority areas under the BSP framework for action reflect several of the areas identified in this document; in particular, addressing lifelong learning related issues, focusing on early years and early interventions, and regenerating living places and healthy spaces. The themes of poverty, building community capacity and 'Active Belfast' also tie in. The two areas specifically identified in Belfast not included in the priority areas in this framework are addressing mental health and

emotional wellbeing and addressing alcohol and drug related health issues; both significant regional issues. In addition, the Kings Fund report on the Clustering of Unhealthy Behaviours should be taken into consideration.

The need for collaboration across government and within and across other sectors is clear if we are to be successful over the next ten years in addressing the significant health inequalities that currently exist. However identifying areas for collaborative working will not change the way we do things. It is important that this framework is crafted so as to both enable and drive the cultural change that is needed for us to work together to do things differently. Identifying key areas is a starting point in order to maximise the impact of regional resources but this will only happen if effectively connected into local community and area based agendas.

Other areas for collaboration, which reflect the wider determinants of health, could include supporting people, building community capacity, creating employment opportunities and planning environments.

There is a need for clarity around the collaboration required at local government level to make the framework work.

Chapter 9 – Implementation and Governance (page 129)

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

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

If not, what alternatives would you suggest and why?

The Council is concerned that local government is not seen as a key delivery agent throughout the entire document to ensure implementation at a local level. In particular, the role of local government as a 'key partner' in delivering the outcomes in chapter 7 of the framework is not explicit and this detracts to some extent from the emphasis on collaborative working and the importance of the framework in connecting the strategic, regional and local agendas in tackling health inequalities. Government Departments need to appreciate the key role that councils play at a local level in achieving outcomes through services such as parks, leisure, and community development and through the impact of local regeneration programmes.

The localism agenda, which is currently a dominant theme of National Government, is weak within the framework and could be strengthened particularly in relation to delivering the outcomes under the various life stages and underpinning themes. It should be noted that, in England, many public health functions are being returned to local government.

The Council does not disagree with the proposed governance arrangements but recognises that it is the connection between the strategic, regional and local levels that will be the key to effective implementation; and it is unclear how what is being proposed is significantly different from what has gone before. This is a cause for concern given the potential to overload the system at a strategic level and create a position where the framework is competing with rather than complementing or enabling other cross departmental strategies.

The Public Health Agency does have the potential to improve connectivity and it is essential that it is sufficiently resourced and enabled to drive forward the implementation of the framework and

effectively respond to the challenges and opportunities presented by current and emerging agendas, at all levels, i.e. strategic, regional and local. Obviously the establishment of the police and community safety partnerships, local area working, the review of public administration and community planning are significant agendas for local government; they are also agendas which have the potential to support the implementation of the framework.

The Council considers that there should be further discussion around the implementation and governance arrangements in order to assure connectivity, ownership and clear accountability in delivering outcomes.

Funding (page 130)

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

European funding streams should be considered for certain pilot projects with the potential to draw in more substantial or mainstream investment in the future.

Monitoring Evaluation & Research (page 131)

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

The Council considers that there should be a robust section dedicated to how the framework will be monitored and reviewed. It is vital that a robust performance measurement framework is developed at the outset (containing a balance of input, output and outcome measures). Section 9.22 suggests that data and research groups have been established to take forward the work on the development of high level indicators; the Council would welcome the opportunity to be consulted on the proposed indicators as they are being developed.

Summary of Belfast City Council's Response

The proposed framework is very detailed and all encompassing and it highlights the importance of coordination at regional level and also between regional and local levels in addressing public health issues. There is a strong emphasis on partnership working, including working with local government and across sectors, and in influencing the incorporation of health and health equity across government policy.

Key Strengths

- The framework provides an important starting point to consider what can be learned from the work of Investing for Health and there is a clear ambition within it to continue to work to address the persistent factors which contribute to health inequalities. There is also an ambition within the framework to connect the strategic, regional and local levels in working better together to maximise impact and improve health and wellbeing.
- The framework is outcome and evidenced based and cuts across the life course of individuals.
- It is seeking synergy with other relevant strategies, policies and programmes on a cross Departmental basis.
- The strategy recognises the growing importance of an asset approach; i.e. building on what communities have rather than basing interventions on what they don't have.

- The strategic priorities identified in the framework are very relevant to the citizens of Belfast, particularly 'early years' given the evidence which suggests that a large part of the pattern for a person's future adult life is set by age 3; and also the fact that research has shown that preventative strategies and early intervention are cost effective and that resources invested in early years will result in proportionately greater benefits.
- The Council is a strong advocate of the concept of health and health equity in all policies; a concept which is reflected in the public health framework as one of the underpinning themes.
- The priority areas proposed for collaborative working in the framework reflect the commitments in the three main areas of the Council's Investment Programme 2012-2015; physical investment, investment in economic growth and investment under the theme of supporting people, communities and neighbourhoods. In particular, the priority areas under the Belfast Strategic Partnership framework for action are reflected in several of the areas identified in the public health framework; in particular, addressing lifelong learning related issues, focusing on early years and early interventions, and regenerating living places and healthy spaces. The themes of poverty, building community capacity and 'Active Belfast' also tie in. The two areas specifically identified in Belfast not included in the priority areas in this framework are addressing mental health and emotional wellbeing and addressing alcohol and drug related health issues; both significant regional issues. These have been highlighted in the Council's response.

Areas requiring clarification or further discussion

- It is suggested that the underlying principles of the framework better reflect the following key elements:
 - Action across the social gradient (proportionate universalism)
 - Action on social determinants of health
 - Partnership and integration
 - Health and health equity in all policies
 - Value for money
 - Sustainability
 - Asset approach
 - Strong shared collaborative leadership
- Chapter 7 of the framework is slightly confusing because of the extensive number of short term outcomes, some of which are repeated at different life stages and some of which are more like actions or work streams. It is suggested in the Council response that the short term outcomes are rationalised, focused and worded to fit in with the definition of an outcome as stated in the framework.
- The Council is concerned that local government is not seen as a key delivery agent throughout the entire document to ensure implementation at a local level. In particular, the role of local government as a 'key partner' in delivering the outcomes in chapter 7 of the framework is not explicit and this detracts to some extent from the emphasis on collaborative working and the importance of the framework in connecting the strategic, regional and local agendas in tackling health inequalities. Government Departments need to appreciate the key role that councils play at a local level in achieving outcomes through services such as parks, leisure, and community development and through the impact of local regeneration programmes.
- The localism agenda, which is currently a dominant theme of National Government, is weak within the framework and could be strengthened particularly in relation to delivering the outcomes under the various life stages and underpinning themes. It should be noted that, in England, many public health functions are being returned to local government.
- The Council response highlights that while identifying priority areas for collaboration is useful in potentially maximising the impact of regional resources, it will not actually change the way we do things. It is important therefore that the public health framework is crafted so

as to both enable and drive the cultural change that is required for government, organisations and sectors to work together to do things differently in reducing the significant health inequalities that exist.

- The framework currently lacks detail on performance measurement although it refers to establishing data and research groups to take forward work on the development of high level indicators. The Council has asked to be informed of the proposed indicators as they are being developed.
- In terms of governance and implementation arrangements it is unclear that what is being proposed in the framework is significantly different from what has gone before, for example the Ministerial Group on Public Health set up under the previous strategy was not always effective at connecting cross Departmental policy or in linking strategic and local agendas. The Council response proposes that there should be further discussion around the implementation and governance arrangements in order to assure connectivity, ownership and clear accountability in delivering outcomes.
- The framework should also consider the importance of targeted local neighbourhood approaches and community involvement.
- The framework does not take enough account of the recent report from the Kings Fund on the clustering of unhealthy behaviours. It does make reference to the concept of 'proportionate universalism', where action must be universal but with a scale and intensity proportionate to the level of disadvantage; however the interrelationship between the unhealthy behaviours identified in the Kings Fund report is not clear in the framework.