

An integrated approach to health
development for the people of Belfast

Planning for a Healthy City

City Health Development Plan



February 2002





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Preface

The health of people here is determined by many complex and inter-related factors including their living and working conditions, their income levels, the quality of the physical and socio-economic environment and the quality and accessibility of services.



In the last one hundred years the city of Belfast has seen major progress in the health of its citizens. This enhanced health status has been due to striking improvements in housing conditions, physical environment, sewage disposal, food hygiene and education as well as improvements in health care.

However, today there are huge variations in the health status of citizens across the city and much of the unnecessary premature death and disease is determined by the social and economic inequalities which exist within the city.

Healthy Cities is about changing the ways in which individuals, communities, private and voluntary organisations and public sector organisations, understand and make decisions about health.

Planning for a Healthy City summarises the approach taken by Healthy Cities' partners through the city health development planning process. It outlines action to be taken by a number of sectors and government departments to tackle the social, economic and environmental determinants of health. The areas for action were identified through a public consultation process and the results have been brought about through an intense period of

collaborative work. The success of *Planning for a Healthy City* will depend on the action taken by the key organisations who have signed up to the Charter – all of whom have a responsibility to improve the health and well being of the people of Belfast.

I have great pleasure in endorsing this document which has been one of the key requirements of the city of Belfast's designation to the World Health Organisation's European Healthy Cities Network.

A handwritten signature in black ink, reading "Bairbre de Brún". The signature is written in a cursive style with a large initial 'B'.

Bairbre de Brún

Minister of Health, Social Services and Public Safety

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Charter of commitment

“The process has... increased understanding of the social, economic and environmental determinants of health.”

It is clear that the health and wellbeing of the people of Belfast can be improved. A large number of organisations are already working to bring about this change. Tackling all of the determining factors for health requires action at more than one level and by more than one organisation. The city health development planning process, facilitated by Belfast Healthy Cities, has been the first attempt to develop an integrated approach to strategic planning for health development within the city.

The process has created new strategic partnerships for health and has increased understanding of the social, economic and environmental determinants of health. It has involved many sectors, government departments and individuals, all of whom have been determined to address quality of life issues raised by the people of Belfast during the city health consultation process. It has been a systematic effort by sectors within the city to respond to these issues and to increase the focus on health and quality of life within each relevant sector.

The city of Belfast's designation by the World Health Organisation to Phase III of the European Healthy Cities Network brings with it responsibility to implement this new integrated approach to health development planning.

As political and organisational systems within Belfast continue to evolve, we, as Belfast Healthy Cities partners, recognise that much more work must still be undertaken to address inequalities in health and to ensure that a fully integrated and sustainable planning process for health development remains high on the agenda of participating organisations.

We undertake to work towards the implementation of the strategies and principles outlined in this report so that the people of Belfast can enjoy better health and quality of life.

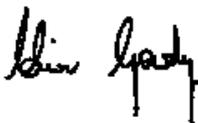
We remain firmly committed to achieving this important goal.



Richard Black
Chief Executive, North & West Belfast
Health & Social Services Trust



Robert Ferguson
Chief Executive, South & East Belfast
Health & Social Services Trust



Clive Gowdy
Permanent Secretary, Department of Health,
Social Services and Public Safety



David Cargo
Chief Executive,
Belfast Education & Library Board





Nigel Hamilton

Nigel Hamilton

Permanent Secretary, Department for
Regional Development



Peter McNaney

Peter McNaney

Chief Executive, Belfast City Council



John Hunter

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Permanent Secretary, Department for
Social Development



Paula Kilbane

Paula Kilbane

Chief Executive, Eastern Health & Social
Services Board



Seamus McAleavey

Seamus McAleavey

Director,
Northern Ireland Council for Voluntary Action





Gerry McGinn

Gerry McGinn
Permanent Secretary,
Department of Education for Northern Ireland



Patrick McIntyre

Patrick McIntyre
Chief Executive,
Northern Ireland Housing Executive



Stephen Quinn

Stephen Quinn
Permanent Secretary,
Department of the Environment



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Foreword

“The city health development planning process has been... complex and dynamic...”

The city of Belfast was designated to Phase III of the WHO European Healthy Cities Network in December 1998 and since then has been working with government departments and the community, voluntary and public sectors within the city to implement the city health development planning tool.



This report outlines the city health development planning process and sets out strategies and areas for action by Belfast Healthy Cities partners within the city. It is a direct response to four broad strategic themes agreed as a result of the comprehensive public consultation process carried out on *Towards a City Health Plan*¹ during 1998/1999.

The city health development planning process has been a complex and dynamic one. It has provided opportunities for and presented challenges to the implementation of the Healthy Cities approach within the city.

The extent of partnership working during the process has been unique within the city – never before have so many organisations and individuals from so many sectors and backgrounds been involved in health development planning.

Each stage within the process has been far from straightforward. It has taken time, effort and significant commitment from senior officers within government departments, public sector organisations, the voluntary and community sectors to implement the concept of intersectoral planning. What we set out to achieve was highly ambitious – what has been achieved is significant and not to be underestimated. However, many challenges remain.

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“...what has been achieved is significant and not to be underestimated.”

The development of strategic intersectoral planning is much easier to advocate than to implement. A lot more needs to be known about effective structures, mutual benefits, incentives, professional and organisational barriers to make intersectoral planning an integral part of everyday business.

City health development planning does not end with the production of this report. Making health, wellbeing and quality of life central to city wide decision making processes can only be successfully achieved when integrated strategically into the corporate strategies of the organisations which have signed up to this report.

The strategies outlined in this report give specific short- and long-term actions relating to the four themes. Each theme links with different elements, policies, programmes and service delivery, which form the basis of policy and operational plans of a number of organisations within the city. This report also indicates that many of the issues raised in the consultation process are now being addressed by the relevant organisations with specific remit within the city.

I have great pleasure in presenting this report and I would like to thank the government departments, organisations, individuals and staff who have been involved in the process – our ultimate goal is to enhance the quality of life of the people of Belfast by improving policy-making for health development.



Andrew Hassard
Chairman, Belfast Healthy Cities

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Belfast - a city in transition

“Belfast ... has seen dramatic transformation over the past five years.”

Belfast officially became the capital of Northern Ireland in 1921. Today, it is a city in political, social and economic transition. Deriving its name from the Gaelic Beal Feirste – “mouth of the River Farset” – Belfast was once an industrial city of world stature.

Harland & Wolff shipyard turned out the biggest ocean-going liners. Belfast Ropeworks was the largest cordage factory in the world until its closure in 1966. Most of Ireland's two hundred linen firms were in Belfast, but by 1980 only twenty remained.² Short Brothers, once a large-scale aircraft manufacturer, is now part of a large multinational company specialising in component manufacture.

Today those industries, apart from aircraft component manufacture, have either disappeared or are in terminal decline. The new industries are the dot-com companies and the service industries. There is huge reliance on the public sector for employment.

Socially, Belfast underwent tremendous change over the last three decades of the 20th Century. The ‘Troubles’ created bitter divisions and left Belfast one of the most deeply segregated cities in Europe. Although ceasefires have been in place since 1994, sectarian violence frequently surfaces in interface areas.

The violence, coupled with massive public housing redevelopment, led to a huge exodus of people from Belfast during the period 1971-1991. The area covered by Belfast City Council lost a third of its population – down from 416,700 to 279,230. Most moved to satellite towns on the fringe of the city, still within easy commuting distance –

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“Belfast still contains some of the most deprived areas of Northern Ireland.”

in recent years, however, there has been a gradual increase in the population.

Politically, Belfast, like the rest of Northern Ireland, has seen dramatic transformation over the past five years. A new power-sharing administration – the Northern Ireland Executive and Assembly – governs on day-to-day issues. It has returned decision-making powers to the politicians of Northern Ireland for the first time in thirty years.

*Programme for Government*³ endorsed in December 2001, sets out in detail the Northern Ireland Assembly’s plans and priorities for a three-year period from April 2001. This has created within the people of Northern Ireland a new optimism for the future.

In spite of quite substantial regeneration and investment, largely by government agencies – the Industrial Development Board, the Training and Employment Agency and Making Belfast Work (now Belfast Regeneration Office) - Belfast still contains some of the most deprived areas of Northern Ireland. Given the established link between social and material deprivation and poor health status, there exists wide variation on the health status of the city’s population.

The social and sectarian divisions within the city, exacerbated by the complex administration structures, have made it difficult to implement cohesive, cross-community initiatives aimed at equalising social and economic conditions. This gives a measure of the challenge which faced, and continues to face, the Healthy Cities partnership in its attempt to devise an integrated health strategy and see its implementation in Belfast.

Equity in Health



Poverty is the biggest risk factor for health, and income related differences in health are a serious injustice and reflect some of the most powerful influences in health.



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Policy Context

4.1 Background: Inequalities in Health

“WHO defines inequity as differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust.”

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

Evidence of an association between an individual's socio-economic position and health dates back to ancient times. Today, it is the biggest issue for public health. Over the course of this century, there have been dramatic reductions in death rates in all industrialised countries but the health divide between the rich and poor not only remains but is widening. Intensive monitoring in Europe and North America has demonstrated that the health differentials between different groups in the population are still substantial, not trivial.

International evidence points to an uneven distribution of health and disease, favouring those in socially advantaged positions, whether position is measured by income, education, occupation or another indicator of socio-economic status. For example, mortality rates are commonly two to three fold greater for people at the bottom of the social scale; life expectancy is five years less for unskilled workers than for professionals and there is a gap of between nine to twelve years in disability-free life expectancy between poor and rich people.

Solving inequalities cannot be achieved by any single organisation or sector but must take place at all levels within organisations and involve all sectors.

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“(Health For All targets) aim to create the necessary conditions for people throughout the world to reach and maintain the highest attainable level of health.”

The World Health Organisation’s programme on *Equity in Health*⁴, established in the late 1970s, aims not to eliminate all health differences so that everyone has the same level and quality of health, but rather aims to reduce or eliminate those factors that are considered to be both avoidable and unfair. Equity is therefore concerned with creating equal opportunities for health and with bringing differentials down to the lowest level possible. WHO defines inequity as differences in health that are not only unnecessary and avoidable but, in addition, are considered unfair and unjust.

Belfast Healthy Cities’ work in constructing and implementing the city health development planning process, considered policy both within and outside Northern Ireland. These policies provided frameworks to support the development of measures and actions that have the potential to tackle and reduce inequalities in health.

4.2 Global Policy

The World Health Organisation’s (WHO) *Global Health for All*⁵ provides a policy framework for social development, with health as a key contributory factor and outcome. The policy, adopted by the world community in May 1998, sets out ten targets and global priorities for the first two decades of the 21st Century. These aim to create the necessary conditions for people throughout the world to reach and maintain the highest attainable level of health. *Health for All* is fundamentally a charter for social justice, providing a science-based guide to better health development and outlining a process that will lead to progressive improvement in people’s health.

4.3 European Policy

The World Health Organisation's European Region's *Health 21*⁶ defines twenty-one targets for the 21st Century for the WHO European region. The targets together constitute an inspirational framework for developing policies through unifying partnerships in the countries of the European region. The targets suggest necessary action and provide 'benchmarks' against which to measure progress in improving and protecting health and in reducing health risks.

The basic values of Health 21 include:

- health as a fundamental right;
- equity in health and solidarity in action between and within all countries and their inhabitants;
- participation and accountability of individuals, groups, institutions and communities for continuous health development.

Health 21's emphasis on health development demands a more comprehensive and strategic approach to intersectoral health planning.

The new *European Union Public Health Strategy*⁷ links with WHO Health 21 and has three main elements:

- improving health information;
- responding rapidly to public health threats;
- addressing the determinants of health.

It is now increasingly recognised across European countries that health is no longer only a Health Service issue. Cities

designated to the WHO European Healthy Cities Network have been working to promote this concept since the establishment of the network in 1988. Ministers of Health Service departments at country level are now implementing the Healthy Cities approach at a national level and new methods of public health policy development are evident.

4.4 Northern Ireland Policy

As already mentioned, the *Programme for Government*³ sets out in detail the Northern Ireland Assembly Executive's priorities for a three-year period from April 2001 which include:

“It is now increasingly recognised across European countries that health is no longer only a Health Service issue.”

- growing as a community;
- working for a healthier people;
- investing in education and skills;
- securing a competitive economy;
- developing North/South, East/West and international relations;
- working together.

Within the programme there is recognition that other sectors have a key role to play along with Government in the administration of a complex society. It states that departments and agencies will work together in a collaborative way to tackle the fundamental problems of Northern Ireland.

A number of new structures and policy frameworks have been established to redress inequalities and discrimination. Implementation of these in a systematic way should improve the life opportunities for many people in Belfast.

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“...Government Departments will use more of their existing resources to benefit the most disadvantaged people, groups and areas.”

*New Targeting Social Need (New TSN)*⁸ was formally launched in July 1998 and has a particular focus on combating the problems of unemployment. Its aim is to tackle inequalities in areas such as health, education and housing.

In association with *Programme for Government*³, New TSN will mean that government departments will use more of their existing resources to benefit the most disadvantaged people, groups and areas. It aims to change the way things are done and to ensure that programmes and services are organised and delivered in ways that are more helpful to disadvantaged people.

*Promoting Social Inclusion*⁹ (PSI) is a co-ordinated approach by the Executive to improve the lives of the most deprived people in Northern Ireland. Ministers are expected to promote social inclusion within their own departments and each respective department will develop an action plan with other departments and social partners to:

- identify and tackle factors which can contribute to social exclusion;
- undertake positive initiatives to improve and enhance the life circumstances of the most deprived and marginalised people in Northern Ireland.

The *Equality Commission for Northern Ireland* was established under the *Northern Ireland Act 1998*¹⁰. The Commission's general duties include:

- working towards the elimination of discrimination;
- promoting equality of opportunity and encouraging good practice;

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- promoting affirmative/positive action;
- promoting good relations between people of different racial groups;
- overseeing the implementation and effectiveness of the statutory duty on public authorities;
- keeping the relevant legislation under review.

Section 75 of the *Northern Ireland Act*¹⁰ requires public authorities to carry out impact assessments of their policies to ensure that they comply with the Commission's duties in relation to the following groups:

- Religious belief
- Racial or ethnic group
- Marital status
- Persons with dependants
- Sexual orientation
- Political opinion
- Men & women generally
- Age
- Persons with a disability.

"...much of the unnecessary premature death and disease in Northern Ireland is determined by social and economic inequalities"

The recently introduced *Northern Ireland Measures of Deprivation*¹¹, (*Noble Indicators*) include the development of an overall Deprivation index, comprised of the following seven areas:

- Income
- Employment
- Health Deprivation and Disability
- Education Skills and Training
- Geographical Access to Services
- Social Environment
- Housing

A separate Child Poverty Index is also available. The final report sets out the information at a number of levels, local government, electoral ward and enumeration (more detailed) district levels. The analysis is based on the boundaries formerly in place at the time of the 1991 Census. As far as has been possible, the indicators reported use data from 1999. Electoral wards in Belfast still rank the highest in Northern Ireland in terms of multiple deprivations.

One of the key objectives of the *Northern Ireland Act 1998*¹⁰ is the protection of the basic human rights of everyone in the country. The *Northern Ireland Human Rights Commission* has been established to consult and advise on the scope for defining rights additional to those in the European Convention on Human Rights, and reflecting the particular circumstances of Northern Ireland. These include discrimination and equality; education; language; cultural expression; victims; economic and social; and women's rights.

*Investing for Health*¹² is the draft public health strategy for Northern Ireland which sets out the proposals of the Department of Health, Social Services and Public Safety (DHSSPS) to implement the Executive's vision for a cohesive, inclusive and just society. It calls on everyone to make the greatest possible contribution - whether as individuals, employers, community representatives or service providers - to improve people's health and wellbeing.

The new strategy aims to address the wider determinants of health and wellbeing through a cross-Departmental, multi-sectoral approach. It recognises that much of the unnecessary premature death and disease in Northern

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“...bring the overall health standards in Northern Ireland up to at least those of the best regions in Europe.”

Ireland is determined by social and economic inequalities. It also stipulates that the evidence is clear - the better off you are; the healthier you are; the longer you can expect to live and the less likely you are to spend the later years of your life suffering from a chronic disease or disability.

The aim of the draft public health strategy is to address the health gap between the rich and the poor and to bring the overall health standards in Northern Ireland up to at least those of the best regions in Europe. It is a determination to reduce the inequalities in living and working conditions that cause ill health. It sets out a broad range of areas where new and concerted action could make a significant difference to health and wellbeing.

*The Regional Development Strategy*¹³ (RDS) offers a strategic and long-term perspective on the future development of Northern Ireland up to the year 2025. Overall, it provides Strategic Planning Guidelines, which aim to give long-term direction to public and private sectors and to the whole community. It will deliver the Executive's objective to achieve sustainable development and social cohesion in Northern Ireland.

It defines a vision for Northern Ireland, frames an agenda and aims to:

- provide a strategic planning framework for strengthening the regional economy and tackling social disadvantage;
- lay out a spatial framework for transport, air and water quality, energy and waste strategies, and for infrastructure providers and public service promoters;

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“...address the future travel needs of the area by developing an integrated approach that will embrace all modes of transport...”

- provide an overarching strategic framework for development plans, and to guide public and private investment decisions relating to land use;
- protect and enhance the physical, natural and man-made assets of the region.

The *Proposed Regional Transportation Strategy*¹⁴ (RTS) sets the goal of a modern, sustainable and safe transportation system that benefits society, the economy and the environment. The RTS will establish a framework to advise on investment priorities for the development of Northern Ireland’s land-based transportation system over the next ten years. It aims to address the future travel needs of the area by developing an integrated approach that will embrace all modes of transport in an attempt to avoid the serious transportation problems already experienced elsewhere within the UK and Ireland. It also aims to create healthier living environments, to support healthy lifestyles and to promote social inclusion by enhancing accessibility to employment opportunities, leisure facilities and key services. A pilot Health Impact Assessment will be prepared on the RTS.

The Northern Ireland Housing Executive’s publication *Housing and Health, Towards a Shared Agenda*¹⁵, provides a valuable framework within which the Northern Ireland Housing Executive can work with partners to maximise the contribution of housing to health across Northern Ireland, including Belfast. It sets out a new emphasis on targeting those in greatest need and details recommendations for closer working relationships between the Area Health and Social Services Boards and Trusts, the voluntary and community sectors and Housing Executive.

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“...place, at the heart of all regeneration activity, tackling the most acute deprivation and disadvantage...”

*Life Long Learning, A New Learning Culture for All*¹⁶ sets out the Department of Education's commitment to the concept of life long learning. It aims to:

- ensure greater ease of progression through the system of qualifications;
- provide a more coherent relationship between education and training provision and the skills needs of the regional economy;
- enhance collaboration between education and training providers and the world of business and industry;
- enhance significantly the information and communications technology (ICT) skills of teachers, instructors and students;
- sustain and improve the quality of provision and the standard of performance across the education and training sectors.

*Urban Regeneration in Northern Ireland - Neighbourhood Renewal*¹⁷ sets out the Department of Social Development's strategic approach to urban regeneration across Northern Ireland. This draft document addresses the commitment made in *Programme for Government*³ to renew the most disadvantaged urban neighbourhoods.

The key components of the draft strategy are to:

- place, at the heart of all regeneration activity, tackling the most acute deprivation and disadvantage;
- focus regeneration activity at the neighbourhood level to empower communities to shape and drive urban renewal initiatives in their own areas;

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“... provide an essential framework for guiding investment and identifying land use proposals in the greater Belfast area up to the year 2015..”

- encourage Government departments and public agencies to place regeneration at the centre of their programmes of work;
- commit to a seven-to-ten year planning and implementation timescale, so that sustainable renewal and stability can be achieved.

The Department will produce further detailed proposals relating to Belfast which will reflect the above aims.

*Belfast Metropolitan Area Plan*¹⁸ (BMAP) will provide an essential framework for guiding investment and identifying land use proposals in the greater Belfast area up to the year 2015. The Plan aims to address the complex social, economic, environmental and transport inter-relationships which are key to the long-term future of the Metropolitan Area. It is the Department's intention to publish the Draft Plan towards the end of 2002, with final adoption of the Plan taking place in 2004/2005.

The Plan will provide:

- an essential framework for guiding investment by public, private and community sectors;
- an effective land supply, phased and allocated in a manner which will support the life of the local community and social and economic progress;
- a process for involvement and ownership by local communities wishing to influence the future development of their area.

The *Belfast Metropolitan Transport Plan* (BMTP) aims to adopt a more proactive approach to planning a modern transport system to meet the needs of the six Council Areas

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“... a modern transport system is vital for a good quality of life and economic success.”

of Belfast, Carrickfergus, Castlereagh, Lisburn, Newtownabbey and North Down. Transport planning, carried out with a sense of vision and with a long term guiding strategy that is focused on improving the quality of life for all, has a major contribution to make to shaping the future of the metropolitan area. The plan, scheduled for completion at the end of 2002, will build upon the guidance set out in the Regional Development Strategy (RDS) and the Proposed Regional Transportation Strategy (RTS) and will outline and prioritise an integrated programme of transport schemes and measures which people can expect to see on the ground by 2015. To ensure the co-ordination of land use and transportation provision, the plan will also reflect and inform the development of the BMAP.

Policies and strategies for health for all



An effective approach to health development requires all sectors of society to be accountable for the health impact of their policies.



5

City health development planning in Belfast

“a systematic effort to improve policy formulation within the city”

The foundation for the city health development planning process in Belfast was laid down when the city was designated to Phase II of the World Health Organisation European Healthy Cities Network in 1996.

The city undertook to embark on the process of developing a city health plan, which would incorporate coherent, integrated and sustainable strategies to improve the health and quality of life of the people of Belfast. With redesignation in 1998 to the third phase of the WHO European Healthy Cities Network, the emphasis shifted to city health development planning, placing increased priority on the broad determinants of health and a responsibility to include a wide range of sectors. For the city of Belfast, this had been inherent in the process from the outset.

The production of this report is the result of a four-year process involving government departments and the community, voluntary, public and university sectors within the city, alongside many individuals. It has been an excellent opportunity to bring new sectors on board, promoting the Healthy Cities approach and working towards the long-term goal of ensuring the visibility of health and quality of life issues in strategic public policy.

Each stage in the process has been complex. It has taken time and effort, but it has borne substantial and rewarding results. In the final stage, the creation of the Strategic Planning Groups, with senior representatives nominated by the respective Chief Executive or Permanent Secretary, has been critical to the success of the process and to the delivery of the plans and actions outlined in this report.

“Healthy Cities... has taken a major step forward in attempting to implement an integrated strategic approach for health development planning in the city.”

Commitment from senior representatives of government departments and public and voluntary sector bodies whose primary focus is not health, can be difficult to acquire. It is appropriate, therefore, to note the significant contribution from many such individuals and organisations.

Collectively, there is evidence that the city health development planning process has influenced policy development in key organisations that previously would not have considered health as a major policy issue. Currently, unique opportunities exist through the implementation of *Programme for Government*³ to build strong foundations for sustainable health gain for the people of Belfast.

Belfast Healthy Cities believes that an integrated approach to improving health and quality of life cannot ignore the inequalities in health associated with the widening gap between rich and poor. The most disadvantaged communities need priority consideration throughout policy development, not as passive recipients but as active participants in helping to reclaim their own environment, health and quality of life and to improve their own employment and life chances. This process itself has been based on addressing the four broad themes agreed as a result of the community consultation process on *Towards a City Health Plan*¹.

Healthy Cities recognises the plans and actions outlined, complement current initiatives at local, national and international level. The intersectoral approach promoted by Healthy Cities since its establishment in 1988 has now become mainstream. Through the city health development planning process, Healthy Cities has taken a major step forward in attempting to implement an integrated strategic approach for health development within the city.

The process has identified a number of challenges for future intersectoral planning. A major shift in organisational culture, resources and budget allocation is required for successful intersectoral planning. To achieve this success, the development of common systems and tools is necessary to promote integration and achieve a sustainable and effective impact.

5.1 City Health Plan Framework

The framework for the City Health Plan was designed at a workshop event attended by representatives of the community, voluntary and public sectors. The framework included a staged approach and agreed the following aim and objectives:

5.1.1 Aim

To create a vision for the health and wellbeing of the people in Belfast across all sectors and to develop integrated strategic approaches which will lead to an improvement in health.

5.1.2 Objectives

- To develop a City Health Profile including quantitative and qualitative data that will provide a description of the health of the people in Belfast and the conditions in which they live;
- to make visible health-related policies and plans of statutory organisations;

- to facilitate the development of new integrated approaches and co-ordination of all health and health-related activities within the city;
- to enable communities in Belfast to participate in and influence decision-making processes;
- to provide a rational basis for decision-making, one which is geared towards investing in health and reducing inequalities in health;
- to develop a monitoring and evaluation framework that will indicate progress on action stages and measure outcomes of the City Health Plan process.

5.1.3 Overall Outcomes of the City Health Plan

- A direction for health common to all agencies in Belfast;
- improved co-ordination and synergy, which will enhance individual programmes.

5.1.4 Outcomes

- Integrated policies evident in future planning cycles of statutory organisations;
- increased co-ordination between sectors regarding appropriate service delivery to meet the needs of local communities;
- evidence of policy change within statutory organisations to reflect community need;
- action strategies with timescales and indicators, which will lead to an improvement in the quality of life for the people of Belfast.

“...many people and organisations have a role to play in contributing to health development within the city.”

Implementation and Monitoring	2002 - and Monitoring of Strategies	2004
Development of Planning Document	Production of <i>Planning for a Healthy City</i>	Feb 2002
Developing Strategies	Formation of three Strategic Planning Groups	1999 - 2001
Setting Priorities	Agreement on four priority themes	June 1999
Collecting Public Views	Consultation strategy and process	1998 - 1999
Collecting Data	Production of <i>Towards a City Health Plan</i>	June 1998
Vision	Vision and framework for City Health Plan Process	Sept 1997
Foundation	WHO designated Healthy City	1996

Figure 1
City Health Development Process in Belfast

5.1.5 The process in detail

Collecting Data

In September 1997, with additional resources secured through Making Belfast Work (now Belfast Regeneration Office), Belfast Healthy Cities established and facilitated a number of intersectoral groups, which resulted in the production of *Towards A City Health Plan*¹ in June 1998. It was an intensive period of work, involving extensive discussions with a wide range of individuals and sectors and provided a real opportunity for increased collaboration between the different professionals and bodies. It also created the opportunity to rediscover the fact that many people and organisations have a role to play in contributing to health development within the city.

Towards a City Health Plan

The purpose of *Towards A City Health Plan*¹ was to begin the planning process for health development within the city. It contained three documents, which provided information and detail on plans contributing to health and quality of life, which were used to inform citizens and organisations throughout the consultation process:

- *Discussion Document* outlining the current strategies of public sector organisations in the city and their contribution to health and quality of life;

- *Statistical Profile* which contained information on: demography, unemployment, housing, health related behaviour, children, young people, adults, elderly, crime, victims, pollution, accidents, physical infrastructure, amenities, cultural and leisure;
- *People's Views* summarised research carried out by voluntary and community organisations on views of seven population groups: children, young people, women, men, older people, people with disabilities, ethnic minorities.

Collecting Public Views

Following the launch of *Towards a City Health Plan*¹, a consultation strategy was drawn up which targeted the following groups: households in the Belfast City Council area; population groups including children, young people, older people, men, women, people with disabilities and ethnic minority groups; trade unions, government departments, public sector organisations, community organisations and the private and voluntary sector.

A variety of creative methodologies was used in the process including drama, quizzes, the distribution of leaflets to all households in the Belfast City Council area, a free phone facility, questionnaires and facilitated community consultation events, which were key to supporting community participation in this process. Workshop themes at these events included:

- Community Safety;
- Health and Social Care;
- Housing;

“One hundred and thirty-five issues were raised during the (consultation) process.”

- Education;
- Recreation, Leisure and Community Services;
- Environment;
- Economic Development.

One hundred and thirty-five issues were raised during the process. *Influencing Change*¹⁹ details the issues raised at each workshop and by the participating population groups. The next stage in the process was to identify recurring themes, which Healthy Cities partners could take forward either individually or collectively.



Figure 2
Issues raised during consultation

Setting Priorities

Two planning events were held in an attempt to identify key recurring themes from the many issues raised. Senior representatives from government departments and the public, voluntary and community sectors who had participated in the process attended these events.

A computer package, *Decisions Explorer*, used at the second event, identified a series of linkages and impact across issues, resulting in the following principles and four broad themes emerging.

Principles

- Community Participation/Accountability;
- Intersectoral Working;
- Sustainable Development;
- Social Inclusion/Equity.

Strategic Themes

- Transport, Environment, Planning and Housing;
- Integrating Information;
- Mental Wellbeing;
- Life Long Learning.

Policies and strategies for health for all



// By establishing values, setting targets and mapping out strategies to achieve them, a health for all policy will guide and facilitate implementation. //

6

Developing strategies

“Key to the success of the Strategic Planning Groups have been their chairs...”



Figure 3
Four Key Themes

Following agreement on the themes, Belfast Healthy Cities facilitated the establishment of three intersectoral Strategic Planning Groups (SPGs) to identify ways of addressing the issues contained within the themes. Permanent Secretaries and Chief Executives nominated respective members to these groups, resulting in a high level of participation from government departments and public sector bodies.

Representatives from a number of voluntary sector organisations have also made a significant contribution to the work. Key to the success of the Strategic Planning Groups have been their chairs – senior officers from the voluntary and public sectors, whose skill and commitment to the challenging and complex tasks within the group, have brought about the results.

A Learning City Forum group initiated by the Lord Mayor in 1997, facilitated by the Belfast City Council and chaired by the Workers Education Association was already working to address many of the issues raised under the life long learning theme. It was agreed not to establish a Strategic Planning Group on this theme but to integrate issues raised in the consultation process into the strategies and actions of the Learning City Forum (LCF). The report from the LCF is included in this report.

6.1 Strategic Planning Groups

“... identify strategic linkages across many of the sub elements raised within each theme and to outline key plans for action .”

The Strategic Planning Groups on Mental Wellbeing, Transport, Environment, Planning and Housing and Information largely used the same process in their approach to addressing the issues raised. This included:

- discussion about issues raised;
- review of current and developing public sector and government department policy;
- review of relevant programme delivery on priority area;
- identification of gaps through mapping exercises, scoping studies and facilitated workshops;
- identification of models of good practice on issues within Northern Ireland/UK/Ireland/Europe;
- strategic agreement, negotiation and commitment to delivery by appropriate bodies, individually and collaboratively.

The role of the groups was to identify strategic linkages across many of the sub elements raised within each theme and to outline key plans for action.

The complexity of issues raised under each theme, and particularly within that of Transport, Environment, Planning and Housing, reflect the way in which planning and action has been agreed. The period of time between the consultation process and the establishment of the Strategic Planning Group, delayed to ensure non-duplication with the work of the Belfast City Partnership Board, has also influenced the plans and actions agreed. Many of the issues raised by the community are now an integral part of new government draft policy. The groups focused on the gaps identified, examined the potential added value of using an intersectoral approach to bridge them and then agreed appropriate action.

Health of young people

// All major public sector policy decisions should be reviewed to avoid any negative impact on the health of young people. //



// Public policies and programmes should help children and young people to make the healthy choice, the easy choice. //

7

Mental wellbeing for young people

7.1 Background

“...a coherent strategy on mental wellbeing for young people is lacking.”

Presently, there is no easy way of defining mental health/ mental wellbeing and perceptions about mental health contain both positive and negative elements. In the World Health Organisation’s definition of health, good mental health is seen as an integral element of overall health.

The Health Education Board for Scotland adopts McDonald and O’Hara’s²⁰ view that it may be better to agree the parameters of good mental health, such as:

- ensuring that our basic needs are met; this incorporates both a range of social and psychological conditions such as adequate food and shelter, as well as higher needs such as affectionate relationships and membership of a group (derived from Maslow²¹);
- nurturing the development of skills such as the ability to manage change, recognise and communicate our feelings, as well as cope with stress in our environment;
- acknowledging that psychological and emotional problems can and do occur in ourselves and others. In addition, good mental health involves feeling positive about others and ourselves.

Increasingly, there is a shift towards collaborative working to address mental health issues, but within Northern Ireland there is no coherent strategy on mental health and wellbeing for young people.

Many programmes addressing mental health and wellbeing aimed at young people are provided and co-ordinated by



the voluntary sector with specialist services being provided through hospitals, health and social services, education and youth services. Various strategies produced within government departments and public sector organisations deliver specific programmes targeted at young people. The Healthy Cities consultation concluded that there is a real need to develop a comprehensive, more integrated approach to addressing the mental health and wellbeing needs of young people.

7.2 Current and Emerging Policy

“The focus on young people was in response to the many issues related to mental health and wellbeing raised during the young people’s consultation process.”

Current policy relating to mental health and wellbeing in Northern Ireland has tended to be adopted from, or to follow closely, developments in other areas of the United Kingdom. In England and Wales, a broad strategy for mental health was described in the discussion paper *Modernising Mental Health Services (1998)*²². This has been followed by *The National Services Framework for Mental Health - Modern Standards and Service Models (1999)*²³ which has provided a useful reference for service development and good practice in Northern Ireland.

Within Northern Ireland, a *Child and Adolescent Mental Health Policy*²⁴ was issued in 1998. Its purpose is to promote the mental health and wellbeing of children and adolescents. In addition, a consultation document *Minding Our Health: a Draft Strategy for promoting mental and emotional health in Northern Ireland (2000)*²⁵ explored ways of promoting mental health as well as considering the issue of suicide.

More recently in *Investing for Health*¹² (November 2000), The Department of Health, Social Services and Public Safety



sets out proposals for a broad public health strategy in Northern Ireland. One of its priority topics is promoting mental health. Furthermore, the current *Programme for Government*³ also contains a commitment to initiate a review of mental health legislation by March 2002. This will include a review of mental health policy and strategy.

7.3 Process

The Strategic Planning Group (SPG) on Mental Wellbeing was established in December 1999, with an agreed focus on young people. Representation included Eastern Health & Social Services Board, Barnardos, Belfast City Council, Belfast Education and Library Board, Opportunity Youth, South & East Belfast Health & Social Services Trust, North & West Belfast Health & Social Services Trust, Northern Ireland Housing Executive, and the Department of Health & Social Services and Public Safety.

The focus on young people was a response to the many issues related to mental health and wellbeing, raised during the young people's consultation process. The role of the group was to consider these issues, to assess current policy and programme delivery in this field and to identify ways of taking forward the issues in an integrated and strategic way.

Eastern Health and Social Services Board, the Health Promotion Agency for Northern Ireland, South & East Belfast Health and Social Services Trust, and North & West Belfast Health and Social Services Trust made presentations at the first meeting to identify and outline current policy. The draft strategy of the Department of Health & Social



Services and Public Safety was outlined by the Health Promotion Agency. At the first meeting, the group agreed to increase representation to include statutory and government departments with a remit for young people's mental health and wellbeing.

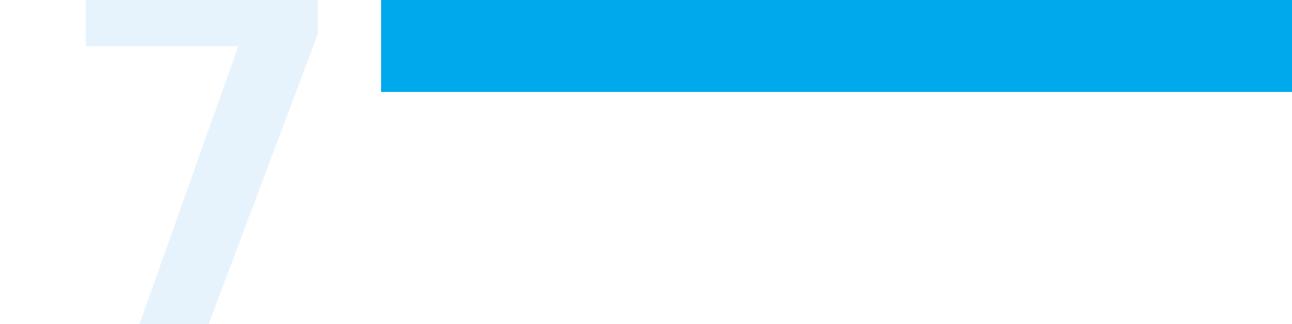
7.3.1 Mapping exercise

Initially, the group discussion on defining mental health agreed that any issue impacting on young people's mental health, alongside issues relating to mental illness, would be considered, encompassing the broader parameters suggested by McDonald and O'Hara²⁰.

The group carried out a mapping exercise as a starting point to identify which of the issues raised by the consultation process were being addressed within the regional framework or by other organisations working within the city. It was evident that a large proportion of the work with young people in the city was being carried out by voluntary organisations but without any overall strategic framework within the city.

The mapping exercise identified key activities, key contacts, strategies in operation and participation in intersectoral forums on each of the following groupings:

- training, employment, unemployment and education;
- sexual health, teenage pregnancy, early years, lone parents and parenting;
- self-esteem, personal development and rights;
- environment, transport, accommodation, recreation and community safety;

- 
- mental ill-health, suicide, abuse, separation and divorce, counselling and support services;
 - drugs and alcohol.

Responses from the organisations were used to identify gaps or weaknesses in action strategies on the six areas. The results, presented at a meeting in June 2000, identified three areas where work was either currently being carried out or being developed - Training, employment, unemployment; Education; self-esteem, personal development; Rights and drugs/alcohol.

Following this, the Strategic Planning Group divided into three sub-groups to examine the potential for intersectoral activity in the remaining three areas:

- Sexual health, teenage pregnancy, early years, lone parents and parenting;
- Mental ill-health, suicide, abuse, separation and divorce, counselling and support services;
- Environment, transport, accommodation, recreation and community safety.

The task of the sub-groups was to consider the most appropriate mechanisms to allow organisations to develop joint action plans that would bring added value to the planning and delivery of services for young people in the city.

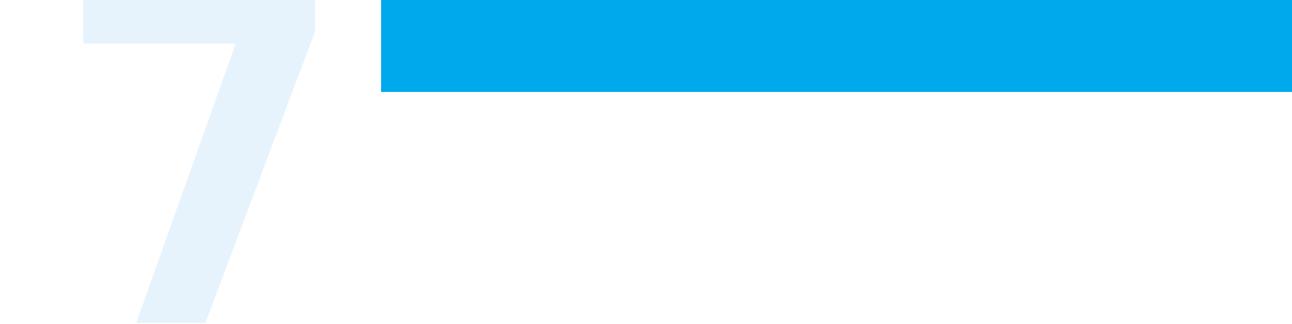
7.3.2 Planning Priorities

As a next step, and in order to achieve consensus on priorities for future action, Healthy Cities engaged an external facilitator to run two workshops to assist with the

prioritisation of issues within these three areas. As part of this “consensus building process”, group members were asked to identify those criteria which would help the group decide on options for action within the context of the City Health Development Plan.

The table below sets out the criteria developed to select actions, which achieved the highest level of consensus among the members of the Strategic Planning Group.

Acceptable	<ul style="list-style-type: none"> - to the target audience. Need to involve and include young people at all stages
Aligned	<ul style="list-style-type: none"> - to the remit of Healthy Cities and consultation issues - be able to demonstrate ‘fitness for purpose’ - to complement the corporate agenda of participating organisations/agencies
Accessible	<ul style="list-style-type: none"> - young people must be aware of the service - geographical accessibility - how the information is presented
Achievable	<ul style="list-style-type: none"> - realistic but challenging recommendations
Affordable	<ul style="list-style-type: none"> - value for money - attract additional funding
Accountable	<ul style="list-style-type: none"> - clear and explicit lines of accountability - review process/progress reports - leadership to drive the agenda forward
Assessed	<ul style="list-style-type: none"> - monitoring and evaluation must be built in from the beginning



Actions were then prioritised by scoring each action according to the number of criteria met on the above list. As a result of this process, agreement was negotiated on a series of actions aimed at improving provision and services for young people.

7.4 Action on Mental Wellbeing for Young People

The action agreed under this strategic theme is detailed on the following page.

Action on **Mental Wellbeing for young people**

Area	Action	Lead Agency	Delivery Partners	Timescale	Intended Outcomes
Shared Protocols	Establish working group Examine best practice Develop protocol standards and guidelines	EHSSB – Children's and Young Persons' Committee (CYPC)	BELB, HSSTs and other relevant organisations from CYPC	2002-2003	Common, agreed protocol standards and guidelines for organisations/agencies/staff working with or providing services to young people.
Training and Development	Produce training and development strategy/plan	EHSSB – Children's and Young Persons' Committee	BELB, HSSTs and other relevant organisations from CYPC	2003-2004	Training and development strategy/plan which addresses the training and development needs of all employed and voluntary staff, working with young people.
	Train staff in application of protocol standards and guidelines				
	Monitor use of protocols, standards and guidelines.				To review and amend training strategy.

Area	Action	Lead Agency	Delivery Partners	Timescale	Intended Outcomes
Training for Young People	Produce a training prospectus for younger people which will be centrally coordinated, based on identified need and geared towards targeted audiences	Belfast Healthy Cities/ Learning City Forum (LCF)	Organisations represented on Belfast Healthy Cities and LCF	2002-2003	To improve coordination and access to training opportunities for younger people. Implementation and review carried out.
Training Parents	Produce a training prospectus for parents which will be centrally coordinated, based on identified need and geared towards targeted audiences	Belfast Healthy Cities/ LCF	BELB/ Other relevant organisations from LCF and Healthy Cities	2002-2003	To improve access for parents to information and support services for younger people.
Leaving Care	Develop and co-ordinate an interagency and intersectoral group to look at the specific needs of younger people leaving care, such as social care, training and employment and accommodation requirements	EHSSB – Children’s and Young Persons’ Committee	EHSSB, HSSTs, BELB, NIHE, T&EA, Voluntary and Community	2002-2004	To improve quality of life opportunities for younger people leaving care
Planning for Young People	Develop and coordinate a joint planning process for services to younger people, which will include all relevant statutory and voluntary agencies/ organisations	Belfast Healthy Cities	EHSSB, BELB, HSSTs, NIHE, BCC, Voluntary/ Community	Annually	To improve co-ordination and information on plans and services for younger people

A healthy and safe physical environment

// Cycling, walking and the use of public transport instead of cars, promote health, increase physical activity, social contact and reduce fatal accidents and air pollution. //



// The cost of cleaning up health damaging pollution is high. Investment in cleaner process from the outset, prevents pollution and makes for efficient manufacturing, thus increasing profits. //

8

Transport, environment, planning and housing

8.1 Background

“The need for more integrated approaches and partnership is recognised within the city.”

At the centre of Healthy Cities’ work to highlight the health impact of policies on transport, environment, housing and urban planning, has been a concern to enhance the quality of life of people in Belfast and to integrate health outcomes as a core consideration within public policy formulation in Belfast. The present organisation and delivery of services in respect of the environment, housing, transport and planning is complex - divided between different agencies, including Belfast City Council, the Department of the Environment (DOE), the Department for Regional Development (DRD) and the Northern Ireland Housing Executive (NIHE).

The need for more integrated approaches and partnership is recognised within the city. However, this is difficult to achieve within a policy and planning environment in which different agencies and organisations have a specialist remit (for example, transport, environment, urban planning and housing) and are somewhat constrained within the planning procedures and practices of their own agency.

8.2 Process

The Strategic Planning Group (SPG) on Transport, Environment, Planning and Housing was formed in September 2000. The first task of the group was to examine the issues raised in the consultation process with a view to identifying ways of addressing these issues using an integrated approach.

In addressing the issues identified through the Healthy Cities consultation, the Strategic Planning Group has endeavoured to provide opportunities for strengthening collaboration between the respective agencies. The work of the SPG has been taken forward through a process of regular meetings, group discussions and workshops to map out and review existing policies and strategies, to identify key issues impacting on health and to identify and agree future action to address these. The engagement of a range of agencies and government departments in the process allowed for an exchange of experience and practice between the partner organisations.

“potential to add value to existing or developing strategies”

In agreeing potential action to be taken in Belfast in the areas of transport, environment, housing and planning, outside facilitation was used to identify areas for action. These were then scored in terms of their potential for positive health impact, their complementarity with the existing policy environment, and their potential to add value to existing or developing strategies.

8.3 Current and emerging policy

8.3.1 Transport

*Programme for Government*³ contains a commitment to the development of a safe and reliable road network and a quality public transport system that can benefit society, provide real transportation choice for those living in both rural and urban communities and help grow the economy in a sustainable way.

“...aim to promote better integration between land use and transportation planning and to help maximise the contribution of transport policies to improving quality of life.”

*The Regional Development Strategy (Shaping Our Future)*¹³ aims to guide development up to 2025 and contains major transportation themes such as the extension of travel choice for all sections of the community, the integration of land use and transportation, changing travel culture and contributing to healthier lifestyles. Also within this context, a *Planning Policy Statement on Transportation and Land Use* will be prepared for Northern Ireland in 2002. This will aim to promote better integration between land use and transportation planning and to help maximise the contribution of transport policies to improving quality of life. This will mean encouraging alternatives to car use and greater integration and linkages between home, workplace and leisure facilities.

A ten year *Regional Transportation Strategy* is scheduled to be published in 2002, setting out the longer term strategy for transport in Northern Ireland and will identify funding sources and make provision for transportation infrastructure and services, which potentially will support the future sustainable development of the region.

The new good practice guidelines on housing design, *Creating Places - Achieving Quality in residential Developments*²⁶, emphasises the need to plan facilities for pedestrians, cyclists and public transport in housing developments.

Over the past few years, the Department for Regional Development (DRD) has introduced new policy, programmes and initiatives to promote public transport, cycling, and walking as healthier modes of transport and more sustainable alternatives to private car use. In addition to the areas already mentioned, the promotion of safer routes to

schools, “green” travel plans and ongoing promotion of road safety education and training and traffic law enforcement will be the major areas of activity over the next few years.

“Belfast City Council has been monitoring air quality in the city since the late 1950s.”

In response to concerns about parking in residential streets around the city centre, Roads Service has investigated residents’ parking schemes. However these will not be implemented in the near future, as DRD in a separate exercise is reviewing powers to decriminalise parking offences in order to allow Departmental enforcement of on street parking controls.

8.3.2 Environment

Air quality

Belfast City Council has been monitoring air quality in the city since the late 1950s. The range of pollutants monitored and the intensity of monitoring have been greatly increased in recent years, both by the Council and the Department of the Environment (DOE). *The UK National Air Quality Strategy*²⁷ sets time-limited objectives for the eight pollutants with the greatest impact on health, reflecting European Union Directive requirements.

Local authorities in Great Britain have powers and duties concerning the assessment of local air quality. These powers were introduced in the *Environment Act 1995*²⁸ but no similar provision was made for Northern Ireland. District Councils, with the agreement of the Department of the Environment’s Environment and Heritage Service, have begun the process of systematic review and assessment in advance of Northern Ireland legislation being introduced.

“...the co-ordination of monitoring and development of an emissions inventory and the co-ordination of action to improve air quality.”

The cross boundary nature of air pollution has led to the recent formation of a “Greater Belfast Air Quality Partnership” comprising Belfast City Council and its neighbouring district councils. The objectives include the development of an Air Quality Strategy for Greater Belfast, the co-ordination of monitoring and development of an emissions inventory and the co-ordination of action to improve air quality.

The need for a Local Air Quality Management Regime similar to that which has been applied in Great Britain by the *1995 Environment Act*²⁸ is seen as fundamental to the resolution of Belfast’s persistent problems. The introduction of similar powers for district councils in Northern Ireland would provide a new focus for much needed action. Changes in public attitudes to car use, transportation and energy use are essential to promote improved air quality. Systematic health impact assessment is seen as an important tool for bringing about more health promoting public policy.

Information about local air pollution levels, has been available through services like Teletext for some time and weather bulletins are also used. Procedures are also in place to trigger public advice and warnings, through a variety of new media when predetermined action levels for particular pollutants are exceeded.

A number of the public sector operators of large vehicle fleets have begun to demonstrate leadership by tackling their environmental impact. Belfast City Council, for example, has adopted a Greener Vehicles Strategy and is piloting the use of Liquefied Petroleum Gas (LPG) in some vehicle types and is also experimenting with a range of

exhaust treatment devices. The use of compressed natural gas in larger vehicles is also being explored, as is the potential for electric vehicle use.

Waste management

“...ever-increasing quantities of waste generated by society...”

The problem of the ever-increasing quantities of waste generated by society has been recognised as being strongly linked to economic growth throughout the developed world. It has also been acknowledged as a trend that must be reversed. The European Union has initiated the most significant response to this problem through the principle of “producer responsibility”. This has first appeared in United Kingdom legislation through the *Packaging Regulations*²⁹ which place onerous demands on business to recycle the majority of their packaging waste. Other products will soon be subject to similar requirements. These include electronic and electrical equipment and end-of-life vehicles.

While “producer responsibility” is driven by national policy and legislation, local initiatives also have a part to play in waste minimisation. Belfast City Council has joined with ten other district councils to form the Eastern Region Waste Management Group to develop a Waste Strategy and a detailed Waste Plan. The Strategy has already been adopted and it includes a strong commitment to support waste reduction.

The Strategy also commits all eleven participating Councils to the achievement of very challenging recycling targets. The *draft Consultation Waste Management Plan*³⁰, which was launched in February 2002 for public consultation, highlights the necessity for extensive separate collection

arrangements for recyclable materials and the introduction of a much greater number of deposit banks for recyclable materials.

The need for intensive awareness-raising and public education has also been recognised. A Waste Advisory Board has been established (May 2001) by DOE to promote and encourage all sectors to play their part in implementation of the *Northern Ireland Waste Management Strategy*³¹, which was first launched in March 2000.

“Legislation in Northern Ireland has failed to keep up with developments in the rest of the United Kingdom.”

Belfast City Council has recently completed an intensive review of its Street Cleanliness Services under the Best Value regime. A Five Year Action and Performance Improvement Plan was developed and is being implemented. This aims not only to improve the efficiency and effectiveness of street cleaning operations, but also to tackle some of the root causes of litter through intensive education and awareness raising, backed up by firm enforcement of the litter laws.

Efforts and expenditure to encourage householders to segregate and recycle their waste will be greatly undermined if the materials cannot be put to beneficial use. The weakness and volatility of markets for recyclables, which is a particular problem in Northern Ireland, will be a key issue to be addressed by the Waste Management Advisory Board. Central Government will have a pivotal role in addressing this problem. Better co-ordination of action on litter, grounds maintenance, dumping, graffiti, vandalism, dereliction is required to improve environmental quality.

Noise

Community safety and issues of anti-social behaviour have been highlighted in the review of the Criminal Justice system in Northern Ireland. The Northern Ireland Housing Executive and other bodies are participating in a pilot multi-agency initiative in South Belfast, which has already demonstrated how co-ordinated action can help address difficult anti-social behaviour including noise nuisance. Belfast City Council has adopted the *Noise Act*³² and introduced a Night Time Noise Service. The response and the results over the first six months have demonstrated the need for and effectiveness of such a service.

Legislation in Northern Ireland has failed to keep up with developments in the rest of the United Kingdom. A weakness in pollution control legislation, which prevents action to curb noise nuisance arising in streets, was addressed there some years ago. Whilst better co-ordination of planning/licensing/pollution control activity could help forestall or minimise environmental noise problems, increased public education and awareness could encourage citizenship and good neighbourliness in the higher density city.

Sustainability

The Belfast Metropolitan Area Plan development process will provide the opportunity to shape the policies which will guide planning controls over existing open space in the city. Belfast City Council, Northern Ireland Housing Executive and the Department for Regional Development have been co-operating in a number of environment projects aimed at improving local environmental conditions through fostering

8

“...action to alleviate the needs of Travellers is one of four priority action areas..”

community participation, action and stewardship. Market pressure to bring brownfield and particularly contaminated sites back into beneficial use is increasing. This can have major public benefit as amply demonstrated in the Gasworks site. Adequate control over site remediation appropriate to the development proposals is, however, crucial. This underlines the importance of bringing the controls in the *Waste and Contaminated Land (NI) Order*³³ into operation.

8.3.3 Planning

Belfast Metropolitan Area Plan

The Belfast Metropolitan Area Plan (BMAP), when completed, will provide a planning framework for the Belfast, Carrickfergus, Castlereagh, Lisburn, Newtownabbey and North Down Council areas, and guide and control future development of the area up to the year 2015.

The Plan is being prepared within the context set by the Regional Development Strategy (Shaping Our Future), the Regional Transportation Strategy, and existing Planning Policy Statements but will replace the current *Belfast Urban Area Plan 2001*³⁴(1990).

The United Kingdom Government has embraced the principle of sustainable development based on stewardship of the environment, and has widened the concept to include economic and social considerations. In addition, the Northern Ireland Executive, through the New Targeting Social Need programme is committed to the objective identification of social need and the targeting of resources to address deprivation. The policies and proposals

“...facilitate development and create a land use framework that will allow investment to take place...”

contained within BMAP will be subject to a strategic environmental assessment which will seek to anticipate and evaluate the environmental, social and economic consequences of the Plan and to minimise any negative impacts which have been identified.

BMAP will also be subject to an Equality Impact Assessment at the Draft Plan stage when policies and proposals will be assessed with respect to the promotion of equality and of good relations between people of different religious belief, political opinion or racial group.

Methodologies for health impact assessment have yet to be applied in Northern Ireland although much work has already been carried out in this area. For example, Department for Trade and Industry (DETI), UK has produced work on environmental indicators and a set of health indicators.

The recent World Health Organisation publication *Healthy Urban Planning*³⁵ also sets out a number of key objectives for urban planners which aim to ensure health is given a high priority in planning exercises.

8.3.4 Housing

The *Regional Development Strategy*¹³ contains a series of Strategic Planning Guidelines relevant to housing:

- to foster development that contributes to community relations, recognises cultural diversity and reduces socio-economic differentials;
- to set housing growth indicators for 2015;
- to provide housing choice to meet community needs;

“The projected number of additional dwellings within the Belfast Metropolitan Area to 2015 is 51,000.”

- to build local communities for the future in existing urban areas;
- to underpin the role of local rural centres;
- to sustain a living and working countryside;
- to create a thriving metropolitan area focused on Belfast;
- to promote more prudent and efficient use of energy and resources.

The projected number of additional dwellings within the Belfast Metropolitan Area Districts up to 2015 is 51,000.

While the *Regional Development Strategy*¹³ sets the Northern Ireland context for housing, the Housing Executive seeks to address community issues and concerns through its own policy development and operational programmes.

The Northern Ireland Housing Executive’s publication *Housing and Health, Towards a Shared Agenda*¹⁵, provides a valuable framework within which the Northern Ireland Housing Executive can work with partners, to maximise the contribution of housing to health across Northern Ireland, including Belfast.

Residential segregation within Belfast provides a difficult context within which to meet housing need and leads to an inefficient housing market. Despite these limitations, the Housing Executive has produced a *Community Relations and Community Safety Plan*,³⁶ containing thirty recommendations designed to tackle anti-social behaviour and neighbourhood nuisance on Executive estates. The plan recommended the introduction of a Housing Executive Neighbourhood Warden service and it is expected that this

service will particularly benefit older and more vulnerable groups. A number of wardens have now been recruited following successful pilot working.

The Northern Ireland Act¹⁰ places a duty on public services to promote equality of opportunity and good community relations. The Housing Executive has established a centralised Community Safety Unit to support District Managers/Offices in processing the most extreme cases of anti-social behaviour through the courts. The Unit plays an important role in leading out a range of recommendations contained within the *Community Relations and Community Safety Plan*³⁶, including the formulation of policy and procedures for the investigation of alleged cases of anti-social behaviour, the production of standardised documentation and associated inter agency training programmes. Proposals for the establishment of community safety partnerships will be progressed in the wake of the Community Safety Strategy that will be issued by Government before the end of the year.

The proposed new draft Housing Bill will contain provision for mandatory licensing of landlords/premises. The Housing Executive is introducing a Voluntary Landlord Licensing Scheme for Houses in Multiple Occupation (HMOs), which provides guidelines for relevant agencies, landlords and tenants. The aim of voluntary licensing is to improve standards of HMOs and the living conditions for HMO tenants, many of whom are amongst the most vulnerable in the community.

The Housing Executive has significant arrangements to review performance and future plans, through existing structures for community involvement in housing

management. Community involvement is based on a four-tiered structure (Community Associations, District Consumer Panels, Area Community Advisory Groups and the Central Community Advisory Group) through which community representatives are involved with the Executive in evaluating performance and standards.

While this existing Framework acts as a useful advisory and participative network, Government proposals for Community Participation Compacts will provide for more formal agreements between Housing Executive and tenants. To date, nine Community Participation Compacts have been introduced within Northern Ireland and it is the intention to roll out the concept to 30 areas and groups by March 2002.

The *Tenant's Charter*³⁷ details the standards of service, which tenants can expect from the Housing Executive. The Housing Executive is committed to the publishing of an annual report detailing its performance against these standards. Performance is also measured through a number of systems including individual office audits, various customer satisfaction surveys, including the Continuous Tenant Omnibus Survey (CTOS) and exit polls and is reported against the relevant sections within the Tenant's Charter

Promoting Social Inclusion is a key element of the New Targeting Social Need agenda and action to alleviate the needs of Travellers is one of four priority action areas identified within this policy. The Government Working Group on Travellers has produced a report³⁸ containing thirty-three recommendations aimed at improving the situation of travellers and co-ordinating the work of

relevant agencies. As a result of this, responsibility for accommodating travellers now rests with the Housing Executive. In Belfast, the Housing Executive continues to promote the development of two group-housing schemes for Travellers. It is expected that, under the proposed Housing Bill, the Housing Executive will undertake responsibility for serviced traveller sites in late 2002.

The Housing Executive is the Home Energy Conservation Authority for Northern Ireland which aims to improve energy efficiency across the residential sector and contribute to the alleviation of fuel poverty. Specifically, the Housing Executive is working towards these goals by administering the Warm Homes Scheme; energy marketing plans; energy advice through Energy Efficiency Advice Centres and Community Energy Plans e.g. Beechmount and Willowfield.

8.4 Action

Details of action under the strategic theme of Transport, Environment, Planning and Housing follow.

CORE ACTION:**Transport, environment, planning and housing**

Area	Action	Lead Agency	Delivery Partners	Timescale	Intended Outcomes
Community Health and Wellbeing	To develop agreed principles for the formulation and implementation of public policy which will promote community health and wellbeing and reflect community aspirations equitably.	Belfast Healthy Cities	BCC, DRD, BRO, BCC, BMAP, QUB, UoU, DOE, BMAP, NIHE, SEHSST, NWHSST, DHSSPS, Community Sector	December 2002	Development of healthy public policy

Action on Transport

Area	Action	Lead Agency	Delivery Partners	Timescale	Intended Outcomes
Walking	A "Quality Walking Corridor" (QWC) is being developed between Queen's University and Belfast City Centre.	Department for Regional Development	DRD, NIHE, Community sector	2002	An increase in overall physical activity with its associated health benefits
	Two additional QWCs will be implemented.	Department for Regional Development		2003	
	Identify and develop a Home Zone project	Department for Social Development		2003	
Cycling	Provision of covered cycle stands in Lombard Street and Rosemary Street	Department for Regional Development	NI Cycling Forum, BCC	2002-2003	Improved opportunities for people of all ages and abilities to participate in a healthy, active lifestyle
	Provision of a cycleway between Hollywood Arches and Victoria Park			2002-2003	
	Provision of a number of cycleways linked to the National Cycle Network			2002-2003	
	Provision of a cycle route between the University area and City Centre			2002-2003	

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Area	Action	Lead Agency	Delivery Partners	Timescale	Intended Outcomes
Travel Plans	Three pilot projects involving a hospital, a university, and the Belfast City Council Gasworks site will be developed	Department for Regional Development	Belfast City Hospital, UoU, BCC	2002	Alternative methods of transport include walking and cycling. Both of these have a clear potential for a positive impact on health
Safer Routes to School	Two pilot projects will be developed in Belfast to promote walking and cycling to school	Department for Regional Development	Local Schools	2002	An increase in the number of children walking or cycling to school will deliver a positive health benefit
Public Transport	Provision of two new Quality Bus Corridors	Department for Regional Development	Translink	2002-2003	A reduction in road traffic will improve the environment and provide a health benefit
Traffic Calming	Establishment of a Traffic Calming Forum with involvement of statutory agencies and local communities	Belfast Healthy Cities	DRD, DSD, BCC, Voluntary & Community Sector	2002-2003	To act as an advisory group for local communities on traffic calming related issues

Action on Environment

Area	Action	Lead Agency	Delivery Partners	Timescale	Intended Outcomes
Pollution	Establish a Multisectoral Air Quality Forum for Belfast	Belfast City Council	BCC, DoE (EHS and Planning), DRD, Translink, CBI, Community Sector	September 2002	<p>Improve air quality to meet the standards in the National Air Quality Strategy</p> <p>Increased awareness of air pollution</p> <p>Appropriate legislation developed</p> <p>Greater co-ordination of action and initiatives</p>
Sustainability	Develop an educational demonstration project	Belfast City Council	BCC in partnership with other bodies	September 2002	To increase awareness of and encourage sustainable living
Waste Management	Establishment of a Community Waste Forum	Belfast City Council	BCC with other partners – NIHE, Environment and Heritage Service	September 2002	Action on litter and recycling
Open space	Establish an Intersectoral Open Space Forum	Belfast City Council	BCC, NIHE, DRD	September 2002	To improve co-ordination of action by relevant statutory bodies in the maintenance of public open space in residential areas

8

Action on Planning

Area	Action	Lead Agency	Delivery Partners	Timescale	Intended Outcomes
Sustainability-Arterial Routes Project	Carry out a pilot study aiming to derive a realistic assessment of the potential that could be derived from converting underused commercial property into residential accommodation	Belfast City Council	DOE Planning Service, BRO, NIHE, Belfast City Centre Management Group, UoU	2002-2004	Assessment of overall capacity and provision of guidance on best practice for conversions
Quality of Life Matrix	Produce a Quality of Life Matrix	Belfast Healthy Cities	DHSSPS, DSD, BCC, BMAP, EHSSB, NIHE, UoU, QUB, BRO, NWHSST, SEHSST, Community Sector	2002-2003	Agree a set of health indicators and objectives considered appropriate for Belfast, which will place quality of life issues at the centre of new policy development

8

Action on Housing

Area	Action	Lead Agency	Delivery Partners	Timescale	Intended Outcomes
Community Safety	Support vulnerable groups through the new Estate Warden Service	Northern Ireland Housing Executive	SEHSST, NEHSST, Engage with Age Consortium	Ongoing	Improved access to services for vulnerable tenants
Healthy Living	Promote healthy living and other health initiatives through NIHE's consultative arrangements	Northern Ireland Housing Executive	Health & Social Services Trusts	Ongoing	More direct delivery of health initiatives
Fuel Poverty	Work to help alleviate fuel poverty through the delivery of a range of Energy Conservation schemes in Belfast	Northern Ireland Housing Executive	National Energy Action, Area Partnership Boards, Phoenix Gas, HSSTs	Ongoing to 2006	Warmer homes and less risk of cold related illnesses.
Traveller Accommodation	Promote two group-housing schemes for travellers in Belfast. Subject to the Assembly, undertake responsibility for serviced traveller sites	Northern Ireland Housing Executive	Health & Social Services Trusts	Ongoing	Gains in the health of the travelling community in Belfast

Equity in Health

// Educational levels produce a similar gradient of health risk to that produced by social class. //



// A key strategy must be to remove the financial, cultural and other barriers that hinder equal access to education. //

9

Lifelong learning

9.1 Background

“Education has been recognised as one of the most crucial determinants of health...”

Education has been recognised as one of the most crucial determinants of health and there has been shown to be a strong correlation between health and levels of educational attainment and literacy. Lifelong learning is clearly linked to fulfilling the vision of making Belfast a healthy city where education is inextricably linked to health development of the city and its citizens.

Lifelong learning and education was identified as a key concern for people who participated in Healthy Cities consultation process on *Towards a City Health Plan*¹. The requirement to address needs in this area was also identified as a key priority in the regeneration proposals for Belfast produced through a city vision process. Following negotiation with Belfast City Council, it was agreed that elements of the findings of the Healthy Cities consultation on education and lifelong learning could be incorporated into one overall action plan for developing lifelong learning in the city. The action plan will be delivered by, Belfast: A Learning City Forum, of which Healthy Cities is a partner organisation.

9.2 Current Policy – ‘A New Learning Culture For All’

*Lifelong Learning: Building a learning culture for all*⁶ sets out proposals for the development of lifelong learning in Northern Ireland. The document identifies the need to modernise the Northern Ireland economy to improve the skills base of the local workforce which will enable companies to compete in the global economy. It emphasises

the important potential of lifelong learning programmes in promoting social cohesion and healing community divisions within Northern Ireland. In trying to create the “new learning culture for all”, government policy rightly acknowledges the necessity for partnership development involving key stakeholders – universities, further education colleges, voluntary and community sectors, business, industry and trades unions.

9.3 Strategic Planning – ‘Belfast: A Learning City’

In 1997, the Workers’ Educational Association (WEA) and the Belfast City Council formed a partnership to develop a city-wide strategy for lifelong learning aimed at re-skilling the workforce and improving Belfast’s competitiveness³⁹.

“It is hosted by Belfast City Council, chaired by the WEA and resourced by funding from many partner organisations.”

Lifelong learning is clearly linked to fulfilling the vision of ‘Belfast - The Renaissance City’, the *Belfast City Council’s Development Strategy*⁴⁰, where the economic development of the City is intricately linked to the education of its citizens.

The WEA and the City Council decided to mount a series of high profile events to give credibility to the concept, at the same time pressing on with the development of a learning city strategy for the city.

The Learning City Forum (LCF) was established to lead the project. It is an inclusive body with more than thirty-five members including councillors, colleges and universities, voluntary and community sector organisations, government agencies, the Belfast Education and Library Board, trade unions and employers. The Forum has agreed that the

purpose of action within the group must be to add value to individual initiatives in Lifelong Learning. The Learning City Forum has a two-pronged strategy and a programme of action aimed at turning the learning city vision into a reality:

- Marketing and Promotion, to stimulate demand for learning
- Collaborative Interventions by Providers, to connect individuals to learning most appropriate to their needs locally.

This strategic plan was created by the Learning City Forum in 1999, and has guided its development since that time. It is hosted by Belfast City Council, chaired by the WEA and resourced by funding from many partner organisations.

9.4 Action Plan

The Learning City Forum has developed a programme of action aimed at promoting lifelong learning and enhancing partnership and intersectoral collaboration in meeting the needs of local people. The programme of action is constructed in line with the two strategic aims of the Forum and is detailed overleaf.

Action on Lifelong Learning - Marketing and promotion

Area	Action	Lead Agency	Delivery Partners	Timescale	Intended Outcomes
Local Learning Ambassadors	<p>To reach out to those most removed from learning and persuade them of the benefits of returning to community based education</p> <p>To recruit and train local community representatives to undertake an ambassadorial role</p>	Belfast Institute of Further and Higher Education	BCC, Open College Network	Ongoing, from April 2001	<p>A number of trained local learning ambassadors</p> <p>An increased awareness of the direct benefits of learning for an individual and a community</p>
Learning for Life Publication	<p>To publish a user-friendly brochure documenting the learning and training opportunities available in Belfast</p> <p>To use real-life stories of adult learners to demonstrate the benefits of returning to learn</p>	Belfast City Council	All members of the Learning City Forum	Annually from 2002	A single point of reference for the citizen interested in returning to learn in Belfast

Area	Action	Lead Agency	Delivery Partners	Timescale	Intended Outcomes
Information, Advice and Guidance signposts	To place Information posts at strategic points across the city.	Belfast City Council	Education Guidance Service for Adults	Beginning 2002	Improved access to correct information about the kinds of learning available in the city
Website-on-line information	To develop and host a portal enabling users to access real-time information about learning opportunities in Belfast.	Belfast City Council	All members of the Learning City Forum	January 2002	Wider promotion of learning in Belfast
Learning Festival	To organise and publicise a series of learning opportunities across the city to demonstrate the learning culture in Belfast.	Belfast City Council	All members of the Learning City Forum	Annually	Increased participation in lifelong learning in Belfast

Action on Lifelong Learning - Collaboration between providers

Area	Action	Lead Agency	Delivery Partners	Timescale	Intended Outcomes
Learning Shop	To open a shopfront showcase venue for all learning opportunities available in Belfast, at a neutral site	Belfast City Council	BELB, educational guidance organisations	Under consideration	Provide wider access to information, advice and guidance about opportunities in Belfast to citizens
Community Schools Initiative Community access to schools	To work with the appropriate partner schools to develop ways of widening access to the facilities therein	Belfast Education and Library Board	BCC and Learning City Forum	2002 onwards	Better use of familiar community resources, encouraging adults to participate in learning
Learning Houses	To increase the number of informal sites of learning at a micro-community level.	Northern Ireland Housing Executive	Learning City Forum partners	2003 onwards	Encouraging adults to participate in learning
Citizenship Education	To develop the idea of citizenship in Belfast through a programme of learning across the city.	Belfast City Council	Workers Educational Association	Began August 2001	Clearer conception of active citizenship, and of individual rights and responsibilities in the city

9

Area	Action	Lead Agency	Delivery Partners	Timescale	Intended Outcomes
Business Education links	To work with NIBEP to extend the links between business and education in Belfast, and to assist LCF partners to forge links in appropriate areas.	Northern Ireland Business Education Partnership	Belfast City Council and Learning City Forum members	Ongoing	Improved links between educational providers and the business community.
Collaborative Projects Fund	To open a fund of money that enables LCF partners to part-fund collaborative projects that promote learning to the citizens of Belfast and demonstrate good practice.	Belfast City Council	All Learning City Forum members	Began April 2001	Increased provision of collaborative projects, making best use of current resources in the sector.

Healthy Ageing

// Public services at community level should provide outreach services to support older people in their everyday lives. //



// Their needs and wishes in relation to housing, income and other factors that enhance their autonomy and social productivity should be increasingly taken into account. //

O

Integrating information

10.1 Background

“... the way information was required by users was fundamentally different to how it is presently provided.”

An issue of major concern raised at every public consultation event was the lack of access to service provision information. It became apparent from the consultations that the way information was required by users was fundamentally different to how it is presently provided.

There is clearly a wealth of information on service provision available. The city's major agencies go to great lengths to produce high quality publications on service provision. It would appear that the primary objective underlying these publications is to create a showcase or shop front for that agency's service provision.

However the public requires the delivery of information in a “joined up” way. Information users want access to information, which crosses the boundaries of service providers, but service providers still tend to favour discrete information mechanisms, which highlight and promote only their own services. Identifying mechanisms to overcome this dilemma was the priority of the Strategic Planning Group on Information established by Belfast Healthy Cities.

10.2 Current policy - 'On-Line Northern Ireland'

In February 2001, the Office of the First and Deputy First Ministers launched the Online Northern Ireland (Online NI) aspects of ukonline.gov.uk - a website to allow citizens in Northern Ireland easy 24-hour access to Government information. The website is a key part of Government's drive to get all Government services online, making public information more accessible and user-friendly.

The site has several distinctive features:

- the search engine – Quick Find – guides users directly to the right information allowing people to cut through the maze of government websites;
- in the 'Life Events' area, information and services are packaged around key points in people's lives - issues like bereavement, crime, having a baby and moving house. The bereavement life event, for example, carries information about how to make a will, register a death or find support groups.

The website is just the start in a growing area. A number of new services are being investigated such as packaged information and services for people retiring, changing jobs, starting, changing or leaving school, and becoming a carer. However, just recently, the UKOnline site is currently undergoing a fundamental review and consideration is being given to whether life events are the best way for users to receive information.

10.3 Process

The task of the Belfast Healthy Cities inter-agency working group was to develop an action plan to address this important issue. This inter-agency Strategic Planning Group was formed in April 1999 (during the consultation process) and included the Office of the First and Deputy First Minister, Eastern Health and Social Services Board, Belfast City Council, Northern Ireland Housing Executive, both the North & West Belfast and South & East Belfast Health and Social Services Trusts, Help the Aged, Age Concern, Voluntary Services Belfast and Bryson House.

Initially, discussions centred on the concept of developing an integrated information structure/system which would provide easily understood/accessible information to the public. It was recognised as an ambitious goal. The variety and extent of both the type of information and methods of delivering information to the public – traditional and technological - were considered.

10.3.1 Scoping Study

In March 2000, the Strategic Planning Group commissioned a Scoping Study to identify the main options for addressing this issue. The consultants carrying out the study were instructed to focus on the needs of over fifty-fives and to use a life stage/event approach as a guide to the research and analysis. Additionally, the consultants were asked to identify current appropriate models of best practice, locally, nationally and internationally, in information provision.

The Scoping Study was published in June 2000, and its key recommendations included:

- prioritising the targeting of the information needs of the most vulnerable in the over fifty fives group;
- the development of a flexible model of delivery, which accommodates IT access, printed reference material, access by advocates and face to face support from advisors;
- the need for shared policy commitment from key public agencies.
- an inter-agency management group to support development and co-ordination.
- a central information point.

Following this an Integrated Information Statement was drawn up to increase commitment and willingness to participate in this pilot project. Chief Executives from Belfast City Council, Eastern Health and Social Services Board, Northern Ireland Housing Executive, North and West Belfast Health and Social Services Trust, South and East Belfast Health and Social Services Trust, Age Concern, Voluntary Service Belfast and Help the Aged signed up to this statement at an event in Stormont in November 2000, hosted by Junior Minister, Dermot Nesbitt whose office (Office of the First Minister and Deputy First Minister) has responsibility for OnlineNI.

A senior management workshop, hosted by the Northern Ireland Housing Executive, examined how this commitment to inter-agency working could be put into action.

The results of the workshop were used to develop a concept paper and agree the following life events:

INCOME	THIRD AGE	CARING
Benefit entitlements	Leisure/ Hobby Activities	Benefit entitlements
Pension	Travel	Carers
Financial advice	Life Training	Support organisations
	Volunteering	Residential Homes
	Third Age University	Respite care/ services
	Social Support Networks	

DISABILITY	BEREAVEMENT
Benefit entitlements	Benefit entitlements
Housing (adaptations, sheltered dwellings, changing, homes for life)	Funeral arrangements
Residential accommodation	Counselling/ Support services

The key measure agreed by the partners was to develop a common architecture which they will all use to produce information and which would be compatible with each website. This will enable the public to move between websites and to interrogate each site to identify the appropriate information which meets their need.

“The objective is to create a network of information websites...”

Initially, the agencies which signed up to the Information Statement will be involved and organisations will be added incrementally until the desired comprehensive network has been achieved. The objective is to provide a simple interface and signposting guide for people to use one website to access websites of other relevant agencies, based on a life events model and yield a comprehensive and seamless flow of relevant information and advice.

A number of key elements to be considered in the development stages were also highlighted at the workshop:

- over 55's age group is not a homogeneous/single group;

- delivery and dissemination of information to this group needs to recognise individuality, different audiences, different use of language and equality issues;
- people should not be assumed to be passive recipients;
- barriers to information sharing need to be recognised;
- developing integrated information packages by agencies/organisations needs to consider availability of finance/resources and different organisational cultures/mindsets;
- a lot of information available, interagency work is high on the agenda of many organisations – there is therefore a positive climate to progress this work;

A staged approach has been agreed to implement action on the delivery of integrated information.

10.4 Action on integrating information

Action under this strategic theme is detailed overleaf.

Action on **Integrating Information**

Area	Action	Lead Agency	Delivery Partners	Timescale	Intended Outcomes
Development Plan	To develop a business plan to secure resources to take forward work under the following action areas	Belfast Healthy Cities	EHSSB, BCC, NIHE, N&WHSST, S&EHSST, Age Concern, VSB, Help the Aged	December 2001	Funds secured to take forward action on integrated information
Desktop research	To recover from the partner agencies, published information on the life event themes	Belfast Healthy Cities	EHSSB, BCC, NIHE, N&WHSST, S&EHSST, Age Concern, VSB, Help the Aged	2002	Production of hard copy of all current information available on life events from eight organisations
Web site development	To develop an IT solution which will link existing web sites of partner organisations	Belfast Healthy Cities	EHSSB, BCC, NIHE, N&WHSST, S&EHSST, Age Concern, VSB, Help the Aged	2003	Information available on life events by accessing one web site
Development of common template/ architecture	To develop common architecture for use by all partner organisations for the delivery of information both in hard copy and through IT	Belfast Healthy Cities	EHSSB, BCC, NIHE, N&WHSST, S&EHSST, Age Concern, VSB, Help the Aged	2003/2004	Information from all partners available to citizens in consistent format
New Partners	To explore within the city, the most appropriate new partners to be involved	Belfast Healthy Cities	New partners to include Social Security Agency, Hospital Trusts, Colleges and Universities	2004 onwards	Increased number of organisations in the city using consistent format to deliver information

1

Lessons to be learnt: achievements and challenges

“...the individuals and organisations who have taken part did so in a spirit of collaboration...”

Many individuals and organisations have played an important role in drafting and implementing the city health development planning process in Belfast. Most importantly, the individuals and organisations who have taken part have done so in a spirit of collaboration, genuinely seeking to achieve consensus, or at the very least, a consensual approach to the inherent challenges.

It is important for those who have been involved to understand the achievements and the challenges associated with this process. Observing and analysing these have highlighted a number of lessons that could be considered by those embarking on the development of integrated strategic plans.

Many of the process achievements cannot be quantified, nor can the degree of influence of the process on recent public sector policy development be easily measured.

However, much learning, experience and knowledge has been exchanged both within and between sectors. Newly established initiatives have identified the city health development planning process as a direct impetus for their creation.

11.1 Achievements

11.1.1 Intersectoral Process

The intersectoral process provided a unique learning opportunity for all sectors and encouraged a heightened awareness of the benefits of interagency work. New partners were introduced into the Healthy Cities approach,

providing opportunities to broaden links, exchange knowledge and increase understanding between sectors and agencies in the city. A huge number of individuals and sectors became involved and all contributed widely to its success.

The process fostered a willingness to consider changes to traditional ways of working. It made a significant contribution to interagency working and has created a strong template for future structures for intersectoral working.

11.1.2 Organisational Benefits

The process would not have been possible but for the level of commitment demonstrated by Chief Executives and Permanent Secretaries of public sector organisations and government departments.

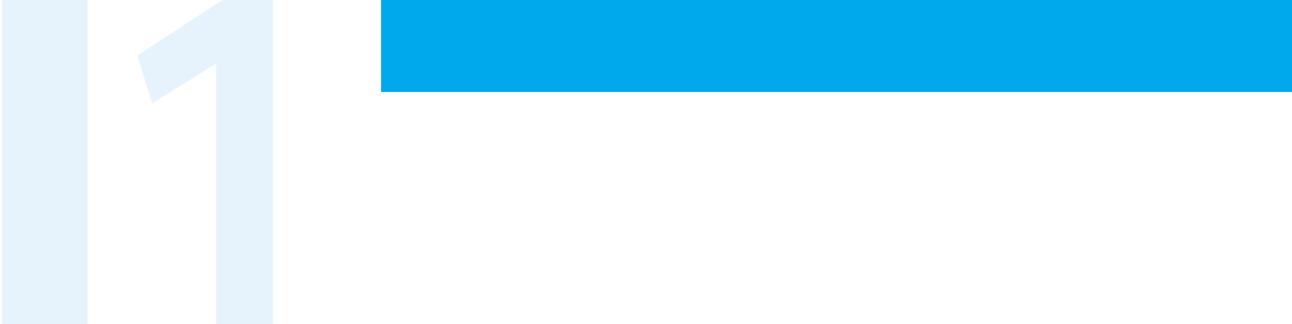
“The...
consultaion
process
afforded an
opportunity for
local people to
become
involved in
identifying their
own health
needs..”

Senior officers from the public and voluntary sectors and government departments gave generously of their time and showed genuine commitment to the process. In fact, all of the public sector organisations in Belfast participated, increasing their experience in intersectoral working. The process has created a very positive environment for future intersectoral policy development.

Distinct issues impacting on the health and wellbeing of the people of Belfast were identified through the consultation process and senior public sector policy-makers displayed a real willingness to respond to those issues.

11.1.3 Consultation

The comprehensive consultation process afforded an opportunity for local people to become involved in



identifying their own health needs and encouraged the participation of specific population groups who are normally excluded. It also generated within public sector organisations, an increased understanding of local peoples' health needs.

11.1.4 Maintaining Momentum

Due to the complexity and length of the city health plan development process, it was essential to maintain enthusiasm for it within the various organisations. The process benefited greatly from the commitment of a key number of energetic, enthusiastic individuals from partner organisations. This core group worked with the Belfast Healthy Cities staff to maintain and boost momentum.

11.2 Challenges

11.2.1 Intersectoral process

Senior officers within public sector organisations have limited experience in intersectoral working and there are insufficient support mechanisms in place to assist such development. Establishing structures to provide opportunities for consistent intersectoral communication – particularly about the specific remit of organisations – would greatly enhance intersectoral working.

The growth in the number of government departments has increased the urgency to define structures for inter-departmental working which can then be transferred to support organisations at a local level.

“progress was... slower than originally anticipated.”

Whilst there is an acceptance of the benefits of integrative planning, there are no specific budgets allocated to such development. In addition, the hours spent by senior officers on intersectoral working are often additional to their normal busy workload.

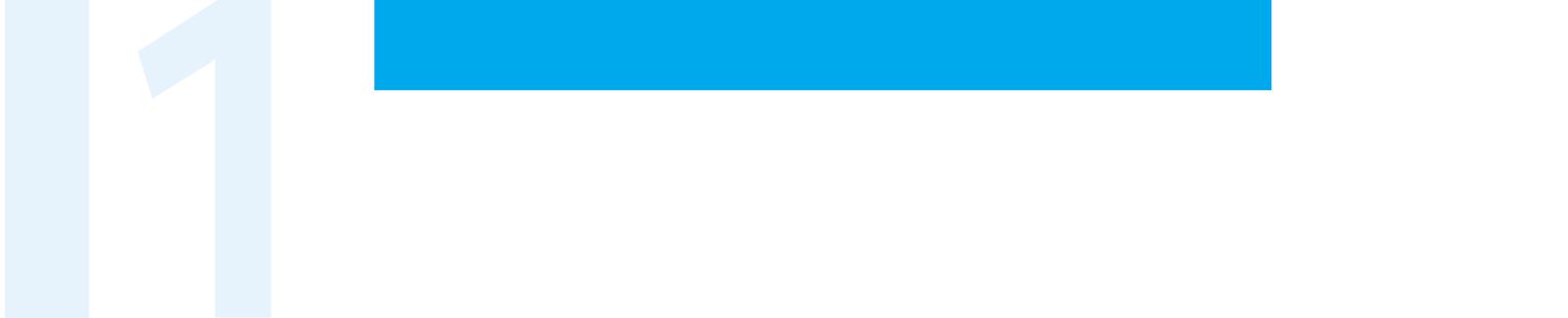
Intersectoral working takes time and commitment. The city health development planning process was complex and progress was therefore slower than originally anticipated. The Healthy Cities team, with a small number of staff, required a high level of energy to maintain momentum for it. A realistic timeframe is required, both for induction of intersectoral groups and for the completion of intersectoral programmes.

11.2.2 Organisational Challenges

Organisations are used to focusing on their specific remit. To move towards intersectoral thinking and planning requires a major shift within the culture and corporate strategies of public sector organisations. Areas within the four themes identified were not specific government/public sector targets and it has been challenging to find adequate additional resources to address these issues.

There is a limited “risk taking” culture within public sector organisations which is further pronounced within an intersectoral partnership.

Whilst organisations nominated representatives to the planning groups, support and accountability mechanisms within organisations and within the partnership need strengthened to enhance participation. Representation of organisations in the process sometimes competed with their participation in other partnerships.



Commitment to intersectoral working within the organisation must be clearly visible. There must be an allocation of resources - both professional and financial - to intersectoral planning and service delivery.

There should also be examination of sustaining effective structures for intersectoral work. Investment is required in intersectoral training within sectors. A balance between combining new skills, energy and continuity needs to be struck within partnership arrangements.

11.2.3 Consultation

Health, as defined from a community perspective, is inclusive of many issues, however, a number of organisations still regard health as being the responsibility of health and social services organisations and understanding of the holistic view of health by some professionals/organisations is limited.

Many complex issues were raised as a result of the consultation, and responsibility was not specific to one agency/organisation in many instances. The inter-relatedness between one organisation and another is not always clear and working together on an issue can be difficult, as budget allocation is specific to organisational remit.

There is a challenge for organisations to “join up” consultation processes and allocate individual resources to a common pool to address these interrelated issues.

2

Monitoring and reporting

Belfast Healthy Cities will develop, with lead agencies, an Annual Reporting Template (ART) for inclusion in Belfast Healthy Cities Annual Report. This will report progress on each action area.

3

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The Belfast Healthy Cities partners would like to express their sincere appreciation to everyone who has helped to make the publication of this report possible.

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Chair, Learning City Forum
Mr Colm McGivern,
Workers Educational Association



Chair, SPG on Information
Mr John McMullan, Bryson House



4

Glossary

A number of abbreviations have been used throughout this report and particularly in the Appendices. These abbreviations are explained below.

BCC	Belfast City Council
BELB	Belfast Education and Library Board
BIFHE	Belfast Institute of Further and Higher Education
BMAP	Belfast Metropolitan Area Plan
BMTP	Belfast Metropolitan Transport Plan
BRO	Belfast Regeneration Office
CBI	Confederation of British Industry
CHDP	City Health Development Plan
CYPC	Children's and Young Persons' Committee
DETI	Department for Trade and Industry
DHSSPS	Department of Health, Social Services and Personal Safety
DOE	Department of the Environment
DRD	Department for Regional Development
DSD	Department for Social Development
EGSA	Education Guidance Service for Adults
EHSSB	Eastern Health and Social Services Board
EIA	Environmental Impact Assessment
HMO	House in Multiple Occupation
HSSTs	Health and Social Services Trusts
ICT	Information and Communications Technology
LCF	Learning City Forum
NIBEP	Northern Ireland Business Education Partnership
NIHE	Northern Ireland Housing Executive
NWHSST	North and West Belfast Health and Social Services Trust
OCN	Open College Network
PSI	Promoting Social Inclusion

QUB	Queen's University, Belfast
RDS	Regional Development Strategy
RTS	Regional Transportation Strategy
SEHSST	South and East Belfast Health and Social Services Trust
SPG	Strategic Planning Group
TSN	Targeting Social Need
UoU	University of Ulster
VSB	Voluntary Service, Belfast
WEA	Workers Educational Association
WHO	World Health Organisation

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Notes



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