



Belfast City Council

Report to:	Strategic Policy and Resources Committee
Subject:	Transforming Your Care: Vision to Action
Date:	11 January 2013
Reporting Officer:	Suzanne Wylie, Director of Health and Environmental Services, ext 3260
Contact Officer:	David Cartmill, Departmental Policy Manager, ext 3377

1	Relevant Background Information
1.1	At its meeting on 9 June 2012 the Committee received a briefing from Colm Donaghy, Chief Executive of the Belfast Health and Social Care Trust, outlining the content of “Transforming Your Care: A Review of Health and Social Care in Northern Ireland”, published by the DHSSPS. Subsequently, the Minister for Health, Social Services and Public Safety, Edwin Poots, launched a consultation document, “Transforming Your Care: Vision to Action” which summarises changes proposed to Northern Ireland’s Health and Social Care System. The Committee agreed at its meeting on 23 November to receive a further briefing with a view to informing any response it may have wished to make regarding the proposals.
1.2	It has not been possible to arrange a suitable date for a further formal briefing before the consultation closing date of 15 th January, 2012. However, given the significance of the Transforming Your Care proposals, Mr Ian Deboys from the Belfast Local Commission Group will be available at the SP&R meeting on 11 January to make a short presentation on the proposals and answer questions Members may have.

	Key Issues
2.1	The document sets out far reaching proposals for change across a range of health and social care services including mental health services, statutory residential homes, acute services and primary care. It explores how a focus on prevention, earlier interventions, integrated care and promotion of personalised care could enable more services to be provided in the community, closer to people’s homes where possible. It contains ninety-nine recommendations for improvements in the quality of care and requires a shift of resources of £83 million across Northern Ireland from hospital to community-based services. It estimates that it would take an investment of £70 million in transitional funding to enable the new model of care to be implemented and recognises that quality must be improved within a fixed budget.
2.2	Recommendations concern the following ten areas of care <ul style="list-style-type: none">(i) Population health and well being(ii) Older people

	<ul style="list-style-type: none"> (iii) Long-term conditions (iv) Physical disability (v) Maternity and Child health (vi) Family and Child care (vii) Mental Health (viii) Learning Disability (ix) Acute care (x) Palliative and end of life care
2.3	<p>While political parties will have an interest as to how all of the above services will be provided for local residents, recommendations regarding population health and well being are directly significant to the role and functions of local government. Although the Committee has not had the opportunity to discuss the recommendations in detail with the Trust it is suggested that it may be appropriate to make a short response with regard to the contribution Councils make in improving the health and well being of the population generally and hence contribute to the prevention of ill health and the reduction of demand for acute health services.</p>
2.4	<p>The attached draft response (Appendix 1) draws from the previous submission to the DHSSPS consultation on a ten year Public Health Strategic Framework “Fit and Well – Changing Lives” agreed by Council in November 2012. It also reflects elements of the draft NILGA response to the current consultation due to be agreed by the NILGA Executive on 11 January. The draft response will be amended to incorporate comments or changes determined by the SP&R following its meeting on 11 January.</p>

Resource Implications	
3.1	Financial – None
3.2	Human resources – None
3.3	Asset and other implications – None

Equality Implications	
4.1	Proposals agreed within the document will be subject to equality screening. There are no Equality or Good Relations considerations associated directly with this report

Recommendations	
5.1	The Committee is asked to consider and agree the attached draft reply.

Decision Tracking	
6.1	Officer responsible – David Cartmill, Departmental Policy Manager, H&ES department

Documents attached	
	Appendix 1 – Draft response letter

Draft Response

**Mr John Compton
Health & Social Care Board
12-22 Linenhall Street
BELFAST
BT2 8BS**

Dear Mr Compton

Transforming your Care: Vision to Action

Thank you for the invitation to comment on the above consultation document. Belfast City Council received an initial briefing on proposals emerging from the review by Belfast Health and Social Care Trust and Local Commission Group staff in June. The Council has not however been able to arrange a subsequent briefing offered by Dr George Neill, Chair of the Belfast Local Commission Group within the consultation timeframe. This response is therefore of a general nature but focuses primarily on proposals relating to population health and well-being. Party groups may submit additional comments.

We would wish to draw attention to comments submitted previously by the Council to the DHSSPS in response to its Ten Year Public Health Strategic Framework “Fit and Well – Changing Lives” [See Appendix A]. The Council welcomed the promotion of partnership working to address the wider socio economic and environmental influences on health and wellbeing advocated in the document. The Council also supported the adoption of a ‘whole government approach’ where the public health framework sits at the heart of government and informs other policies and strategies under development. Importantly, the “Fit and Well” consultation clearly identifies linkages with community planning, delivering social change, employability policies as part of an inter-related agenda to improve public health. The Council response to this previous consultation aimed to illustrate the considerable provision and co-operative arrangements already in place whereby Belfast City Council continues to seek to improve health and wellbeing opportunities for citizens.

During discussion with the Belfast Health and Social Care Trust and Belfast Local Commission Group representatives, health challenges particular to Belfast were acknowledged. Low health outcomes in the city were attributed to a wide range of factors including multiple deprivation, an ageing population, lengthy stays by some people in hospitals, changes in the workforce and outdated facilities which were not fit for purpose. However, opportunity and progress in the city were also acknowledged and commitment given to develop co-operation and leadership through the Belfast Strategic Partnership (BSP). It was recognised that Health and Social Care organisations could not address many of the health issues on their own and that a diverse range of community and voluntary agencies are vital to provide support at local level.

The Council welcomes the approach adopted in developing the Transforming your Care report which emphasises the need to learn from best practice elsewhere while retaining affinity with core NHS principles. Belfast City Council is supportive of the ambitions outlined in the report to

- be better at preventing ill health
- provide patient and client-centred care
- manage increasing demand across all programmes of care
- tackle health inequalities
- deliver a high-quality, evidence-based sustainable service
- support our workforce in delivering the necessary change
- give our children the best start in life

A list of general comments concerning the document is summarised below.

(i) **Integration of services at a local level**

While accepting that the role of Local Government has been recognised in discussion between and through ongoing co-operation with mainstream health organisations in Belfast, it is disappointing to note the lack of any such acknowledgement within the report. The Council has illustrated previously (in the Fit and Well consultation response) a whole range of contributions Councils make to improving public health and well-being. These activities range from statutory provision such as Leisure and Food Health responsibilities to specific, innovative new projects aimed to improve the health of families, children and older people and to reduce health inequalities evident in Belfast.

The document emphasises the need to place the individual at the heart of the model of care and the need to:

- integrate services at a local level
- provide more community-based services
- care for people at home when safe and appropriate to do so

Belfast City Council supports these principles. A key example of where the Council already demonstrates commitment and actions in realising the above ambitions, which are central to Transforming Your Care proposals, is seen through the operation of the Belfast Strategic Partnership (BSP). As part of the re-structuring of health services in Northern Ireland, there was a direct requirement for the new Public Health Agency to work in partnership with local government to address inequalities in health, which are particularly significant across Belfast and can be mapped against deprivation indicators.

In recognising the opportunities presented by the reform of the health service, the Council agreed to work with the Public Health Agency (PHA) and the Belfast Health and Social Care Trust (BHSCT) in establishing a joint Belfast Health Development Unit for the city with co-located members of staff from each of the agencies working together on joint programmes. The new unit was launched by the Minister for the Department of Health and Social Services and Public Safety in March, 2010.

The Council and the Chief Executives of the PHA and BHSCT continued to build on the partnership arrangements and went on to establish the Belfast Strategic Partnership (BSP) for addressing life inequalities which first met early in 2011. The partnership now has high level representation from statutory, voluntary and community sectors, including representatives of all Council political parties. Its purpose is to act as the key strategic decision-making forum on agreed intersectoral priorities to tackle and influence the root causes of ill health and to reduce life inequalities in the Belfast area.

This is a hugely ambitious task which continues to require the collective action of all partners represented on the BSP and other stakeholders. This example, however, illustrates clearly the approach advocated in "Transforming Your Care" and how Local Government can assist bring about desired changes in service provision at a local level by

- Influencing and informing others to address life inequalities
- Taking direct action to address life inequalities
- Measuring and understanding the impact of approaches to addressing life inequalities

A series of activities are being progressed by the BSP and two of these are outlined briefly below by way of demonstrating roles already played by Belfast City Council. These clearly reflect the approach advocated and outcomes expected from the "Transforming Your Care" review.

(a) Active Belfast

The Active Belfast approach is a key strand of the council's work in addressing life inequalities within the city, as part of the framework for action of the Belfast Strategic Partnership.

The Council has established an Active Belfast Partnership which provides a real opportunity to work with key partners in the city to develop joint initiatives and projects to improve the health and wellbeing outcomes for the people in the city. The partnership has eleven core members including health organisations, government departments, agencies and voluntary groups

The development of the Active Belfast Strategy will provide the opportunity to:

- Demonstrate a commitment to a strategic co-ordinated approach ;
- Develop a shared vision for an active and healthy city;
- Support new cross-cutting policies, service delivery and citywide activity plans
- Develop joint planning and delivery of initiatives and projects;; and
- Maximise available resources across a range of organisations.

(b) Services for Older people

Belfast has an aging population profile. In reflecting the needs of older in the city generally joint work by the Belfast Strategic Partnership (BSP) highlighted the opportunity to improve healthy and active aging within its programme of work 2011-2015. Part of the work associated with this action is to involve different sectors and organisations across the city, including the voluntary and community sector and those representing older people, in joint planning and delivery arrangements.

The Council is also a signatory of the "Age Friendly Declaration", the first formal step in the process towards Belfast becoming an Age Friendly City. This commits Belfast to participating in the World Health Organisation Global Network of Age-friendly cities and to commence a 5 year cycle of continuous assessment and improvement to make Belfast more age friendly.

These projects reflect local political leadership in meeting the needs of the local population. It is essential that locally elected representatives have an opportunity to convey the needs of their areas in the planning and integration of health related provision

It is essential that role and contributions made by Local Government to the "Transforming Your Care" agenda, as represented in the above examples, are reflected fully in the final strategy

(ii) Community Planning

The Council would also wish to see reference made to how proposals within the report, underpinned by the overarching ambition to provide services at a local level, will be developed within the context of new powers for Community Planning expected to be conferred to local council's as part of the reform of Local Government.

In anticipation of this new responsibility, Belfast City Council has worked with the Belfast Strategic Partnership, the BH&SCT, PHA and others to develop an agreed thematic approach to Community Planning. The conclusion of this exercise has been to propose nine key elements required for the successful delivery of any project that uses a Community Planning approach. Such guidelines may help deliver aspirations such as integrated local services provision including community based provision, issues which are fundamental to the realisation of the "Transforming Your Care" agenda.

Amongst the key elements identified for Community Planning, which are clearly related to the anticipated role of Council's in any partnership arrangements to improve health provision and outcomes locally, are

- Adapting approaches to best fit with such things as existing statutory obligations, pre-agreed commitments, existing structures or thematic initiatives.
- Meaningful engagement, involving people in all aspects of the approach right from the beginning. An inclusive, participatory approach, that emphasises communication with communities and between partner organisations, is essential to success.
- A commitment to planning that results in tangible change that benefits people and communities. This involves identifying shared, long term aspirational outcomes from the outset and mapping causal relationships between outcomes, interventions to deliver and indicators to measure impact.
- Governance arrangements – Under the Local Government Reform proposals, local authorities in Northern Ireland will have political responsibility for leading on Community Planning. However, leadership responsibilities and commitments by organisations (statutory & CVS) and communities are essential.
- Resourcing - with no additional funding available for CP there will need to be flexible use and sharing of budgets towards agreed joint outcomes. Resources should be committed and reflected in individual stakeholder plans.

The most effective and efficient solutions for the transformation of health and social care will require interventions and services that are delivered by a variety of statutory, community and voluntary organisations. **For Councils to be successful in delivering a community planning role it is essential that community health and social care requirements are included and planned, designed, delivered and evaluated in an environment that is conducive to shared approaches.**

(iii) **Shared Assets**

The need for greater efficiency through sharing assets is clearly recognised in the consultation document. This point was also made in the "Fit and Well" document which emphasised the growing importance of an asset approach; i.e. building on what a community has rather than basing interventions on what it doesn't have. The Council supports this approach which is being used to guide aspects of the review of the Council Leisure estate in Belfast. The review has emphasised the need to significantly re-orientate leisure provision towards the delivery of outcomes to address the widespread health inequalities in the city. The Leisure estate review has been informed by recent research by the King's Fund which has highlighted smoking; physical inactivity; low consumption of fruit and vegetables; and excess alcohol intake as key factors impacting morbidity and mortality levels. The assets provided by Council leisure services, for example, the community gardens programme delivered with the PHA, demonstrate the enormous potential of direct local government involvement in addressing health issues and clearly reflects objectives of "Transforming Your Care"

Regarding shared physical assets Councils have substantial resource which must be fully utilised in contributing to health improvement locally and regionally. In Belfast alone, the Council's Parks and Leisure department owns and manages

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

Focused programmes and activities using the above facilities and aimed towards specific user groups – families, children, older people - continue to improve health and well-being locally.

In a context of delivering more diverse services closer to home, Belfast City Council would cite the shared provision in place at the Grove Well-being centre as another example of where local government provides a complementary role in seeking long term health improvement driven by local need. The co-location of leisure and GP services at the Grove centre enables local patients to be referred to the Council team of health and fitness instructors who are on site and in a position to provide interventions based on the needs of individuals and personal medical advice.

Belfast City Council view the integration and sharing of assets across the Public, C&V and Private sectors is critical to meeting local health needs and gaining potential efficiencies for the public purse. It is essential for Local Government to be directly involved at both a strategic and local level to ensure the desired synergies are achieved.

(iv) Need to commit to strategic engagement with LAs

Although the important role of Local Commissioning is referred to, which will provide input for locally elected representatives who are members of such groups, this should not be seen as an acceptable substitute for effective strategic engagement with local government

Belfast City Council would seek assurance that Local Government will be directly involved in decisions regarding the roll-out of proposals, particularly in regard to their responsibilities for Public Health and future role regarding Community Planning

(v) Family and Child Care

Belfast City Council is represented on the Belfast Outcomes Group, which forms part of the NI Children and Young People's Strategic Partnership. Again the Council is fully supportive of the integrated approach being pursued and also the appreciation of how early intervention contributes towards the achievement of health and well-being.

The Council would wish to express its view that that the child-centric approach should extend beyond services provided by health organisations and that the input from other organisations who improve the life chances for children and young people should be harnessed.

Belfast City Council is of a view that approach it advocates in this response reflects closely the underpinning principles expressed in the Transforming Your Care consultation, particularly as they relate addressing overall population health and well-being needs. Proposals are ambitious and will require measured risk taking. Any such risk must be minimised through shared planning, shared commitment and shared responsibility.

The Council looks forward to continued engagement with health organisations – to aid both strategic direction and operational delivery regarding public health and well-being locally and across the region.

Public Health Framework 'Fit and Well – Changing Lives' Belfast City Council - September 2012

Generic Observations and Comments

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

The framework provides an important starting point to consider what can be learned from the work of Investing for Health and there is a clear ambition within it to continue to work to address the persistent factors which contribute to health inequalities. There is also an ambition within the framework to connect the strategic (Ministerial), regional and local levels in working better together to maximise impact and improve health and wellbeing. The fact that the framework is outcome and evidence based and cuts across the life course is important although the Council's role in its implementation is somewhat unclear and needs further discussion as the framework is developed.

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

Specific consultation questions

Aims (page 11)

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

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

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

Visions, Values & Principles (page 58)

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

The Council considers that the vision should be changed to reflect the importance of people achieving their full 'health and wellbeing' potential across their life course, for example:

"Where all people are enabled and supported in achieving their full health and wellbeing potential"

Belfast City Council considers that the concept of 'wellbeing' should be more explicit in the values and that in the final value '...according to their needs' should be replaced with '...to enable them to reach their full health and wellbeing potential'. The Council would also suggest that the underlying principles of the framework better reflect the following key elements:

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

Life Course Approach (page 59)

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

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

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

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

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

Chapter 7 – Strategic Framework – Themes and Outcomes

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

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

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

Pre-Birth & Early Years Lifestage (page 65)

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

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

Children & Young People Lifestage (page 72)

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

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

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

The Council would also highlight the contribution local councils and Belfast City Council in particular makes to delivering a number of the short term outcomes, in particular outcome 1 (2), outcome 3 (9, 10 and 11)

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

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

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

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

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

Belfast Strategic Partnership

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

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

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

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

Young Adult Lifestage (page 80)

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

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

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

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

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

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

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

Working Age Adult Lifestage (page 88)

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

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

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

It is recommended the short term outcomes under this life stage are reviewed and presented so as to enable progress against them to be measured. Some of them are very general and wide ranging. The Council would also take this opportunity to highlight the following programmes of work that are delivered in partnership with the PHA, HSC, DHSSPS, and Sport NI in relation to workplace health initiatives:

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

Later Years Lifestage (page 96)

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

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

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

It is also suggested that there is a need to focus on transition periods within later years and ensure services are aligned / accessible at times when they are required, for example, retirement, loss of a spouse, diagnosis of a chronic condition, etc; and there should be an increased emphasis on issues such as alcohol / substance misuse and fuel poverty. Consideration should also be given to

engaging the most excluded older people for uptake of services / screening; this links with the principle of tackling social exclusion.

Underpinning Theme – Sustainable Communities (page 103)

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

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

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

Underpinning Theme – Building Healthy Public Policy (page 110)

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

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

Chapter 8 – Priority Areas for Collaboration (page 125)

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

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

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

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

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

Chapter 9 – Implementation and Governance (page 129)

Question 13: Do you agree with the proposed implementation and governance arrangements -- at strategic level; - at regional level;- at local level? If not, what alternatives would you suggest and why?

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

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

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

The Public Health Agency does have the potential to improve connectivity and it is essential that it is sufficiently resourced and enabled to drive forward the implementation of the framework and effectively respond to the challenges and opportunities presented by current and emerging agendas, at all levels, i.e. strategic, regional and local. Obviously the establishment of the police and community safety partnerships, local area working, the review of public administration and community planning are significant agendas for local government; they are also agendas which have the potential to support the implementation of the framework.

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

Funding (page 130)

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

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

Monitoring Evaluation & Research (page 131)

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

The Council considers that there should be a robust section dedicated to how the framework will be monitored and reviewed. It is vital that a robust performance measurement framework is

developed at the outset (containing a balance of input, output and outcome measures). Section 9.22 suggests that data and research groups have been established to take forward the work on the development of high level indicators; the Council would welcome the opportunity to be consulted on the proposed indicators as they are being developed.

Summary of Belfast City Council's Response

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

Key Strengths

- The framework provides an important starting point to consider what can be learned from the work of Investing for Health and there is a clear ambition within it to continue to work to address the persistent factors which contribute to health inequalities. There is also an ambition within the framework to connect the strategic, regional and local levels in working better together to maximise impact and improve health and wellbeing.
- The framework is outcome and evidenced based and cuts across the life course of individuals.
- It is seeking synergy with other relevant strategies, policies and programmes on a cross Departmental basis.
- The strategy recognises the growing importance of an asset approach; ie building on what communities have rather than basing interventions on what they don't have.
- The strategic priorities identified in the framework are very relevant to the citizens of Belfast, particularly 'early years' given the evidence which suggests that a large part of the pattern for a person's future adult life is set by age 3; and also the fact that research has shown that preventative strategies and early intervention are cost effective and that resources invested in early years will result in proportionately greater benefits.
- The Council is a strong advocate of the concept of health and health equity in all policies; a concept which is reflected in the public health framework as one of the underpinning themes.
- The priority areas proposed for collaborative working in the framework reflect the commitments in the three main areas of the Council's Investment Programme 2012-2015; physical investment, investment in economic growth and investment under the theme of supporting people, communities and neighbourhoods. In particular, the priority areas under the Belfast Strategic Partnership framework for action are reflected in several of the areas identified in the public health framework; in particular, addressing lifelong learning related issues, focusing on early years and early interventions, and regenerating living places and healthy spaces. The themes of poverty, building community capacity and 'Active Belfast' also tie in. The two areas specifically identified in Belfast not included in the priority areas in this framework are addressing mental health and emotional wellbeing and addressing alcohol and drug related health issues; both significant regional issues. These have been highlighted in the Council's response.

Areas requiring clarification or further discussion

- The Council is concerned that local government is not seen as a key delivery agent throughout the entire document to ensure implementation at a local level. In particular, the role of local government as a 'key partner' in delivering the outcomes in chapter 7 of the framework is not explicit and this detracts to some extent from the emphasis on collaborative working and the importance of the framework in connecting the strategic, regional and local agendas in tackling health inequalities. Government Departments need to appreciate the key role that councils play at a local level in achieving outcomes through services such as parks, leisure, community development and through the impact of local regeneration programmes.
- Chapter 7 of the framework is slightly confusing because of the extensive number of short term outcomes, some of which are repeated at different life stages and some of which are more like actions or work streams. It is suggested in the Council response that the short term

outcomes are rationalised, focused and worded to fit in with the definition of an outcome as stated in the framework. This is needed for clarity.

- The localism agenda, which is currently a dominant theme of National Government, is weak within the framework and could be strengthened particularly in relation to delivering the outcomes under the various life stages and underpinning themes. It should be noted that, in England, many public health functions are being returned to local government.
- The Council response highlights that while identifying priority areas for collaboration is useful in potentially maximising the impact of regional resources, it will not actually change the way we do things. It is important therefore that the public health framework is crafted so as to both enable and drive the cultural change that is required for government, organisations and sectors to work together to do things differently in reducing the significant health inequalities that exist.
- The framework currently lacks detail on accountability mechanisms and performance measurement although it refers to establishing data and research groups to take forward work on the development of high level indicators. The Council has asked to be informed of the proposed indicators as they are being developed.
- In terms of governance and implementation arrangements it is unclear whether what is being proposed in the framework is significantly different from what has gone before, for example the Ministerial Group on Public Health set up under the previous strategy was not always effective at connecting cross Departmental policy or in linking strategic and local agendas. The Council response proposes that there should be further discussion around the implementation and governance arrangements in order to assure connectivity, ownership and clear accountability in delivering outcomes.
- The framework should also consider the importance of targeted local neighbourhood approaches and community involvement.
- The framework does not take enough account of the recent report from the Kings Fund on the clustering of unhealthy behaviours.