

DEPARTMENT OF HEALTH, SOCIAL SERVICES & PUBLIC SAFETY CONSULTATION ON - "A HEALTHIER FUTURE - A 20 YEAR VISION FOR HEALTH AND WELLBEING IN NORTHERN IRELAND 2005 - 2025" - BELFAST CITY COUNCIL COMMENTS

1. Belfast City Council welcomes the opportunity to comment on "A Healthier Future - A 20 Year Vision for Health & Wellbeing in Northern Ireland 2005-2025". Given the detailed nature of this consultation and the interest and roles and responsibilities which the Council has in this area, we have, in this instance, opted to offer a number of general comments on the strategy, themes and policy directions as a whole as well as answering the consultation questionnaire. For ease, where possible, we have cross-referenced our comments to the relevant paragraph number(s) or page numbers in your document.

GENERAL COMMENTS ON THE CONSULTATION DOCUMENT

2. Belfast City Council commends the publication of this strategy as a positive step forward in taking a long term approach to addressing current and predicted health and wellbeing issues, in terms of the role and structure of Health, Personal and Social Services (HPSS¹), tackling health inequalities and creating the environment for healthy choices to be made. However, we feel the Strategy is extremely aspirational and there is a need to develop the Vision into a joined-up programme of action, particularly in respect of the 'Investing for Health and Wellbeing' and 'Involving People' themes. The difficulty will be in translating the Vision outlined into actions which will achieve the outcomes being looked for in the Strategy.
3. District Councils have a major role to play in improving the health and wellbeing of their local populations. The Council is therefore disappointed to note that, although there is mention of better aligning of the work of HPSS with District Councils in Section 8 of the consultation, this is not replicated in other parts of the document. District Councils have a considerable range of functions, all of which impact on health and wellbeing. These range from:
 - Environmental health services - which have a direct input into improving health and wellbeing both through regulation and promotional work. This includes:
 - ⇒ Air pollution controls (The Council is disappointed to note that Paragraph 1.37, Page 18 makes reference only to the roles & responsibilities of the Department of the Environment, the Department of Regional Development and the Department of Enterprise, Trade & Investment in this regard and no mention of the role & responsibilities of District Councils)
 - ⇒ Noise nuisance response teams in some areas
 - ⇒ Regulation of health and safety at work; promotion of workplace health and support for business in meeting these requirements
 - ⇒ Contribution to reduction in accidents through health and safety activities mentioned above; consumer product controls; and, in some Councils, home safety schemes
 - ⇒ Public health controls in housing (again the Council is disappointed to note that Paragraph 1.42 Page 19 makes reference only to the roles & responsibilities of the Department for Social Development and the Northern Ireland Housing Executive in this regard and does not mention the role & responsibilities of District Councils)
 - ⇒ Food safety & nutrition - including inspections of food premises, training and promotional activities
 - ⇒ Health promotion activities aimed at improving life skills and health choices
 - Leisure services - the provision of leisure centres, summer schemes, sports development programmes, activity weeks and promotions, the development of healthy living centres, etc.
 - Community development -provision of community centres, community activities & support programmes
 - Parks and Open Spaces - the provision of green spaces for recreational activities, etc.
 - Sustainable development - leading on local environmental improvements
 - Economic development - including development of inward investment and local business, tourism, arts and culture, and leadership on local neighbourhood renewal / regeneration activities
 - Promotion of good relations between all groups in our society
 - Controls in respect of litter, graffiti, drinking in public places, dog control, etc.
 - Community safety - most councils in Northern Ireland have established community safety partnerships which are developing local strategies to reduce crime, fear of crime and anti-social behaviour. The influence of community safety on improvements in health and wellbeing is only mentioned in isolation within the document and needs to be incorporated in greater detail within Theme 1.

¹ For information - Health and Personal Social Services (HPSS) - includes publicly funded (statutory) hospital services, family and community health services and personal social services

4. Councils are often responsible for convening and leading local partnerships where more than one agency contributes to improving the quality of life of the local people. Attached in Appendix A is a Memorandum of Understanding agreed between Belfast City Council and the Eastern Investing for Health Partnership which demonstrates some of the contributions which district councils can make to health protection and improvement.
5. The Council would urge that organisations representing district councils in Northern Ireland such as the Society of Local Authority Chief Executives (SOLACE), the Chief Environmental Health Officers Group and the Northern Ireland Local Government Association (NILGA) be represented on task forces and groups set up to develop strategy and implementation plans on health development issues. The Review of Public Health recognises that Environmental Health services have a key role to play in health improvement, yet these services are not mentioned in this consultation document.
6. A number of cities across Northern Ireland, such as Belfast, Derry and Armagh are involved in the World Health Organisation Healthy Cities initiative. The invaluable work of these local projects should be recognised as they have done much to address inequalities in health, involve communities in policy making and to raise inequality issues at government level.
7. According to the Noble Index of Deprivation, the 10 worst wards in Northern Ireland in terms of poor health are all in Belfast and it also has 9 out of the 10 worst wards in terms of multiple deprivation. Child poverty is also an important issue and contributes directly to poor health both throughout childhood and in adult life. Recent research has cited Belfast as "Britain's Child Poverty Capital"². As a Council, we have long recognised the importance of working to create a healthy environment, which is reflected in our long-term corporate objective of improving quality of life now and for future generations. One of our key priorities is to create a healthy city through the services we provide directly and through those we provide in partnership with others. Belfast City Council believes that it is important to ensure that this strategy provides adequate interventionist activity for the future generations and addresses the entrenched inter-generational health related problems facing deprived communities across the city. The strategy should bring about real and sustainable change in the city, through an agreed, coherent vision to which all relevant partners are willing and committed to deliver. The Council recognises that in the past there have been a number of very good initiatives and programmes, such as those mentioned above as well as Health Action Zones etc., which have addressed these issues and commends the work carried out through these projects. However, despite all these efforts large parts of Belfast have not responded to programmes of intervention and long-term health problems remain. There are still geographical concentrations of poor health and a high dependency on social welfare services across the city. It is therefore essential to view these problems in a new light and to seek to create new approaches of collaboration to deal with these issues to improve the quality of life of everyone in Belfast.
8. Given the legacy of the past 30 years of conflict, the Council believes that it is the duty of all policy-makers and service delivery agencies to acknowledge the deeply divided context within which we work and provide services, in order to not only improve working conditions for our staff and subsequent service delivery, but to also contribute in a meaningful way to developing better relations within our society. This will contribute to central government objectives of building community cohesion³ and developing a more shared society⁴. The Council therefore supports the Department of Health, Social Services and Public Safety in its efforts to support the community as it emerges from protracted violent conflict.
9. The Council is disappointed to note that the consultation document contains insufficient detail about the importance of our external environment and the role that it can play in improving the health of our citizens. Through our Brighter Belfast initiative, we have taken the lead to improve the cleanliness of the city and to make it more attractive. One of the key aspects of this initiative involves the proper disposal of waste including commercial waste which has a significant role to play in improving and protecting the health of the people. Stray dogs and domesticated dogs can all be a health hazard to people and through a number of initiatives, including increased number of dog wardens, the Council is actively trying to ensure that our streets are kept as clean as possible. Belfast City Council would like recognition to be given to the health dangers posed by litter and improperly disposed of waste. It is important that the approach to promoting health in any given area should begin with these basics by including Cleansing Services in any partnership.

² The Guardian, 14th November 2004

³ *Priorities and Budget 2005-2008* OFM/DFM (2004)

⁴ *A Shared Future: Improving Relations in Northern Ireland (Draft)* OFM/DFM (2004)

10. Above all, the Council believes that it is fundamental that a holistic approach is taken to developing health care services and practices. Only by working in partnership and taking a fully integrated approach can we deliver the first-class health care services that people deserve. Reflecting this, the Council would like to highlight the development of the Grove Wellbeing Centre in North Belfast. This is a pioneering interagency initiative which will combine health, education and library provision within one landmark development. The Centre is a planned multi-agency development, unique to Northern Ireland., bringing together three major public bodies; the North and West Health and Social Services Trust, Belfast City Council and Belfast Education and Library Board, in the most imaginative expression of “joined up government” in action, in terms of both service development and physical new build. The development will allow these three agencies not only to deliver their individual services to the community, (Health and Social Services, Leisure Services and Library Services) but to also evolve ‘Synergy Services’ i.e. services developed jointly between the three partners, that will bring together the concepts of fitness, health and information in multi-agency services. The development of the Centre has allowed the three agencies to synchronise their individual planning for future service development, to replace outdated facilities, and to bring added value to their individual strategies. The development targets the population of North Belfast who experience some of the highest indices of ill health and multiple deprivation in the region. The Grove Wellbeing Centre with its powerful demonstration of the association of health, fitness and information will provide the building blocks for healthier communities. The scheme therefore will achieve many of the key priorities set out within the consultation document and address many of the essential elements of TSN for this population. The Council is also involved in a number of other pioneering initiatives which are bringing together a range of organisations and statutory organisations to help improve the quality of life for Belfast citizens i.e. the Door Project, the Open Spaces strategy and the sporting strategy.
11. The Council believes that the aims of improving the infrastructure of health service delivery, the desire to work in partnership and to promote actively health and wellbeing are all very commendable. However, the caveat remains that central government is not the sole service delivery mechanism of health care services nor is it the sole arbiter of what should constitute a healthy society. The Council is extremely disappointed to note the lack of detail in the Policy Directions in the consultation about the role of other service providers who carry out invaluable tasks. It is essential that a fully integrated partnership approach is developed for the delivery of all health care services.

GENERAL COMMENTS ON THE THEMES WITHIN THE CONSULTATION DOCUMENT

Theme 2 - Involving People - Building Caring Communities

12. Belfast City Council concurs with the view that community involvement is critical. This will help to ensure that communities themselves are in a position to help to take action to prevent illness and poor health. Improving community health and well-being requires community support, involvement and ownership. In seeking to foster community cohesion and reduce health inequalities, it is important that community-based approaches to promoting health across a broad front are put on a sustainable footing, with local action underpinned and enabled by policy and strategy at higher levels. The long-term commitment of the strategy should support this.

Theme 3 - Responsive Integrated Services

13. As stated the Council supports the need to break down existing boundaries and promote greater integration between service deliverers. It is imperative that this strategy promotes integrated policy development so that the potential for health gain is achieved. It must also align with wider priorities of improving economic and social prosperity, leading to job creation, better education, a cleaner environment and so on. The strategy should ensure that health and well-being is a key consideration in policy formulation across the spectrum of departmental responsibilities and is given due prominence in developing and taking forward initiatives within respective portfolios.
14. This Section contains detail about technological advances. There is insufficient recognition that these technological advances will change the relationships between service providers to the point where many of the current service providers may not be in existence in 2025.

GENERAL COMMENTS ON THE POLICY DIRECTIONS WITHIN THE CONSULTATION DOCUMENT

Policy Direction 2 (Para’s 1.20 - 1.22) - We remain committed to Investing for Health, as the overarching cross-governmental policy for promoting population health and wellbeing and reducing health inequalities

15. The Department seeks to reduce the health gap between the rich and the poor. While this is a key influence on health, research indicates that historic-exposure to Troubles-related incidents is also a

critical influence on health. We would strongly encourage the Department to investigate further the impact that the conflict and its legacy has had on the citizens of Northern Ireland, in terms of unsafe behaviours, such as alcoholism, drug dependency and solvent abuse.

16. Ongoing inter- and intra- community tensions continue to have an adverse impact on stress, sickness and suicide levels, particularly for those living in interface areas. Similarly, trans-generational trauma has been identified as a significant factor as the community emerges from sustained violent conflict. We endorse the view in the policy documents 'Caring Through the Troubles'⁵ and 'The Cost of the Troubles Study'⁶ which advocates further research into the impact of the conflict on individuals and communities
17. Belfast City Council also supports the focused targeting of resources towards those areas where the healthcare provision is supporting those who have been most affected by the conflict.

18. Similarly, detailed consideration must be given to the particular circumstances and health needs of the Travelling Community. We endorse initiatives such as the recent Travellers' Health Project, undertaken by the Royal Group of Hospitals, which seeks collaboratively to serve this minority ethnic group better.

Policy Direction 7 (Para's 5.5 - 5.16) - We will work, over the next 20 years, towards providing services against clear standards of access. Our vision is that, when people need health and social care, they will have immediate access to services based in their communities and to any form of emergency care. People in the future will not wait more than 3 months for any form of treatment or care. Access standards will apply equally across all areas in Northern Ireland.

19. Belfast City Council would like to highlight that a measure of distance to a service is not necessarily a measure of accessibility of that service, given the sectarian geography of our city. Access to services is very often constrained by issues relating to religious segregation and perceptions of territory and safety.

20. A recent policy document, published by Belfast Interface Project, highlights that nearly 80% of respondents to a survey completed in 2001 who live in interface communities in Belfast, undertook their main consumption activities, including health centres, in places perceived as dominated by people from the same community background. Initiatives such as the Wellbeing Centre (outlined in Paragraph 10.0 above), which seek to address these issues of access and choice, are to be welcomed.

21. The Council suggests that further consideration is given to the location of future new-build health capital projects, and the possibility that they be located in interface areas, which would therefore make them accessible to all communities. This would not only minimise duplication costs but would also have a very positive regeneration impact on these areas, encouraging further investment in a positive social space. Such developments would need to be underpinned by proactive equality of opportunity policies and good relations initiatives to ensure access.

Policy Direction 10 (Para's 5.61 - 5.124) - We will place a special emphasis on meeting the needs of important groups by tailoring services to those needs and by placing a greater emphasis on them

22. Whilst the Council welcomes the special emphasis which will be placed on those groups identified in the consultation, we would also encourage the Department to place special emphasis on meeting the particular needs of interface communities and to look at ways to work sensitively with these communities as the city emerges from sustained political violence and community segregation.

Policy Direction 12 (Para's 6.6 - 6.23) - We will promote the development of shared learning and common competencies throughout the health & social services including the HPSS, the private sector, the independent sector and the community and voluntary sector

23. Belfast City Council vigorously supports the Department's efforts in combating discrimination and racism, as it becomes an increasingly diverse employer. We are also committed to supporting those migrant workers who choose to come to Belfast and to ensure that this city is a welcoming, stable and tolerant community within which to work and live.

CONSULTATION QUESTIONS - RESPONSES

Question 1 - Does the vision adequately describe the health and social services that will meet our future needs and aspirations?

⁵ Smyth, M. et al, *Caring Through the Troubles: Health and Social Services in North and West Belfast* (2001)

⁶ Fay, M. et al, *The Cost of the Troubles Study: Report on the Northern Ireland Survey: the experience and impact of the troubles* (2nd ed. 2001)

24. A high quality, professionally staffed, fully integrated, community led health, personal and social service which deals with the causes of ill health is certainly desirable. However, as a Council we believe that the first theme outlined in the Consultation, namely 'Investing in Health and Wellbeing' must be considered as the most important. The gap between people in higher and lower socio economic groups is growing both in terms of health status and life expectancy. The vision recognises this but indicates that the position will get worse. However, if the current inequalities in health are not adequately addressed, the direct delivery services will never be able to deal with the predicted increasing demand regardless of how efficient they become.
25. Although some reference is made to multi-agency working and the Investing for Health Strategy, the bulk of the policy directions and key actions in this vision document relate to HPSS. As previously stated, these need to be widened out to address inequalities and to involve partnerships with other organisations.
26. There is a view that Investing for Health is only now beginning to demonstrate real benefits. It is also considered that in many areas the projects and activities which have been funded or encouraged have not been mainstreamed, or in some cases, shared with other partnerships. A more effective partnership approach to Investing for Health could make a significant difference and will be crucial for the successful delivery of this vision. Additionally, at grass routes level the perception is that the high level Investing for Health monitoring arrangements are not operating effectively and that some of the bodies which are required to deliver improvements to tackle inequalities in health are not engaged in the process or do not see it as part of their core work.

Question 2 - A Healthier Future focuses on five major themes: Investing for Health and Wellbeing; Involving People; Responsive Integrated Services; Teams which Deliver; Improving Quality and Making it Happen. Do you agree that it is appropriate to focus on these themes and are there any others that should be addressed by the regional strategy?

27. The Council considers the five themes to be appropriate and reaffirm the Investing for Health Strategy. However, they appear in the document as somewhat isolated and it is not immediately clear how they will impact on the provision of health and social services. As previously stated, as a Council we believe that if we are to be successful in delivering a healthier future for all, it is imperative that there is joined-up thinking and action that translates vision into practice across all five themes. Evidence from previous delivery would suggest that urgent demands and pressures on the system tend to drive service delivery rather than the stated vision.
28. In terms of deprivation and social exclusion, the new Neighbourhood Renewal Implementation plans will be fundamental in bringing about significant improvements in quality of life. However there is a need to ensure good liaison and co-ordination between DSD and HPSS in rolling this out so that health issues can also be addressed in an integrated way.

Question 3 - A Healthier Future identifies 16 future Policy Directions. Do you believe these are the right Policy Directions to achieve the vision set out in the document?

Question 4 - A Healthier Future identifies a number of key actions and outcomes. Do you believe that these are the right actions and outcomes to achieve the vision set out in the document?

29. In terms of making healthier choices, it is apparent that the traditional 'health promotion' approaches made to date have not been successful in addressing key issues, particularly in the areas of high deprivation and social need. There is a general view that what is needed is more education and support in general life skills and that health messages are integrated better with life stages and other 'every day' activities. Moreover significant progress needs to be made on those things that impact on health e.g. the social, economic and environmental factors before the lower socio economic groups will be in a position to be influenced to make healthy lifestyle choices. The determinants of health must therefore be addressed first before expecting people in areas of high need to make healthy choices.
30. The Scottish Health Strategy "Working Together for a Healthier Scotland" recognised that due consideration should be given to the wider issues that contribute to poor health. The right mix of measures (economic, social, environmental and behavioural) will deliver not just better health but many other social gains. People's health and well-being will only improve as we ensure that deprived communities have access to the opportunities people elsewhere take for granted - improved living conditions and supporting infrastructure and services. It should be noted that there is no quick fix - *'changing habits acquired through many generations will need a cultural shift which will not be achieved at the touch of a switch'*⁷.
31. As mentioned in Paragraph 3.0 above, Belfast was recently cited as "Britain's Child Poverty Capital". Poor health in childhood continues into adult life and creates a vicious cycle of poor health within our society.

⁷ The Scottish Office, Department of Health "Working Together for a Healthier Scotland", Chapter 5, Paragraph 96

Particular attention needs to be given to establishing good health habits in early years, not just through schools but also through the other forms of childcare provision. More investment should be given to health promoting schools and this should be widened out to day care facilities, youth clubs etc. Parenting skills is another area which needs to be better supported. Education Action Zones should be provided with adequate funding as they have the potential to make a real difference to health and wellbeing in the more deprived areas of Northern Ireland. Additionally, the various strategies and action plans which will impact on young people should be integrated such as the Physical Activity Strategy, the Obesity Taskforce, the Children's Strategy, etc. Recognising that problems in childhood can have severe adverse effects on health into adulthood, in January 2005 the Council launched an initiative to tackle the growing problem of childhood obesity by increasing the range of activities for young people in it's leisure centres.

32. In terms of primary and community care infrastructure, it is worth noting that as well as providing Health and Care Centres within communities, district councils could also be engaged to improve the integration of leisure facilities, community centres and support activities. The example of the development of Grove Wellbeing Centre outlined in Paragraph 10.0 above should be seen as a best practice example for bringing together a range of services under one roof.
33. It is vital that there is a review of good practice in health development throughout Northern Ireland and further afield to establish what works and what does not. There are many examples of small scale projects (some of which are referred to in the vision document) which are reliant on short term grant aid; those that are working should be mainstreamed.

Question 5 - A Healthier Future identifies the need to reduce smoking as a key element in improving the health of people in Northern Ireland and sets out three main options

- (a) Should restrictions on smoking in public places and in workplaces be a matter for self-regulation and should Government simply act to encourage and support smoking cessation
- (b) Should smoking generally be prohibited in most enclosed public places and workplaces, but allowed in certain settings such as pubs that do not prepare and serve food and in private clubs where the members decide to permit smoking? Or
- (c) Should legislation be introduced to ban smoking in all enclosed public places and workplaces?

34. In relation to the three options outlined in the document in relation to smoking, Belfast City Council would like to highlight the following;
 - Option 5 (a) proposes voluntary restrictions on smoking in workplaces and public places. It is the Council's view that such an approach would be wholly inadequate and would ignore the substantial evidence on the effects of tobacco (including second hand smoke) on health. Such an approach has not proven effective to date and is not going to have a significant impact on health improvement in Northern Ireland, where according to the Office for National Statistics, we spend a greater proportion of our weekly outgoings on cigarettes than any other region in the UK.
 - Option 5 (b) would provide smoke free workplaces in general but exclude pubs where food is prepared and private members clubs. It is the Council's view that this option does not treat all employees fairly and equitably. The Council would question why a bar person in one pub not serving food and one in a neighbouring bar/restaurant should be afforded different levels of health protection? Moreover it is considered that many of the exempt pubs and membership clubs which are likely to permit smoking will be located in areas of high deprivation, where health problems are already a major cause for concern.
 - Option 5 (c) which proposes a complete ban on smoking in public places and workplaces is considered by the Council to be the only effective option which will afford the necessary protection to both members of the public and employees alike. Only this option provides the opportunity to bring about dramatic improvements in public health in the foreseeable future.
35. Belfast City Council firmly believes that only Option C should be adopted. A Notice Of Motion was passed by the Council in December 2004 calling upon the Secretary of State for Northern Ireland and the Minister for Health, Social Services and Public Safety to introduce immediate legislation to ban smoking in all public places within Belfast and across Northern Ireland.
36. Belfast City Council notes that there has been a complete ban on smoking in all enclosed public spaces and workplaces in the Republic of Ireland since March 2004 and that the Scottish Assembly has voted to ban all smoking in public places by Spring 2006. The Council also notes that since 1st January 2005 there has been a complete ban of smoking in all Northern Ireland Departments and Northern Ireland Office premises. There is clear evidence about the harmful effects of passive smoking and to do anything other than

introduce a complete ban would create considerable confusion and make enforcement extremely difficult.

37. As a Council, we have also taken a proactive step in this area. In light of the growing evidence of the potential ill-health effects of passive smoking, the growing number of concerns raised by Council employees, and the need to address the wider scope of Council buildings and activities, a complete ban on smoking in all Council premises (both workplaces and premises open to the public) is being introduced from 1st April 2005. The Council would urge that other organisations across Northern Ireland look at following this lead and voluntarily introduce smoking bans into their workplaces and other public premises in order to protect the health of their employees and the wider general public.

Question 6 - Are the proposals for taking the strategy forward adequate?

38. Although there are some specific programmes of action such as the introduction of 'chronic condition management programmes', or the 'delivery of primary care services within 24 hours', other aspects of delivery, especially those which relate to Investing for Health and Wellbeing are more vague and will require further development to become achievable actions.
39. One of the main areas which will require considerably more thought is that of responsibility and accountability. The delivery and regular review of the actions, which are clearly not just the responsibility of HPSS, need to be monitored and driven by a high level group with the authority of the appropriate Ministers. This group needs to be made accountable for delivery and should have a considerable influence on targeting expenditure. It is well known that a structure such as this was established for delivery of the original Investing for Health Strategy in the form of the Ministerial Group on Public Health. However the arrangements put in place have not to date facilitated effective use of this particular group. There is a clear need for direction, co-ordination and investment.
40. Funding is briefly referred to in the document, but without adequate investment across government to tackle health inequalities, healthy choices messages will not get through. People in deprived areas will continue to have poor health and the services provided by HPSS will continue to be overstretched resulting in an inability to plan ahead due to current pressures and demands on the system.
41. Investing for Health Partnership arrangements do have the potential to work if properly managed. However adequate 'seed' funding is also necessary to lever mainstream funding from the organisations represented

Question 7 - Are the equality issues adequately addressed?

42. The Council is satisfied that the equality issues have been adequately addressed. The Council recognises the rights of everyone, regardless of age; gender; disability; marital status; dependency status; political opinion; religious belief; racial group or sexual orientation to have equal access to health care as and when required.

CONCLUSION

43. In general, the Council is wholly supportive of the Themes and Policy Directions outlined in the consultation on "A Healthier Future - A 20 Year Vision for Health & Wellbeing in Northern Ireland 2005 - 2025". We have, however, made a number of general and specific comments which we would like to see reflected in the final document. We would be keen therefore to know how you intend to incorporate these and comments from other organisations who respond to your consultation into your final Strategy.

