

Equity from the Start: Health & Health Equity in all Local policies in Belfast

Belfast: A World Health Organization Healthy City



Strategic Framework Phase V (2009-2013)



Celebrating 21 years
Working together for a healthier Belfast

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World Health Organization European Healthy Cities Network:

Phase V (2009-2013)

Health and Health Equity in all Local Policies is the overarching theme for cities participating in the World Health Organization (WHO) Phase V (2009-2013) European Healthy Cities Network. Health in All Policies, as defined in the WHO Global Commission's report on social determinants¹ is based on a recognition that population health is not merely a product of health sector activities, but determined by policies and actions beyond the health sector. Health and wellbeing are in fact increasingly becoming shared values across societal sectors. There is solid evidence showing that the risk factors of major diseases or the determinants of health are influenced to a significant extent by the actions of other sectors beyond the boundaries of the health sector. It addresses all policies such as transport, housing and urban development, the environment, education, agriculture, economic and tax policies.

WHO European Healthy Cities and National Networks have made a mark within the international community through their leadership and contribution to health and sustainable development during the past twenty years. Opportunities are available to connect global, national and regional policies and action for health. Healthy Cities are uniquely placed to deliver on health goals at a strategic and operational level within the city. They provide essential leadership and sustained political commitment to engagement in health.

WHO Phase V Healthy Cities are expected to work systematically promoting the active engagement and the collaboration of different

sectors in the pursuit of health and health equity outcomes, using the underlying principles and recommendations in the WHO Global Commission's report, *Closing the gap in a generation: Health equity through action on the social determinants of health*². Cities will explore and introduce governance measures that facilitate intersectoral collaboration for health and health equity as well as planning approaches that support integration and mechanisms to engage civic society and gain cross party political support.

Health and Health Equity in all Local Policies (HHEiALP) means that policies and actions across key government agencies are consciously developed in a way that contributes to health and health equity. This requires cross government and cross agency interaction and mechanisms to support coherent policy development. HHEiALP requires evidence base data if the health risks from policies and actions are to be avoided and the health equity issues addressed. It requires an understanding of the data and evidence amongst policy makers and practitioners, knowledge of effective interventions – processes and actions, capacity building for all workforces and monitoring and evaluation to measure progress. As a horizontal policy related strategy, considering the impacts of other policies when they are being planned on health, HHEiALP has a high potential to contribute to improved health and reduce inequalities in health.

^{1/2} http://www.who.int/social_determinants/en/

Belfast: A World Health Organization Healthy City: Phase V (2009-2013)



Equity from the start:

Health & Health Equity in All Local policies

The approach developed for HHEiALP in Belfast by the Belfast Healthy Cities (BHC) partnership provides a strategic framework that will enable evidence based informed decision making to improve health and health equity and evaluate progress. The framework was developed using the recommendations outlined in the WHO Commission's report and is based on the WHO Phase V goals and requirements for designated healthy cities. As well as a focus on health and health equity, the policy areas to be addressed within the framework by BHC partners will be the WHO Phase V Healthy Cities core theme areas: caring and supportive environments; healthy living and healthy urban environment and design.

The Belfast HHEiALP framework is ambitious but achievable and can be adapted to all thematic policy areas. BHC partners will work collaboratively with each other, with new partners and with other health partnerships within the proposed new joint working arrangements for health within the city, to implement the objectives within the framework. The HHEiALP is transferable to become a systematic framework for health and health equity in the city. Active support and expertise on delivery will be available from within the WHO European Healthy Cities Network.

A key aspect of the Belfast framework ***Equity from the Start***, has been incorporated to represent the importance placed on 'closing the gap' in inequalities in the health of children in Belfast. This was prioritized by key decision makers in the city who attended the Belfast Phase V workshop³ in November 2008. It also emphasizes the inclusion of ***equity at the start*** of the many process and policy development opportunities that have real potential to address health equity.

This framework will be supported by annual operational plans which set targets and timescales against which BHC will monitor progress through bi-monthly reports to the Board of Directors. Annual monitoring of the city's progress is also carried out by WHO through the submission of the ART (Annual Reporting Template).

³ <http://www.belfasthealthycities.com/images/stories/workshop%20report.pdf>

Belfast Healthy Cities' partnership

Belfast Healthy Cities' partnership has a long and successful history of working to address the social determinants of health within the city. At a local and regional level, Belfast Healthy Cities (BHC) has been a catalyst for change in promoting and exploring new ways and introducing new tools to address emerging public health issues. It has had a key role in creating awareness on inequalities in health and developing and applying new concepts regionally; Health Impact Assessment and Healthy Urban Planning.

At a European level, Belfast is a leading member of the WHO European Healthy Cities Network. In Phase V, BHC will continue to work closely with the WHO Regional Office for Europe and other cities to build capacity, transfer learning and tackle the challenge of health and health equity in all local policies. In addition to this BHC's function as WHO Secretariat of the WHO European Healthy Cities Network in 2009/2010, provides an ongoing central role within the Network.

The partnership's experience offers significant expertise to deliver the HHEiALP framework within Belfast during Phase V (2009-2013) and tackle the challenge of inequities in health of the city's population, within the new joint working arrangements.

Building Foundation: Belfast's application to WHO European Healthy Cities Network Phase V (2009-2013)



In September 2008 as part of Belfast's preparation to submit the application to WHO Phase V (2009-2013), the Lord Mayor of Belfast, Councillor Tom Hartley, supported by Dr Paula Kilbane, Chief Executive, EHSSB submitted a 'letter of expression of interest' on behalf of the city to WHO Regional Office for Europe to be a member of the Phase V (2009-2013) Network. A letter of support was also sent by Dr Andrew McCormick, Permanent Secretary, DHSSPS and the application was further endorsed at the Permanent Secretaries meeting in November 2008 and by Chief Executives in Belfast. The Phase V application was submitted on behalf of Belfast to WHO in May 2009 by the Lord Mayor, Cllr Tom Hartley and by Dr Eddie Rooney, Chief Executive, Public Health Agency. The proposed joint working arrangements for health in the city, between local government and health provide a real opportunity to:

- reshape joint leadership on the social determinants of health
- agree strategic health priorities across the city and
- strengthen the opportunity for joint intersectoral actions in addressing inequities in the population's health.

In Phase V, BHC will build on its achievements of participation in previous WHO Phases, drawing on its wealth of knowledge derived from information, research, policy and practice and direct European and international experience within WHO.

Belfast was successfully designated to Phase V of the WHO European Healthy Cities Network in June 2009.

Belfast WHO Phase V Workshop:

Priority issues

A Phase V workshop was held in November 2008 to agree the Belfast priorities within the overarching goal and Phase V WHO core themes. Invitations to the workshop were issued by the Lord Mayor to Chief Executives and senior officers from the public sector and government departments. Engaging BHC partners at the most senior level has ensured joint agreement across sectors in the city on core health priorities and is critical to avoiding duplication within the new joint arrangements. There was overwhelming support to ensure the city would draw on the conclusions of the global Commission report and develop a model that could address the serious challenge of inequalities in health in the city outlined in *Divided by Health: A City Profile*⁴ The following priorities were selected at the workshop:

Health & Health equity in all local policies & Caring & Supportive Environments: Develop a model to embed health and health equity in all local policies, with special emphasis on **better outcomes for children**.

Healthy Living: Priority areas chosen are **Well Being, Happiness & resilience** and active living with special emphasis on equity.

Healthy Urban Environment & design: identify ways of **integrating health into planning**, focusing on urban environment, design, regeneration, housing, active transport and open space. Within

this is also contained the priority of **Climate change** with proposed action on **Healthy transport** and **active living**.

Alongside the overarching goal and the three core themes, Belfast Healthy Cities will build on previous capacity building experience and develop programmes to support sectors and politicians to achieve health and health equity outcomes.

⁴ http://www.belfasthealthycities.com/index.php?option=com_content&view=article&id=15&Itemid=15

Equity from the Start: Health & Health Equity in All Local Policies



Overall Goal: generate health and health equity as a core value in all local policies and actions in Belfast with a focus on *equity from the start*, as a precondition for development and within civic society.

Objective: develop a coherent cross sectoral/whole government systematic approach in Belfast to ensure that health and health equity and social determinants are explicit objectives in core theme policy areas, delivering effective evidence based actions, monitoring and reporting progress.

Principles

The principles that underpin the HHEiALP framework remain consistent with the principles of WHO Healthy Cities during the past twenty years and are reflected in the Zagreb Political Declaration for the WHO European Region, 2008:

Equity: addressing inequality in health, and paying attention to the needs of those who are vulnerable and socially disadvantaged; inequity is inequality in health that is unfair and unjust and avoidable causes of ill health. The right to health applies to all regardless of sex, race, religious belief, sexual orientation, age, disability or socioeconomic circumstance.

Outcomes: ensuring that all local policies and actions lead to improved health outcomes, particularly for those who experience health inequities.

Participation and empowerment: ensuring the individual and collective right of people to participate in decision-making that affects their health, health care and well-being; providing access to opportunities and skills development together with positive thinking to empower citizens to become self-sufficient.

Working in partnership: building effective multisectoral strategic partnerships to implement integrated approaches and achieve sustainable improvement in health.

Solidarity and friendship: working in the spirit of peace, friendship and solidarity through networking and respect and appreciation of the social and cultural diversity of this city and all cities in the Healthy Cities movement.

Sustainable development: working to ensure that economic development – and all its supportive infrastructural needs including transport systems – is environmentally and socially sustainable: meeting the needs of the present in ways that do not compromise the ability of future generations to meet their own needs.

Building Blocks

The building blocks within the Belfast framework have been developed to achieve the overarching goal of **health and health equity in all local policies in Belfast**. They will be systemically applied to deliver actions on the objectives set for each of the selected priority issues within the three core themes and also delivered within discreet pieces of work.

Building Foundation

A key aspect of applying the building blocks within organisations is to assess organisational readiness to adopt and implement the HHEiALP. A model will be developed to assist organisational assessment. The results from this will inform the requirements for each building block within organisations and specifically feed into the development of tools, knowledge, change and leadership programmes.

Leadership, stewardship and collaboration: health sector providing leadership and putting systems in place to ensure accountability by all policy makers for impacts on health; monitoring and reporting of progress.

Evidence base and effective interventions: providing and promoting information on effective interventions and actions that work to address health inequities, particularly focused on early interventions; providing solid scientific knowledge of the health impacts of policies beyond the health sector; knowledge on what health determinants are and how policies affect health determinants.

Data, health risks, social distribution and monitoring: making available quantitative and qualitative data on the health, social, economic and environmental indicators of health; health risks of health and non health policies and the distribution of health across socio economic population and vulnerable groups; developing new indicators that demonstrate contribution to health of non health policies, and monitoring progress.

Capacity building: understanding health impacts of regional and local non health policies; developing collaborative working skills, knowledge and application of tools; understanding new concepts and emerging health issues and communicating key messages and evidence on health and health equity at all levels of government.



Strategic and evidence based inter/sectoral plans: equity planning; innovative & risk taking: considering health seriously in policy making; developing innovative projects to demonstrate what health and health equity in all local policies means and increasing visibility, synergy and investment by all sectors in tackling inequalities in health.

Engagement: political and civic society: placing health and health equity high on the political agenda of all political parties; engaging civic society at all levels that brings about significant investment and change in health inequalities in the city.

Leadership: stewardship and collaboration

Aim: promote a cross departmental regional approach to achieving health and health equity in all local policies, with regulation and enforcement, strong leadership and stewardship from the Minister of Health, supported by all Ministers and local government.

Objective 1: engage in the development and review of strategies that contribute to health and health equity and champion the inclusion of local actions to bring about significant change on 'closing the gap' in inequities in health in Belfast, particularly for early years.

Objective 2: promote the adoption of a health and health equity regional framework that will provide leadership and support for implementation of HHEiALP and explore the establishment of infrastructures; frameworks and policies that provide leadership and stewardship at a high level that will bring about substantial change in inequities in the health of the population of Belfast.

Evidence base and effective interventions

Aim: inform policy making, actions and health outcomes through the provision of evidence of the international and local policy approaches, processes and effective actions that work to address health inequities.

Objective 1: increase understanding and visibility of determinants of health, sustainable communities and health equity and provide up to date evidence that demonstrates impact on health.

Objective 2: increase awareness and knowledge of effective interventions that work to address health inequalities within the determinants of health.

Objective 3: increase understanding of the importance of prevention and early intervention, particularly with early years and the interventions that demonstrate positive change in health equity.

Data, health risks, social distribution and monitoring

Aim: inform policy making, actions and health outcomes by making visible the health, social and environmental data that demonstrate social distribution of health and health risks to the city's population.

Objective 1: make visible data on the health, social, economic and environmental indicators for health; the distribution of health in the city and inequities within this.

Objective 2: assess thematic policy areas for impact on health and well being and health equity, and identify indicators for collation that provides monitoring of health risk and health equity within the city's population.

Objective 3: assist organisations to systematically measure and monitor health and health equity outcomes in local policies and actions and support amendments that promote health equity planning for improved outcomes.

Objective 4: explore ways to improve data linkages and research across government departments and improve research to understand the high level connections required in applying a whole government/ cross sectoral health and health equity framework.

Capacity Building

Aim: build capacity to support sectors to embed health and health equity as a core element of corporate organizational and departmental culture with the delivery of effective action.

Objective 1: provide learning environments and practical application for individuals, politicians and organisations to increase their understanding of the social determinants and distribution of health & well being; inequalities in health; impacts on population particularly early years and what is meant by health and health equity in all local policies.

Objective 2: assist local policy makers and practitioners to redesign local policy to achieve health and health equity outcomes through the development and application of tools that prioritises health, early years, equity and well being.

Objective 3: develop common core knowledge about each organisations/ departments business that will increase understanding of

each other's language; pressures and drivers within each and provides opportunities for promoting collaborative joint policy and actions to contribute to health and health equity.

Objective 4: promote formal and informal communication channels between sectors and across agencies and departments at all levels to achieve greater engagement and sectoral participation in developing collaborative policies and actions for health and health equity.

Strategic & evidence based inter/sectoral action plans: equity planning; innovative & risk taking

Aim: develop informed strategic local policies and create health equity plans with explicit outcomes and informed actions for delivery.

Objective 1: assist organisations/departments to develop health and health equity outcomes through informed evidence based policy and actions.

Objective 2: support organisations to develop innovative and risk taking pilots and governance arrangements in relation to achieving health and health equity in the core thematic areas.

Objective 3: promote and support the application of the building blocks within the HHEiALP framework at the early development/review stages of regional and local policy.

Engagement: political and civic society

Aim: generate cross party political, civic society and administrative support that will ensure proper structures, mechanisms and tools are in



place and adequately resourced to implement HHEiALP and promote the concept of equity in social and organisational distribution to address inequities in health.

Objective 1: actively engage with political parties, Ministers and civic society to gain high level support and bring about major change for the development of policies and action on health equity.

Objective 2: be informed and build relationships with regional and local decision making committees that have relevance for health and health equity; identifying opportunities to effect real change.

Objective 3: build on existing infrastructures for community participation and empowerment, ensuring they are informed about decision making processes so that they can influence, advise and comment on the monitoring of local policies and actions that bring about change for improved health and health equity.

Priorities for Belfast – WHO Core Themes

In addition to the overarching goal of **Health and Health Equity in all Local Policies**, WHO have identified three core theme areas which cities will focus on in Phase V. Within each core theme area there are a number of issues, important aspects of the city environment, through which cities can assign priority in delivering on each of the core theme areas. The building blocks outlined in the HHEiALP framework will be applied to each of the issues to achieve delivery on the core theme areas. At the WHO Belfast Phase V workshop, Chief Executives and senior officers identified the following issues as priority areas for delivery within the next five years:

Caring and Supportive Environments: WHO Core Theme 1

A healthy city should be above all a city for all its citizens; inclusive, supportive, sensitive, and responsive to their diverse needs and expectations

Belfast priority

Better Outcomes for Children: *A healthy city provides early childhood services and support to all young citizens and aim to systematically improve the lives of children. Investing in early childhood development provides one of the best ways to reduce health inequities.*

Aim: Strengthen understanding of the way in which every aspect of local and regional government can improve health and health equity and ensure that all policies and actions promote **health equity from the start.**

Objective 1: identify entry points and assist organisations to assess impact of local and core theme policies and actions on *early years*, redesigning policies and actions to ensure they contribute to health equity planning for children.

Objective 2: ensure high level political and civic support, resources and frameworks are embedded within the city to bring about significant positive change in the health of children in Belfast, particularly those who experience health inequities.

Objective 3: provide data and evidence that strengthen the integration of health and health equity objectives in non health policies and promote health equity planning for children.

Delivery on better outcomes for children will be achieved through the building blocks of the HHEiALP framework.



Healthy Living: WHO Core Theme 2

A healthy City provides conditions and opportunities supportive of healthy lifestyles

Belfast priorities: Well being; happiness and resilience & Active Living

Well being and happiness and resilience: *Cities will broaden understanding of, explore and promote those factors and conditions that support well being, happiness and reduce stress and enhance the resilience of our communities*

Aim: Establish a common understanding of the concept of well being, happiness and resilience; to develop and embed well being indicators in local policies and actions that will produce positive health outcomes and be beneficial to health equity.

Objective 1: increase and gain common understanding of the concept of well being, happiness and resilience and its effective contribution to improved health and health equity.

Objective 2: gain collaborative agreement on a set of evidence based indicators that promote well being and resilience, particularly with early years and encourage policy makers to integrate into local policies and actions for improved health and health equity.

Objective 3: identify opportunities to develop pilots that demonstrate the contributory factors to resilience and well being and their contribution to health equity.

Active Living: *A healthy City will make active living, physical activity and pedestrian mobility a core theme of city development policies and plans*

Aim: To encourage well designed regional and local policies that provide opportunities for increased active living, physical activity and improved collaborative actions across sectors that will address childhood obesity.

Objective 1: assess open space and the built environment to determine mobility for children and identify benchmarks for policy development that will provide significantly improved opportunities to create inclusive and child friendly built environment and open space policies and actions.

Objective 2: increase awareness and gain high level support for local policy formulation with actions and resources to increase physical activity and address childhood obesity.

Objective 3: provide evidence base of effective interventions that can act as basis for regional and local policy change and the establishment of pilots to address childhood mobility and obesity.

Healthy urban environment and design: WHO Core Theme 3

A Healthy City offers a physical and build environment that supports health, recreation and wellbeing, safety, social interaction, easy mobility, a sense of pride and cultural identity and which is accessible to the needs of all its citizens.

Belfast priorities: Healthy Urban Planning; Climate change & public health emergencies

Healthy urban planning: *Integrating health considerations into urban planning processes, programmes and projects and establishing the necessary capacity and political and institutional commitment to achieve this goal, especially emphasizing master planning, transport accessibility, neighbourhood planning, housing and regeneration.*

Aim: Integrate and mainstream health into urban planning, environment and design policies (HUED), processes and actions and establish the necessary political and organizational capacity to achieve this.

Objective 1: strengthen capacity and understanding of the concept of healthy urban planning (HUP) across sectors and provide evidence base on the links between the built environment, health and health equity and the effective interventions that contribute to improved health.

Objective 2: increase knowledge on local data on health, ensuring fitness for purpose that will provide evidence for informed policy and actions on health and health equity *from the start*, within the environment, planning, regeneration, housing and design sectors.

Objective 3: assist organizations and departments to achieve health as explicit objectives in regional and local policy that relates to the built environment and creates supportive, accessible and health improving environments.

Objective 4: develop innovative projects that will apply healthy urban planning principles and demonstrate the meaning of the concept of HUED and the contribution it makes to health, health equity, and early years.

Climate Change and public health emergencies: *Cities will tackle the health implications of climate change in cities and to be vigilant to global changes such as the impact of global economies, free movement of people, preparedness and response to public health emergencies.*

Aim: Actively engage the health sector in climate change mitigation and adaptation and seek to maximize synergies between the climate change and health improvement agendas.

Objective 1: raise awareness and increase understanding amongst health and non health sectors of the short and long term impacts of climate change on population health and health equity.

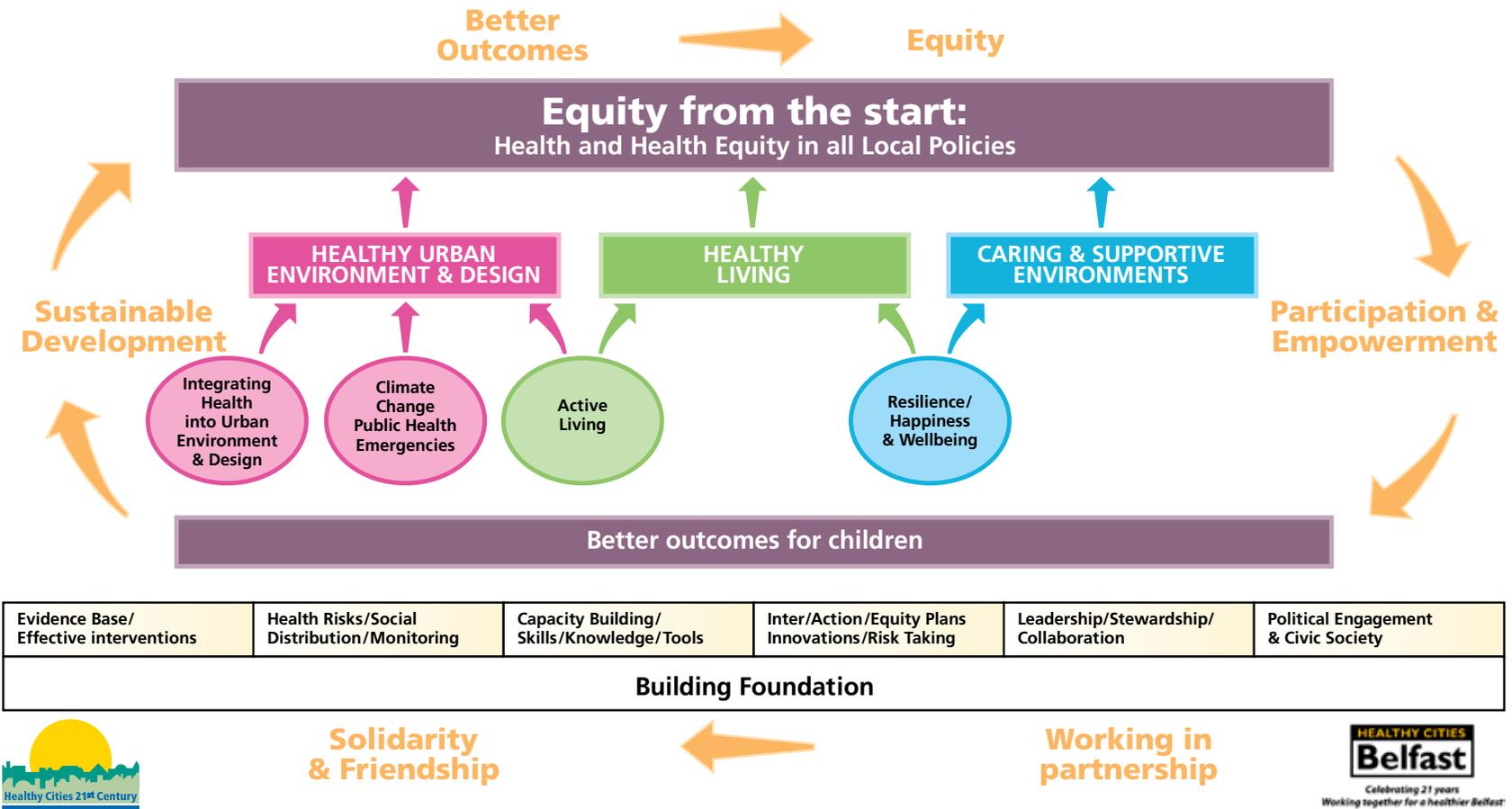


Objective 2: strengthen current mechanisms, knowledge on evidence and tools, locally and regionally within the health sector to promote organizational and individual awareness and action to redress the health and health equity impacts of climate change.

Objective 3: support the health sector within collaborative arrangements to provide regional and local leadership for health and sustainable development, with the aim of reducing the impacts of climate change.

Belfast – A World Health Organization Healthy City Phase V (2009 – 2013)

Policies and actions are consciously developed from the start in a way that contributes to health and health equity.



This framework was developed and written by Joan Devlin, Director, with input from Erica Ison and BHC partner organisations. It was approved at Belfast Healthy Cities Board of Directors meeting on 2 April, 2009 and endorsed by WHO in Belfast's successful re-designation to Phase V (2009-2013) of the WHO European Healthy Cities Network.

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