



PUBLIC HEALTH AGENCY CORPORATE PLAN 2017-2021
PUBLIC CONSULTATION QUESTIONNAIRE

Opens: 9am Monday 28 November 2016

Closes: 4pm Friday 17 February 2017

Public Health Agency Corporate Plan 2017-2021

Public Consultation Questionnaire

Please use this questionnaire to send us your views on the draft Public Health Agency Corporate Plan 2017-2021.

The consultation is open from 9am Monday 28 November 2016 until 4pm Friday 17 February 2017.

Please send your response in writing to phacorporateplan@hscni.net or to:

PHA Corporate Plan Consultation
Public Health Agency
4th Floor South
12-22 Linenhall Street
Belfast
BT2 8BS

If you have any questions about this questionnaire, or the consultation process, or if you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages) please contact:

**Julie Mawhinney, Project Support Manager, Public Health Agency,
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Introduction

The Public Health Agency (PHA) was established in 2009 to take forward work to improve health and social wellbeing, protect the community against communicable disease and other dangers to health and social wellbeing, and reduce health inequalities.

This new draft Corporate Plan 2017 – 2021, sets out our priorities for how we will continue to progress this work over the next four years. We want to hear your views on the proposed direction, outcomes and associated actions to help achieve these outcomes.

The content of this draft Corporate Plan has been developed through a programme of engagement with key internal and external stakeholders, review of our previous Corporate Strategy (2011 – 2015) and takes account of Department of Health (DoH) priorities, especially Making Life Better as well as the draft Programme for Government. It has also been informed by our partnership working with local councils on the development of Community Plans.

It is recognised that the Plan is being developed at a period of change in Health and Social Care. While this presents challenges, it also opens up opportunities. In particular the Health Minister's 10-year vision to transform the current HSC system, *Health and Wellbeing 2026: Delivering Together*, which envisages a "new model of person-centred care focused on prevention, early intervention, supporting independence and wellbeing" will fundamentally drive and direct our work over the next four years.

The Corporate Plan is by its nature a high level document, setting the role, direction and priorities for the PHA from 2017 – 2021, and setting out our commitment to work collaboratively with others. The Plan will be supported by our annual business plans, which will also enable us to incorporate new priorities and respond to new challenges that may arise over the four year period.

An initial draft equality screening is also attached. It should be noted however that this is still a provisional document, with ongoing work to identify further data. The final equality screening will also be informed by replies to the two equality questions in this questionnaire and will ultimately be refined in the light of the final version of the Corporate Plan, taking account of responses to this consultation.

We would encourage you to read the draft Corporate Plan, and would welcome your comments, through completing this questionnaire. We would also be happy to receive any other comments that you feel do not fit into the questions set out in this questionnaire.

Please send your completed questionnaire, and or any other comments, by post or by email to phacorporateplan@hscni.net

Consultation Questionnaire

This questionnaire has been designed to help stakeholders respond to the Draft PHA Corporate Plan 2017 – 2021.

Written responses are welcome either using this questionnaire template or in an alternative format which best suits your comments.

The following consultation questions focus on core elements of the draft Corporate Plan 2017-2021. The purpose, vision and values and each of the five outcomes are set out within this document however it is recommended that you refer to the full draft found on www.publichealth.hscni.net

Using the scale, please indicate using a cross (x) or a tick (√) to what extent you agree or disagree with the content in each of the sections.

1 = Strongly Disagree; 2 = Disagree; 3 = Neither agree nor disagree; 4 = Agree;
5 = Strongly Agree

Please also note your comments and views in the text boxes provided.

YOUR RESPONSE MUST BE RECEIVED BY 4pm ON FRIDAY 17 February 2017

(Please tick the relevant box)

I am responding:

- as an individual
- on behalf of an organisation
- other, please specify: _____

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Purpose, Vision and Values

PURPOSE, VISION AND VALUES

Our Purpose

Protect and improve the health and social wellbeing of our population and reduce health inequalities through strong partnerships with individuals, communities and other key public, private and voluntary organisations

Our Vision

All people are enabled and supported in achieving their full health and wellbeing potential and inequalities in health are reduced

Our Values:

- We will put individuals and communities at the heart of everything we do in improving their health and social wellbeing and reducing health inequalities
- We will act with openness and honesty and will treat all with dignity, respect and compassion as we conduct our business
- We will work in partnership to improve the quality of life of those we serve
- We will listen to and involve individuals and communities
- We will value, develop and empower our staff and strive for excellence and innovation
- We will be evidence led and outcomes-focussed

Q1: Do you agree with the vision and values? If not, what alternative do you suggest?

1 = Strongly Disagree; 2 = Disagree; 3 = Neither agree nor disagree; 4 = Agree; 5 = Strongly Agree

1	2	3	4	5
			X	

Please include any comments below

We are generally supportive of the purpose, vision and values set out. Additional comments we would like to make are as follows:

- *Purpose*

Definitions of key terms e.g. 'health and social wellbeing' are welcomed in the final document to support shared understanding and assure that the 3 aspects of wellbeing – physical, mental and social wellbeing as per the WHO definition of 'health' remain part of the future corporate plan.

- *Vision*

The addition of reducing health inequalities in the new vision is welcomed.

- *Values*

There is total support for the values set out where individuals are at the heart of everything to improve their wellbeing and reduce inequalities based on evidence and being outcomes focused.

Value 3 'we will listen to and involve individuals and communities' may benefit from the inclusion of 'families' or advocates where an individual may not be in a position to do it themselves. We welcome effective engagement for all ages to hear what the individuals or communities (of interest or geography) may need key messages on.

We believe a further value to aspire to in the corporate plan is for 'local people to shape and co-produce the services they require'.

Outcomes

Outcome 1

All children and young people have the best start in life

What happens to children and young people in their earliest years is key to their outcomes in adult life. This includes good health, an adequate standard of living, a secure family environment, physical activity and protection from harm.

Growing up is a time in life of considerable physical, social and emotional development. In order to give all children and young people the best start in life it is important that we ensure high quality public health and wellbeing services are provided for all from antenatal care onwards.

We will work to:

1. improve the health and wellbeing of all children and young people by strengthening universal services and embedding early intervention approaches;
2. introduce and develop antenatal and new born population screening programmes in line with the recommendations of the national and local screening committees;
3. promote and secure the best outcomes for children and young people through implementation of a range of early years evidence based/informed programmes;
4. implement a range of early years interventions and programmes that support parents to provide a safe and nurturing home environment, and, address issues that adversely impact on children;
5. protect the health of children and young through vaccination and immunisation programmes and working with nurseries and schools to prevent spread of infection in those settings.

Q2: Do you agree with Outcome 1: All children and young people have the best start in life? If not, what alternative do you suggest?

1 = Strongly Disagree; 2 = Disagree; 3 = Neither agree nor disagree; 4 = Agree; 5 = Strongly Agree

1	2	3	4	5
			X	

Please include any comments below

We support this outcome and it reflects our thinking in the Belfast Agenda. The comments that follow are recommended for further consideration in the final document to derive the greatest benefit from future collaborative action:

- *Rights of the child and young person (CYP)*

The document acknowledges the potential lifelong impact of social determinants on an adult's life as the main reason for enabling the best start in life. It is worth noting these are also the statutory rights of the child as enshrined in the UNCRC rights of children and young people (and locally in the Children's services Co-operation act Dec 2015).

- *Complex needs and 'multiple adversity'*

It is recommended that CYP (or families) with complex needs and/ or multiple adversity is captured in the final draft when prioritising universal services and targeting early years' interventions in the funding picture outlined in the document. (Based on evidence of need). Appropriate mechanisms should be in place to identify the C&YP most at risk as well as the less obvious and interventions should be targeted at both.

- *Evidence led services*

Building on the evidence of impact of child poverty and at key transition stages in a child's life are significant along with the timeliness and age suitability of the prevention schemes or intervention is welcomed (e.g. pre-birth; preschool; primary; secondary; post-secondary etc.). It is also important to reinforce positive behaviours and overcome any ingrained societal norms that may reinforce negative choices or unhealthy behaviours. We also welcome PHA through the Department working across agencies to support the implementation of the Child Poverty Strategy

- *Diversity of programmes and services*

The diverse nature of families and their circumstances may suggest the need for a flexible approach to programmes and services for each child/children and not necessarily limit to parental involvement. With increasing numbers of child carers or 'informal kinship' arrangements by grandparents it may be beneficial to retain this flexibility when commissioning programmes and services to meet the needs of the child. There is a need to implement innovative ways to provide support which focuses on the wider family to include children, parents, partners, grandparents and other carers.

All children and young people have the best start in life is aligned to our Belfast Agenda aspiration regarding young people to fulfil their potential.

- *Key partners*

With the responsibility for children and young people in the Department of Education we welcome a broader collaboration to build stronger links between schools, families and local communities along with Council and PHA to address the issues that adversely impact on children. As early intervention is an integral aspect of preventative models, the role of the

education sector needs to be seen as a critical element in helping tackle issues such as young people's aspiration, motivation and attainment. We support that both formal and informal approaches to education will develop the child first, their social interaction and emotional intelligence and laterally their life skills and formal learning experiences to thrive and fulfil their potential.

Outcome 2

All older adults are enabled to live healthy and fulfilling lives

As a population, we are living longer lives and many older adults enjoy good health and make significant contributions to their families, their friends and to society.

For some however, older age brings a risk of social isolation and poor physical and mental health and wellbeing. So with longer life expectancy comes the need to protect and promote the health of older adults and to incorporate a lifelong approach to positive health. We must work in partnership with others to ensure older people are valued, respected and protected; and that every opportunity is afforded them to live healthy and fulfilling lives.

In the context of an ageing population, and growing public health issues such as dementia, we must ensure that future policies, programmes and investments are age-friendly and enable our older adult population to maintain active, healthy and independent lives. Access to opportunities for social engagement are also important as this encourages and engages people in activities that impact on both physical and mental health and wellbeing and supports interaction across generations.

We will work to:

1. develop and implement multi agency healthy ageing programmes, to engage and improve the health and wellbeing of older people;
2. promote appropriate intervention programmes within all settings to detect and manage mental ill health and its consequences;
3. promote inclusive, inter-generational physical and mental health messages and initiatives that enable longer, healthy and fulfilling lives;
4. protect the health of older adults through immunisations and screening;
5. support programmes and initiatives, including e-health and technology based approaches that promote independence and self-management.

Q3: Do you agree with Outcome 2: All older adults are enabled to live healthy and fulfilling lives? If not, what alternative do you suggest?

1 = Strongly Disagree; 2 = Disagree; 3 = Neither agree nor disagree; 4 = Agree; 5 = Strongly Agree

1	2	3	4	5
			X	

Please include any comments below

We welcome the prioritisation of this outcome and the focus on dementia and using technology based approaches to promote independent lives throughout older age. Furthermore we recommend the outcome references ‘active’ ageing i.e. ‘All older adults are enabled to live healthy, *active* and fulfilling lives’. We support the work items listed of healthy ageing programmes, mental ill health interventions, immunisations and screening programme and the key messages and e health technology approaches being considered to deliver it. Additional recommendations in this section include:

- *Complex needs and ‘multiple adversity’*

It is recommended individuals with complex needs, dependencies and/ or multiple adversities are recognised in the final draft to prioritise universal services and target interventions particularly due to the funding picture outlined in the document.

- *Evidence led services*

It may be useful to define an older person/ adult. Prioritising and promoting timely interventions are key for a positive impact on adults managing or maintaining their health or implications on it due to their age.

- *Quality of older age – positive behaviours.*

Further evidence is required on lives led and choices made. Particularly the impact (if any and recorded e.g. in the next census) of timely access to services on life expectancy and when interventions are made.

- *Diversity of programmes and services*

The variations in family/households mentioned earlier are also relevant in terms of ensuring a positive health experience in the older population, particularly as one third single households were reported in the last census in Belfast.

We welcome technology based approaches particularly to overcome this and connect through social engagement to enable positive health experiences for our older people.

- *Safeguarding*

There is a need to recognise the right of an older person to be respected and this includes to be free from elder abuse. Council seeks continued support with our partners to safeguard this through services and access to them at any time of life (E.g. domestic/parental/sibling/ carer etc.) and in any form (e.g. financial, sexual, physical etc.).

- *Active lifestyles*

As mentioned the addition of ‘active in this outcome’ is recommended in order to fulfil the commitment in Department for Communities “Active Ageing Strategy 2016-2021” as identified in the PFG document and in our (WHO) Age Friendly council area. The Belfast Health ageing action plan and key priorities remain current and we recommend are a key focus for investment.

Outcome 3

All individuals and communities are equipped and enabled to live long healthy lives

Adults now generally enjoy better health and can expect to live longer than previous generations. However there are still many challenges in respect of living healthier lives and health inequalities, including increasing long term damage related to health behaviours such as poor diet, low levels of physical activity, smoking, and alcohol consumption for many.

As well as equipping people to live long healthy lives across all settings and environments we must also help to prevent them from needing health interventions. This includes providing people with the information and support they need to take control of their physical and mental health and make healthy lifestyle choices; access to immunisation programmes, and to screening and detection programmes; public health approaches to palliative and end of life care; and tackling issues that are linked to poor health outcomes. Promoting healthy choices and healthier environments and communities, including within workplaces will also be a key focus to enable everyone to live long healthy lives.

We will work to:

1. ensure people are better informed about health matters through easily accessible up-to-date information and materials;
2. introduce and develop adult population screening programmes in line with the recommendations of the national and local screening committees and engage with primary care, pharmacies and relevant voluntary groups to promote specific screening programmes in local communities;
3. develop and implement with partners a range of coordinated actions across communities and HSC settings to improve mental health and wellbeing and reduce the level of suicide;
4. develop and implement a wide range of multi- agency actions across all settings to promote healthy behaviours including promotion of healthy weight and physical activity; improve sexual health; reduce harm from alcohol and drug misuse; reduce home accidents; and prevent skin cancer;
5. protect the health of individuals and communities through timely responses to outbreaks and emergency planning, implementing immunisation programmes and promoting key health protection messages.

Q4: Do you agree with Outcome 3: All individuals and communities are equipped and enabled to live long healthy lives? If not, what alternative do you suggest?

1 = Strongly Disagree; 2 = Disagree; 3 = Neither agree nor disagree; 4 = Agree; 5 = Strongly Agree

1	2	3	4	5
			X	

Please include any comments below

We support Outcome 3 and encourage the positive reinforcement of adults with complex needs or differing abilities to be prioritised in this section. Furthermore we recommend the following items are fully developed in the final plan:

- *People with disabilities*

The general safeguarding of people with disabilities would be a welcome addition to the document particularly when prioritising effective screening, care and programmes.

- *Complex needs and 'multiple adversity'*

People with complex needs, dependencies and/ or multiple adversities are recognised when prioritising the multi-agency action approach to ensure the person centred needs manages the interdependent issues that impacts their lives.

Under 'what will be done' it would be prudent to expand that targeted services for those with complex needs, multiple adversity or inequality are prioritized as it currently seems to cover universal services only.

- *Drugs and alcohol*

We are particularly keen for drug and alcohol misuse to be recognised as an area of work to be prioritised in the plan and which benefits from a co-ordinated information and materials. It's interdependent nature which impacts behaviours or life choices and its personal or community impact.

- *Safeguarding*

It may be beneficial to consider the specialist services and access to them at any time of life for adults that may experience abuse e.g. domestic/parental/sibling/ carer etc. and in any form (e.g. financial, sexual, physical etc.). Vigilance in terms of self-harm or neglect may be beneficial to the work to reduce the levels of suicide. Social engagement too is a key factor and we welcome the opportunity to work in partnership to co-ordinate actions.

- *Being active and transport*

We welcome any opportunity to reinforce active travel in the new strategy to promote healthy behaviours e.g. Belfast Bikes and for access to services to reflect the changing culture through city centre regeneration to promote effective public transport and active citizens.

- *Emergency services*

We welcome the focus on working together to protect individuals and communities in emergency circumstances.

- *Collaborative working*

We welcome the opportunity to consolidate partnership work to plan and enable healthier communities. Achieving this collaboratively through the planning processes to improve the city's environment specifically our green spaces and using our services as a mechanism to disseminate messages on healthy lifestyles.

- *Employability & Skills*

Removing barriers to employment is a key focus of the Belfast Agenda as we recognise that having a good job is a way to really improve life for many in Belfast. Health is a major barrier and the main reason for people leaving the labour market. Positive improvements in health, education and wellbeing have been proven to allow people greater opportunities to avoid the challenges associated with poverty and unemployment. The Council's Employability & Skills Framework highlights the complexity and multi-faceted nature of this issue. It is not just about education, training and employment. Rather it is impacted by a wide range of issues such as family cultures, health problems, mobility and access to childcare and welfare benefits.

Delivering an integrated approach to employment and skills will depend on long term collaborative working across the city. We welcome engagement in approaches to look at how to provide targeted, outcome-focused support services in communities, improving the quality of life for participants and creating sustainable local economies. One example is the Council's commitment to engage with partners to design and deliver a 'Belfast Works' employability programme as a scalable, integrated whole life programme that will support those furthest from the labour market through to employment.

- *Environment*

The Growing strategy is our policy guide on developing community gardens and allotments etc. to support for individuals and communities to grow their own food which supports this outcome.

- *A resilient city*

We recently became one of the Rockefeller resilient cities and welcome a reference to resilience in the document and its significant role in promoting physical, mental and social health and wellbeing particularly with individuals, families and communities where complex challenges exist.

Outcome 4

All health and wellbeing services should be safe and high quality

Access to and provision of safe, high quality services to the right people at the right time is a key factor in determining the best health outcomes. The services we provide must be responsive, efficient and of a high quality to meet the needs of our people and communities.

Experiences of care must also demonstrate safe, compassionate services in which service users and carers are engaged and involved. The co-production and co-design of services is integral to this. The active involvement and meaningful engagement of service users and carers is central to maintaining and improving quality, safety and patient experience alongside improving efficiency and effectiveness of services.

This will involve, working together to ensure the sharing of learning and best practice; the achievement of quality standards; the provision of professional advice on services, workforce requirements and training; and embedding personal and public involvement (PPI) across programmes and organisations.

We will work to:

1. provide leadership and direction to the HSC for PPI to ensure services are co-designed and co-produced with service users and carers;
2. provide leadership and support to the HSC in the development and implementation of a comprehensive patient and client experience programme;
3. improve patient safety and experience by bringing leadership to reducing Health Care Associated infections including MRSA and C.difficile across the health and social care economy;
4. provide professional advice to HSC organisations and work with these organisations to ensure the HSC workforce has the skills, opportunities and supervision arrangements to work with patients and clients to improve the safety, reliability and quality of care;
5. drive forward, share and embed regional learning from relevant reviews and recommendations.

Q5: Do you agree with Outcome 4: All health and wellbeing services should be safe and high quality? If not, what alternative do you suggest?

1 = Strongly Disagree; 2 = Disagree; 3 = Neither agree nor disagree; 4 = Agree; 5 = Strongly Agree

1	2	3	4	5
			X	

Please include any comments below

We fully support outcome 4 and wish to highlight the significance of timeliness and access to services and interventions in achieving the purpose and delivering the vision set out in the document.

- *City level services (regional)*

We welcome ongoing collaboration to ensure regional or city level health and wellbeing services for those living here or health day visitors are accessible through the integrated transport system.

- *Access at a neighbourhood level*

Through partnership working at a community or neighbourhood level via hubs etc. there is great opportunity for the next community delivery 'health' model to empathetically integrate health and traditional community and voluntary sector structures.

- *Person centred services*

Services provided should support person centred care to ensure that everyone is treated with dignity, compassion and respect, considering emotional, social and practical needs.

- *One public estate*

We welcome support from PHA to work on a 'One Public Estate' approach – bringing their services into our locations e.g. community centres, leisure and wellbeing centres etc. and vice versa.

Q6: Is there an outcome or action you feel is missing or is not sufficiently reflected?

Yes []

No []

Please include any comments below

We welcome the straightforward format and content of the document and with the feedback in the earlier section believe the final draft will provide the focused priorities to continue collaborating on raising better outcomes.

There are two main areas where there may be opportunity to incorporate more fully in the existing outcomes or in a specific outcome, these are:

- *Interdependent impact of drugs and alcohol*

This item is a priority we wish to highlight due to its impact on an individual, on a community and its safety or the public generally at any age, in any household (or those without), and how it compounds the inequalities an individual is born into or experiences. We support both a person centred approach and multi-agency approaches and encourage flexibility in the final plan for license to do this and co-ordinate the funding of services and programmes which recognise these interdependent needs to successfully address and overcome them. Whether it's by tackling ill health, behaviours, choices, consequences or promoting and sustaining positive health opportunities for the population. Members have raised concerns of late on the level of investment and delivery of mental health and addiction services in the Belfast trust areas as there are continuing examples of long waiting time for referrals and adequacy of wrap around support services in the heart of communities. We seek to work better in partnership with PHA and Belfast Trust to achieve joint service delivery in our neighbourhoods that need it most.

- *Good relations*

Good Relations is a key element of our Belfast Agenda - our draft community plan. It may be beneficial to reflect this particularly when considering what works with mental health and emotional resilience and building self-management or efficacy.

We welcome a focus still on 'Home safety' to maintain the overall wellbeing and safety of all individuals and communities in the home.

Other Matters

Q7: Have you any other comments or suggestions to improve the document as a whole? If so, please outline these below

We are in support of the continuing priorities in the document and have reflected in each individual section specific points we welcome are incorporated in the final strategy. The main comments on the whole document follow:

- *Values:*

We recommend the 'value, respect and protection' action for older people is adopted as a value for the whole corporate strategy –CYP, older and adults generally.

- *Joint business plans*

We welcome the opportunity to integrate business plans particularly when accompanied by funding to enable collaborative commissioning. This is to avoid duplication of services and ensure suitable community health service model to support the person centred approach.

- *Future delivery of the corporate strategy*

More detail on how the corporate strategy will continue to be delivered through any future reform is welcomed. The proportional investment in the actions and resources in the business plan to where there may be greater geographic concentration of health inequalities or poor health outcomes would be a welcome addition.

Where Belfast may be the main location for a targeted intervention we will support any suitable messages through our communications e.g. City Matters/ social media.

- *Role of Councillors*

It is always beneficial to inform local councillors of key health messages and campaigns whether for city launch or where the information needs to be more readily available or reinforced in a local neighbourhood.

- *Funding*

It would be beneficial in the development of services for funding in different trusts which straddle council and policing boundaries to be integrated at source to ensure complementarity of services.

- *Engaging all individuals*

We welcome the document sets out the need to listen to individuals and offer any support or collaboration through our social and community engagement models e.g. Neighbourhood Renewal; Youth Forum or the Healthy Ageing Strategic Partnership etc.

- *Timeliness*

The impact of timeliness particularly to access preventive support or programmes may have a key impact on future life expectancy and quality of life and welcome this value is monitored effectively in the development of the business plan.

- *Environment*

We welcome any support to recognise the value of our natural assets and built heritage as affordable ways to improve an individual's health.

- *Our role*

The City's leaders have agreed (and it is currently being consulted on) an ambitious 'Belfast

Agenda'. We want by 2035 Belfast to be 'where everyone experiences good health and wellbeing'. We are applying the principle of 'invest to save' for inclusive growth through city and neighbourhood regeneration. We are avidly pursuing a City deal to provide the powers for city growth and realizing the benefits for everyone. Through the regeneration of our city centre, building jobs and employability and a thriving economy we aim to have a vibrant and attractive city with safe and well connected neighbourhoods.

Together we aim to 'enable active, healthy and empowered citizens' and 'reduce life inequalities' and support our 'young people and older people' and those 'with multiple challenges' through fit for purpose services therefore welcome the intent of the document. Collaborating through our social and community engagement models e.g. Neighbourhood Renewal; Youth Forum or the Healthy Ageing Strategic Partnership etc and through our strategic partnership with GLL to improve the health outcomes for our citizens.

The root causes of poverty and its impact on the individual, family or community are a priority to be tackled and included in the strategy. Sustainable regeneration of people and the place in which they live needs to be delivered successfully and are considering for a sustainable neighbourhood regeneration model and welcome an integrated approach through this strategy to achieve this.

We seek to strengthen existing joint working arrangements (e.g. Belfast Strategic Partnership through the Making Life Better' strategy etc.) and with PHA to deliver these priorities with the trust and PHA and other key partners for co designed resource allocation which invests in preventive models for health inequalities, particularly for mental health and wellbeing.

Belfast has recently become one of the Rockefeller 100 resilient cities and has a lead role in creating an inclusive and integrated city and in doing so supporting the social wellbeing of those who live, work and play here.

Over the course of the next 4 years collaboration at all levels across the city and in our neighbourhoods is key to evidencing the realisation of benefits and positive impact on the outcomes set. This will be led by the service improvement, transition and transformation as we seek the correct interventions to be in place, at the right time and agree early intervention and prevention is key to sustaining a future healthy population.

We have a strategic partnership with GLL. Our primary aim through this is to improve the health outcomes for our citizens and welcome PHA involvement in working collaboratively to do so. Using our leisure services to tackle various health issues in the city and building on existing efforts to provide related programmes e.g. cardiac referral and expanded them in line with the Bengoa report on health prevention. Also in terms of mental well-being and participation in communal activities such as active ageing sports.

- *Impact on Section 75 groupings*

It is accepted that the document sets its priorities based on evidence of need and concentrates efforts with an age focus. It is also generally acknowledged that those in greatest need may experience adversity in a number of ways and in the most complex situations. The evidence available would also remind us to bear in mind the need to prioritise the needs of all the groupings under section 75 and with disabilities as age is a single identity within them. Person centred approaches may support equality of opportunity. Applying an outcomes based approach enables effective services to be derived for those in greatest need irrespective of age and identity and we would consider its use as a mitigating action in the equality proofing of the document.

- *Monitoring*

An age profile for indicator 5 is recommended to monitor the quality of the health service experience at all stages of life and at critical transition points e.g. into adulthood and in particular for older people. We recommend specific age related indicators for younger and older people as set out in our corporate response to the PfG. As part of the recent Programme for Government consultation an indicator on life satisfaction for people with disabilities is proposed in the absence of further data development of a more bespoke indicator. It is reasonable to reflect the agreed indicators to measure impact on people with disabilities in its agreed form in the final PHA Corporate Plan.

Equality

Q8: In your opinion, is there anything set out in this draft Plan likely to have an adverse impact on equality of opportunity on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?

The nine key groups are:

- people with different religious belief
- people of political opinion
- people of different racial groups
- people of different ages
- people of different marital status
- people of different sexual orientation
- men and women generally
- people with a disability and people without
- people with dependants and people without

Yes []

No []

If Yes, please state the group or groups and provide comment on what you think should be added or removed to alleviate the adverse impact

It is accepted that the document sets its priorities based on evidence of need and concentrates efforts with an age focus.

It is also generally acknowledged that those in greatest need may experience adversity in a number of ways and in the most complex situations.

The evidence available would also remind us to bear in mind the need to prioritise the needs of all the groupings under section 75 and with disabilities as age is a single identity within them.

Person centred approaches may support equality of opportunity.

Applying an outcomes based approach enables effective services to be derived for those in greatest need irrespective of age and identity and we would consider its use as a mitigating action in the equality proofing of the document.

Section 75 also promotes ‘equality of opportunity’ which means that everyone in society should be able to compete on equal terms.

Q9: In your opinion, is there an opportunity for the draft Plan to better promote equality of opportunity or good relations?

Yes []

No []

If you answered yes to this question, please give details as to how.

Consultation Process and Privacy Statement

The PHA will publish a summary of responses following completion of the consultation process on the corporate website. The responses will be used to amend and further develop the draft Corporate Plan. Your response, and all other responses to the consultation, may be disclosed on request, in line with Freedom of Information.

Thank you for taking the time to complete and return this questionnaire. We very much value your input.