

Table of contents

Foreword	1
Ministerial Group on Public Health	2
Development of an Investing for Health performance measurement framework.....	3
Health Impact Assessment - developments	4
A Healthier Future – the 20 year regional strategy for health and wellbeing	5
Smoking – towards a tobacco-free society	6
Suicide prevention	7
Education update	8
A 10 year strategy for children and young people	9
Teenage pregnancy and parenthood	10
Tackling teenage pregnancy and sexual health.....	10
Development of an anti-poverty strategy	11
Fit Futures: Focus on Food, Activity and Young People	12
Getting active with community cash	14
Travelwise – Safer Routes to School	15
Working for Health	17
Being positive about health and safety.....	18
Resourcing the community and voluntary sector – Investing together.....	19
Housing and health	20
Culture, arts and leisure	21
‘Challenges and opportunities’ for Investing for Health	23
Promoting independent living for older people through a community development approach.....	24
Black and minority ethnic groups	26
Developing health and wellbeing indicators	28
Western Investing for Health Partnership – A model of best practice	29
Neighbourhood renewal - The Department for Social Development.....	31
Neighbourhood renewal - Northern Investing for Health Partnership	32
Neighbourhood renewal - Southern Investing for Health Partnership.....	32
Neighbourhood renewal - Eastern Investing for Health Partnership	33
Neighbourhood renewal - Western Investing for Health Partnership	33
Fuel poverty/energy efficiency - The Department for Social Development	34
Fuel poverty – Northern Investing for Health Partnership	34
Fuel poverty – Southern Investing for Health Partnership	34
Fuel Poverty – Eastern Investing for Health Partnership	35
Fuel poverty – Western Health Action Zone	35
Fuel poverty pilot established	36
Health Promoting Schools: an Investing for Health Partnership.....	37
Health Promoting Workplaces	38
Health Promoting Hospitals	39
Healthy Living Centre support and development programme.....	40
References	41
Acknowledgements	42

Foreword



Improving health and reducing health inequalities is a long-term challenge and one to which my Ministerial colleagues and I remain fully committed. When I took up the health portfolio I was concerned to learn that the health of the Northern Ireland population is extremely poor when compared to other European countries and that life expectancy is below the European average.

I was especially disturbed by the alarming number of suicides, particularly among young people. Suicide is a particularly sad and distressing issue for individuals, their families and the wider community. That is why I have made suicide prevention a priority and have established a task force to develop a regional action plan. I have asked the task force to report to me early next year

Smoking continues to be the single largest preventable cause of ill health and premature death. I firmly believe that non-smokers need to be protected from the harmful effects of passive smoking. That is why, following extensive consultation, I intend to introduce legislation to control where people smoke in all workplaces and enclosed public spaces from April 2007.

However this is only one element of the overall strategy to protect the public. The *Five Year Tobacco Action Plan* launched in 2003 addresses issues such as changing the public's perception of tobacco use, preventing people from starting to smoke and helping smokers to quit.¹ Our aim is to improve life expectancy here towards the levels of the best EU countries and reduce health inequalities

Being obese reduces a person's life expectancy by an average of nine years. If we are to achieve the

Investing for Health target of increasing life expectancy by at least three years for men and two years for women by 2012 it is vital that we stop the rise in obesity levels that we have seen in recent years.² The Ministerial Group on Public Health (MGPH) has just received the report of the Fit Futures Taskforce, which includes more than 70 challenging recommendations on what needs to be done to prevent more and more children from becoming obese.³ I am committed to working with Ministerial colleagues and with partner organisations to address the recommendations of the Fit Futures Taskforce and to achieve the cross-departmental target to stop the rise in obesity levels in children by 2010.

I know that over the last three years since the publication of *Investing for Health*, excellent work has been undertaken, both regionally and locally through Investing for Health Partnerships and other groups and organisations to reduce health inequalities. This update report illustrates some of the initiatives that have been taken forward across a range of sectors and settings over the past year.

I am particularly pleased to note that teenage pregnancy rates have fallen by over 25% in teenagers aged under 17 in Northern Ireland since 2000. I believe the successful collaboration between the health, education and voluntary sectors, working together in the community, has been a major contributory factor to this improvement. The update also highlights how the partnerships intend to link their work with the neighbourhood renewal strategy and fuel poverty strategy published over the last year.^{4, 5}

Since the 2004 *Review of the Ministerial Group on Public Health* the group has been reformed and I believe we now have in place an influential strategic alliance that will ensure the full implementation of the strategy.⁶

I would like to thank everyone who has contributed to the report and also to thank those people and organisations whose work is not highlighted but who have also worked tirelessly over the past year to improve public health and reduce inequalities.

Together we are making progress and I applaud all the work that has been done so far. However I am conscious that there are many challenges ahead. Achieving the goals and objectives of *Investing for Health* will require a sustained and collective effort and continued close cooperation between everyone who can impact on the wider determinants of health. All of us need to continue to work together and build on this excellent progress.

Shaun Woodward MP
Minister for Health, Social Services and Public Safety

Ministerial Group on Public Health

In her foreword to the 2004 *Investing for Health Update*, the then Minister for Health, Social Services and Public Safety (DHSSPS), Angela Smith, announced that a review was being carried out of the role, remit and membership of the Ministerial Group on Public Health (MGPH).⁷ This has since been concluded.

The review took account of the key message coming from *Investing for Health* stakeholders, that there is a need for an authoritative, strategic, interdepartmental group to effectively influence the development of future policies and strategies that impact on the health of the people of Northern Ireland.

The review recommended that there is a continuing need for a high-level interdepartmental ministerial group, such as the MGPH, with responsibility for the implementation and monitoring of *Investing for Health*. Such a group should provide strong and effective leadership, ensuring that the proper links are made to promote effective and efficient joined-up working across government.

The Ministerial Group on Public Health has since been re-formed and will be led by the Minister for Health and comprise senior representatives from all government departments, including the Northern Ireland Office.

The MGPH will be supported by an infrastructure of sub-groups. The full report of the review, including recommendations can be accessed at: www.investingforhealthni.gov.uk/documents/mgph-review-report-Dec04.pdf

There is a continuing need for a high-level interdepartmental ministerial group.

The first meeting of the re-formed MGPH will be held in December 2005 when the terms of reference will be agreed, and priority areas for the group's work identified.

Article compiled by the Investing for Health Team, Department of Health, Social Services and Public Safety.

MGPH membership is currently made up of the following members:

Department of Agriculture and Rural Development	Roy McClenaghan
Department of Culture, Arts and Leisure	Edgar Jardine
Department of Education	Eddie Rooney
Department for Employment and Learning	Robson Davison
Department of Enterprise, Trade and Investment	Fiona Hepper
Department of Finance and Personnel	Mary Mclvor
Department of Health, Social Services and Public Safety	Dr Henrietta Campbell (CMO) Nigel McMahon (CEHO) Deirdre Kenny
Department of the Environment	Roy Ramsay
Department for Regional Development	Alan McArthur
Department for Social Development	John McGrath
Office of the First Minister and Deputy First Minister	Paul Sweeney
Northern Ireland Office	Conal Devitt

Development of an Investing for Health performance measurement framework

The *Investing for Health* (IfH) strategy is built around two goals and seven objectives with a number of measurable, illustrative targets linked to these objectives. Due to the nature of many of the targets, and in some cases the frequency with which data becomes available, significant progress towards their achievement may not be seen for a number of years. However, progress on the housing targets was reported on in last year's update report with the target being achieved and exceeded.

There is now a need for a robust, regional framework of more, lower level targets and meaningful indicators to help monitor progress and provide information on areas which may need more work.

A working group was established to develop the regional framework, which included representatives from the Investing for Health Partnerships, to ensure the framework complements any monitoring systems being developed at a local level.

A draft regional framework has now been developed and is being reviewed by the relevant departments before being considered by the Ministerial Group on Public Health. The final Performance Measurement Framework will be published once it has been approved.

Goals, targets and updates

The proposed dates to meet the targets associated with the high level goals of IfH have been extended to 2012 in line with the lifetime of the strategy and commitments published in the Department of Health, Social Services and Public Safety's (DHSSPS) Public Service Agreement.⁸

1) Goal 1

To improve the health of our people by increasing the length of their lives and increasing the number of years they spend free from disease, illness and disability.

Target

By 2012 to improve the levels of life expectancy here towards the levels of the best European Union countries, by increasing life expectancy at birth by at least three years for men and two years for women.

Update

The latest figures indicate that from the baseline figure of 74.5 years for men and 79.6 years for women (2002 baseline) the life expectancy of men has increased to 75.6 years and women to 80.4 years (based on 2004 data).

The current target figures for 2012 are for males, 77.5 and for females, 81.6.

2) Goal 2

To reduce inequalities in health between geographic areas, socioeconomic and minority groups.

Target

By 2012 to halve the gap in life expectancy between those living in the fifth most deprived electoral wards and the Northern Ireland average for both men and women.*

Update

The latest figures indicate that from the baseline figure of a gap for men of 3.1 years (2002 baseline), the gap has now risen to 3.5 years (based on 2004 data).

In the case of females the gap has reduced from 2.5 to 2.2 years. The current target figures for 2012 are for males to reduce the gap to 1.55 years and for females to 1.25 years.

While this illustrates that progress is being made generally on increasing life expectancy, more concentrated effort will be required if we are to meet the target for men on reducing the gap in life expectancy between those living in the 20% of electoral wards that are most deprived, and the Northern Ireland average.

*The definition of a deprived area was recently updated by the Northern Ireland Statistics and Research Agency (NISRA) to take account of 2001 census figures. Figures will be updated later in the year to take account of this. This will include revising the base figure to allow an accurate review of progress.

Article compiled by the Investing for Health Team, Department of Health, Social Services and Public Safety.

Health Impact Assessment - developments

Health Impact Assessment (HIA) of all policies and programmes is seen as a critical means of improving health and reducing health inequalities. In 2002, the Ministerial Group on Public Health (MGPH) commissioned the Institute of Public Health in Ireland (IPHI) to develop a methodology and draft guidance document to assist policy makers to carry out HIAs. The result was the publication of the draft *Health Impact Assessment Guidance* document in August 2003.⁹

The IPHI has since been reviewing the draft guidance to incorporate changes in HIA thinking over the last two years and some of the lessons learnt from HIA carried out since 2003. This revised guidance, which is to be considered by the MGPH, will also complement the HIA awareness raising programme the IPHI is currently delivering across Northern Ireland.

A comprehensive HIA training programme has been developed by the IPHI for policy makers and other sectors including health bodies, local authorities and community organisations. The initial training session was held in March 2005 which provided a 'theory into practice' approach to HIA. Due to high demand for training, the next programme was delivered between 19–21 October and a subsequent programme is scheduled for 11–13 January 2006.

The IPHI has developed a number of resources for HIA which includes:

- A HIA network;
- A dedicated HIA website at www.publichealth.ie/hia

Health Impact Assessment of all policies and programmes is seen as a critical means of improving health and reducing health inequalities.

- Evidence reviews on Transport and Health, and Employment and Health.

The Office of the First Minister and Deputy First Minister (OFMDFM) is currently carrying out an evaluation of their Integrated Impact Assessment tool (IIA), which incorporates HIA. OFMDFM is keen to make the IIA process a much more integral part of the whole policy development process. The aim is that policy makers will be much clearer about the need to carry out impact assessments on their policies and that the IIA tool will be much more informative about which impact assessments need to be conducted.

Article compiled by the Investing for Health Team, Department of Health, Social Services and Public Safety and The Institute of Public Health In Ireland.



A Healthier Future – the 20 year regional strategy for health and wellbeing

The new 20 year regional strategy for health and wellbeing, *A Healthier Future*, was published for consultation in December 2004.¹⁰

The strategy places a strong emphasis on:

- promoting public health;
- engagement with people and communities to improve health and wellbeing;
- the development of responsive and integrated services which will aim to treat people in communities rather than in hospital, unless this is necessary;
- new, more effective and efficient ways of working through multi-disciplinary teams;
- improving the quality of services.

Twenty years from now the population of Northern Ireland will be very different. Population projections show there will be 90,000 more people of pensionable age than is the case at present, and proportionately speaking there will be a lot fewer young people.

For the population to stay healthy as life expectancy increases, and to enable health care systems to provide the best care when it is needed, then the case for working harder together becomes even stronger.

Work across departmental boundaries, between agencies and between sectors must strengthen to ensure the promotion of healthy living and the reduction of preventable illnesses.

A continuing commitment to Investing for Health is at the heart of the regional strategy.

This is why a continuing commitment to Investing for Health is at the heart of the regional strategy.

The Department of Health, Social Services and Public Safety is now considering the responses received from the consultation process and is developing an implementation plan.

Article compiled by the Evaluation and Equality Unit, Department of Health, Social Services and Public Safety.

Smoking – towards a tobacco-free society

In December 2004, the Department of Health, Social Services and Public Safety (DHSSPS) launched a new regional strategy, *A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland*. The strategy invited the public to consider three options for strengthening existing controls on tobacco use in enclosed public places and workplaces.

The consultation exercise ran until 25 March 2005 and, in summary, the options were to:

- encourage greater adoption of smokefree provision in public places and in workplaces through self-regulation;
- prohibit smoking in most enclosed public places and workplaces, while still allowing smoking in some pubs and bars, other than those preparing and serving food;
- ban smoking in all enclosed public places and workplaces.

The DHSSPS subsequently recorded 70,823 responses to the consultation with over 91% registering support for a complete ban.

The DHSSPS subsequently recorded 70,823 responses to the consultation with over 91% registering support for a complete ban.

In a wide-ranging speech on 28 June 2005, Shaun Woodward MP, Minister for Health, Social Services and Public Safety, announced that, at the very least, smoking would be prohibited in most enclosed public places and workplaces in Northern Ireland. This would be in line with proposals, for strengthening existing tobacco control measures in England, which would exempt pubs that do not prepare and serve food.



The Minister added that he would take a few months to decide whether to go further and introduce stronger controls in Northern Ireland, similar to those introduced in the Republic of Ireland in March 2004, and due to come into force in Scotland from March 2006.

On 17 October, the Minister announced that he intended to introduce legislation controlling smoking in all enclosed public places and workplaces, including bars, with effect from April 2007.

Services

In the 2004/05 financial year, the DHSSPS made over £1.3m available to facilitate the further development of smoking cessation services, the preparation of the next phase of the public information campaign and the maintenance of a dedicated telephone helpline service for smokers seeking help with their quit attempt. During the 12 month period ending on 31 March 2005, the helpline processed 3,286 interactive calls.

Article compiled by the Investing for Health Team, Department of Health, Social Services and Public Safety.

Suicide prevention

Suicide is a growing problem, not only in Northern Ireland and the Republic of Ireland, but also throughout the world. In Northern Ireland, there are around 150 suicides each year with just over 40% of these being young men under 35 years old.

Suicide is a difficult and emotive subject for which there is a lack of knowledge or consensus regarding both the causes and the contributing factors that are of most value to help prevent it.

It is important to deal with the risk factors of suicide as part of a broader approach to mental and emotional health. Risk factors include: depression; alcohol and drug misuse; personality disorder; hopelessness; low self-esteem; bereavement; the break-up of a relationship and social isolation.

Preventative measures include: reducing access to the means of suicide; promoting 'coping skills' in the general population; targeted work with vulnerable groups and well managed and responsive health and social services which can recognise mental health problems early and make timely interventions.

It is important to deal with the risk factors of suicide as part of a broader approach to mental and emotional health.

Mental health promotion

The *Promoting Mental Health Strategy and Action Plan*, issued in January 2003, contains 30 actions to support mental and emotional well being. Ten of these actions focus specifically on suicide prevention, including promoting coping skills, suicide awareness programmes and outreach work with young people in areas of need.¹¹

Suicide Taskforce

In recent months there has been a number of representations to the Department of Health, Social Services and Public Safety (DHSSPS) regarding suicides, particularly of young men, and the need to

develop a suicide prevention strategy. The Minister for Health, Shaun Woodward, having met with bereaved families, has made suicide prevention a priority within health and personal social services.

He has established a taskforce to develop a regional suicide prevention strategy. Colin Donaghy, Chief Executive of the Southern Health and Social Services Board, chairs the taskforce and other members include representatives from community and voluntary groups, professional organisations, health education and youth sectors.

The taskforce is reviewing the progress being made in implementing the 10 actions on suicide prevention contained in the *Promoting Mental Health Strategy and Action Plan*. It is also considering factors and relevant research on suicide and self-harm in Northern Ireland, elsewhere in the United Kingdom and the Republic of Ireland.

As part of its deliberation the taskforce is engaging with a wide range of organisations and individuals including families bereaved through suicide, political parties, coroners, churches, and the Children's Commissioner. It has also held five public consultation focus groups in health and social services board areas and a major suicide prevention conference was held in August 2005.

High on the list of priorities to emerge from the public consultations are concerns around the provision of more support for families; greater involvement of the community and voluntary sectors; better coordination between all who have a role to play; more resources and efforts to reduce stigma around the issue of mental health and those seeking help; and the need for better training and engagement of the professions including those in primary care.

The Minister has asked that the taskforce provide an interim report by the end of October 2005, and the final strategy, with an action plan and associated costs, early next year.

Article compiled by the Investing for Health Team, Department of Health, Social Services and Public Safety.

Education update

Curriculum review

Proposals from the Council for the Curriculum, Examinations and Assessment (CCEA) for a revised statutory curriculum for the latter part of Key Stage 1 and for Key Stages 2, 3 and 4 were accepted in June 2004.

The revised curriculum takes a more holistic approach to the development of young people and there will be greater emphasis on equipping them with the skills they need for life and work. There will be a new area of personal development that will include relationships and sexuality education (RSE), along with personal health, understanding and safety, where young people will learn about issues such as healthy diet, exercise, promoting good mental and emotional health, preventing illness, keeping physically safe and the risks of substance abuse. In addition to this new area, physical education (PE) will continue to be part of the statutory curriculum and will therefore be compulsory for all pupils.

Legislation will be in place by September 2006. The revised curriculum will then be introduced on a

phased basis from September 2007 and a number of aspects are already being piloted in schools throughout Northern Ireland.

School meals

The Department of Education developed and undertook a pilot study of new nutritional standards for school meals. These have been designed to ensure that pupils have access to a nutritionally balanced meal capable of being the main meal of the day.

The standards make recommendations that include reducing the fat, sugar, and salt content of meals, and reducing reliance on cooking methods such as frying.

The pilot study was undertaken with the cooperation of nearly 100 schools throughout Northern Ireland and an evaluation of the results has recently been completed. The aim was to gauge pupils' reactions to new menus, and to determine the best methods to ensure the successful implementation of the standards. Following the positive results from this evaluation a further 100 schools joined the initiative in

the autumn 2005 school term with a further 200 to follow in January 2006. The pace of the roll-out will be accelerated in the coming months with continuing close cooperation between the Department of Education and the education and library boards.

The Department of Education believes that access to healthy school meals will contribute to a more discriminating attitude in young people as they consider for themselves healthier choices, diets and lifestyles.

In support of this contention, the Department of Education has also made additional resources available to raise the food content of school meals in Northern Ireland to the level of the national standard.

Article compiled by the Department of Education



A 10 year strategy for children and young people

The Children and Young People's Unit (CYPU) in the Office of the First Minister and Deputy First Minister (OFMDFM) is in the process of developing a 10 year overarching strategy for children and young people.

The strategy will set out what will be done across the Northern Ireland administration over the course of the next decade to bring about improvements in the lives of Northern Ireland's children and young people. It will seek to create the conditions in which children and young people thrive and can look forward positively to the future.

The focus will be on achieving high-level outcomes, supported by measures and indicators, which will be used to determine the success of the strategy's delivery. It will also require the construction of an interdepartmental children and young people's action plan.

The strategy is currently being redrafted in cooperation with all Northern Ireland departments, the Northern Ireland Office and the Northern Ireland Court Service, and will take account of views expressed by respondents to the draft strategy which was published for consultation in November 2004.¹² The aim is to publish the final document in autumn 2005, with implementation taking place shortly after. The draft strategy can be viewed at www.allchildrenni.gov.uk/strategy.htm

The strategy will focus on five strategic outcomes:

- healthy lives and healthy lifestyles;
- economic and environmental wellbeing;
- learning achievement and enjoyment;
- making a positive and valued contribution;
- safety and stability.

The health-related outcome will feature performance indicators for departments in the areas of physical, mental and emotional health and wellbeing of children and young people. The Investing for Health programme will be a key mechanism for ensuring good health outcomes for children are achieved.

The Secretary of State, Peter Hain, announced on 10 August 2005 that Jeff Rooker would be Northern Ireland's first Minister for Children. The new Minister for Children will play a key role in overseeing the implementation of the strategy.

The Investing for Health programme will be a key mechanism for ensuring good health outcomes for children are achieved.

The Minister for Children will act as a champion for children within Government and will complement the role played by the Commissioner for Children and Young People for Northern Ireland, who has welcomed the Secretary of State's decision.

The new Minister will establish and chair a ministerial sub-committee, consisting of all members of the current ministerial team (excluding the Secretary of State). Quarterly committee meetings will also be attended by the permanent secretaries of relevant departments.

Ministers for Children already exist in other parts of the UK and in the Republic of Ireland.

Article compiled by the Children and Young People's Unit (CYPU), Office of the First Minister and Deputy First Minister.

Teenage pregnancy and parenthood

Teenage pregnancy rates in Northern Ireland are amongst the highest in Europe. The highest rates are evident in the areas which experience the greatest social and economic deprivation. Unplanned teenage pregnancy and early motherhood can be associated with poor educational achievement, poor physical and mental health, social isolation, poverty and other related factors.

The five year *Teenage pregnancy and parenthood strategy and action plan* was published in November 2002.¹³ It aims to reduce the number of unplanned births to teenage mothers and to minimise the adverse effects of the births on the teenage parents involved and also to the child.

The Teenage Pregnancy and Parenthood Implementation Group, chaired by Dr Miriam McCarthy, organised a conference on the 16 February 2005 entitled 'Teenage Pregnancy – Where are we now?' The conference was addressed by two keynote speakers from the United States, Professors Michael Resnick and Linda H. Bearinger, who are recognised experts in the field of teenage pregnancy and its prevention.

At the conference, Dr McCarthy, quoting NISRA statistics, announced that teenage pregnancy rates

had fallen by over 25% among teenagers aged under 17 in Northern Ireland, since 2000. Much of the decrease can be attributed to the excellent work of the health, education and voluntary sectors working together in the community to provide advice, services and support to both young people and their parents.

Despite the success to date, there is still a lot of work to be done to equip young people with the knowledge and skills to inform their decisions, and their choices in relationships.

Article compiled by the Investing for Health team, Department of Health, Social Services and Public Safety.



Tackling teenage pregnancy and sexual health

The Health Promotion Agency (HPA) organised a seminar in February 2005 to examine the research evidence on the effectiveness of approaches to teenage pregnancy and parenthood.

The event was organised in association with the Sexual Health Information Exchange Group (SHIEG), which the HPA facilitates, and attracted over 110 delegates. Presentations highlighted identifying, integrating and disseminating research and practical evidence of effective interventions.

The seminar also examined putting the focus on high-risk local groups as well as the importance of the inclusion of interpersonal skills development and theory-based approaches and using participatory inclusive teaching methods.

Following the presentation of evidence, participants had the opportunity to discuss the challenges facing them in this work, how they might use the learning from the seminar, and what other information or

support would be useful in their work. The results of the discussion were collated and forwarded to participants after the seminar for use by SHIEG and the HPA to plan further seminars.

The HPA also has an ongoing sexual health poster campaign running in pubs and nightclubs that are popular with 18–30 year olds.

The campaign comprises eleven posters highlighting issues such as condom use, contraception, sexually transmitted infections and sexual health services available to young people in Northern Ireland.

University campuses have also been included in the poster campaign and students were being targeted directly. One of the campaign posters was reproduced as a postcard for inclusion in NUS-USI student packs.

Article compiled by the Health Promotion Agency for Northern Ireland.

Development of an anti-poverty strategy

Phase one of the consultation process on the development of an anti-poverty strategy for Northern Ireland was extensive and included a number of public seminars at various venues across Northern Ireland.

The initial consultation attracted 103 responses from a variety of organisations including political parties, employers, trade unions, and charitable and voluntary organisations. Overall, the responses received were favourable, indicating a broad acceptance of the basic 'architecture' of the strategy.

In light of the feedback from the first consultation, the strategy document has now been redrafted and a short secondary consultation exercise took place between 20 June and 26 August 2005.

The main features of the proposed anti-poverty strategy include:

- An overall strategic aim of 'improving income and living conditions of the most disadvantaged'.
- A vision of 'a society which enables its citizens to fully participate, realise their full potential and live free from poverty and social exclusion'.
- The development of a Northern Ireland regional action plan consistent with the format of European Union national plans for eradicating poverty and social exclusion.
- The establishment of a ministerially-led anti-poverty forum comprising representatives of key public bodies and other stakeholders, to oversee and monitor the strategy.
- A focus on outcomes and a broad range of indicators and research evidence to monitor progress.
- The establishment of a new Promoting Social Inclusion (PSI) working group on lone parents.

Child poverty

Research was commissioned in 2004 by the Office of the First Minister and Deputy First Minister (OFMDFM) on child poverty in Northern Ireland. A report on this research will be published in the autumn of 2005. The objectives of the research include:

- Recommending the most suitable measure or measures for monitoring child poverty in Northern Ireland over time and those most suitable for making comparisons with Great Britain, the Republic of Ireland and the rest of Europe.
- Identifying the multi-dimensional aspects of poverty

(eg health, education, crime) and how this impacts on other government departments and the key issues for local communities.

- Quantifying in broad terms what needs to happen for Northern Ireland to meet the United Kingdom (UK) child poverty targets. That is, how many children and households would need to be lifted out of poverty, and identification of their characteristics (lone parent households, disabled persons etc).

This research will provide an extensive picture of child poverty in Northern Ireland and will assist with the development of the proposed anti-poverty strategy, the proposed strategy for children and young people and other government policies aimed at tackling poverty in Northern Ireland. The research will also support the government's commitment to eliminate child poverty in the UK by the year 2020.

Since the research was commissioned, information on child poverty has been published from the Family Resources Survey by the Department of Social Development.¹⁴ The results from the survey enable estimates of income poverty to be produced for Northern Ireland on a par to that produced for Great Britain and these are published in the Households Below Average Income series.¹⁵

Results from the 2003/2004 survey indicate that approximately one quarter of children in Northern Ireland live in households with an income less than 60% of the median income. This equates to approximately 108,000 children living in income poverty in Northern Ireland.

Northern Ireland departments are committed to making a contribution towards the achievement of the existing UK targets of 'halving the number of children in relative low income households between 1998–1999 and 2010–2011 on the way to eradicating child poverty by 2020'.^{16, 17} The proposed anti-poverty strategy will be the main vehicle for coordinating the Northern Ireland contribution towards achieving this target, complementing the key contribution made by UK tax and benefits policy.

Initiatives such as the proposed new PSI priority to develop a strategy aimed at tackling poverty and social exclusion experienced by lone parents will have an indirect impact on child poverty levels.

Officials from OFMDFM's Central Anti-Poverty Unit, the Children and Young Peoples Unit and other Northern Ireland departments will also seek to develop other initiatives that will reduce child poverty.

Article compiled by the Office of the First Minister and Deputy First Minister.

Fit Futures: Focus on food, activity and young people

In August 2004, Angela Smith, then Minister for Health, Social Services and Public Safety, announced the establishment of a cross-departmental taskforce, Fit Futures: Focus on Food, Activity and Young People.

This was set up to examine options for the prevention of obesity and being overweight in children and young people, and to make recommendations on priorities for action to the Ministerial Group on Public Health.

It had initially been envisaged that the taskforce would be able to complete its work within six months. However, a review of available information concluded that there was limited published information available regarding obesity in children and young people living in Northern Ireland.

It also noted that increases in the levels of obesity in children and young people were the result of a wide range of social, economic and cultural factors.

The Fit Futures steering group therefore agreed that it would be necessary to initiate a major research and consultation process on the issue of obesity prevention. They decided to start the process by involving children, young people and parents so that their views could inform and direct discussions with all other groups.

Some young people's views

- Healthy food is too expensive and unhealthy food is very accessible.
- The sweets and chocolate are at the front of the shop and the fruit is at the back of the shop.
- Teach young people in schools to cook ordinary home-made food.
- Have a choice of sports and activities that people can take part in.
- Have coaches within the community who would help build confidence in young people.

The research and engagement process concluded in March 2005 with an intersectoral stakeholder event, which was attended by over 100 people representing a wide range of sectors, organisations and professions.

In advance of this event, research reports, reports on the views of children, young people and parents and a summary of the views, opinions and analysis offered during the initial phases of the engagement process were published on the website www.investingforhealthni.gov.uk/fitfutures.asp



The conclusions and recommendations of the Fit Futures taskforce were finally presented to the Ministerial Group on Public Health in October 2005.

Conclusions of the Fit Futures taskforce

- Obesity levels in children and young people are increasing in Northern Ireland.
- Obesity significantly increases the risk of Northern Ireland's biggest killer diseases: coronary heart disease and cancer, and dramatically increases the chances of being diabetic and can significantly impact on the mental and psychological wellbeing of young people.
- Children of obese parents are significantly more likely to become obese, creating a potential upward spiral in obesity.
- There is a very significant disparity between the actual eating habits and activity levels of many children and young people in Northern Ireland and what activity levels and eating habits should be to support good health.
- Children from families on low income are even more likely to have a poor diet and to be less active.
- The environment in which we live promotes obesity by making calorie intake easy whilst presenting barriers to daily activity.

The Fit Futures taskforce identified a number of approaches that it believes should influence all future policies and programmes which aim to contribute to obesity prevention.

In particular, it highlighted the importance of taking a positive, fun approach, encouraging the development of self-esteem and avoiding too much focus on body image.

The effective involvement of parents, establishing healthy behaviours in early years, and action by government to lead by example through public sector food procurement policies, were also advocated.

The taskforce also identified a list of priorities for action. Such is the complexity of the problem that almost all government departments, as well as a number of other organisations and agencies, were identified as having a role in contributing to obesity prevention priorities.

The development of a holistic, long-term healthy schools programme was identified as a specific priority within which such 'joined-up' efforts to promote activity and good nutrition could be promoted and supported.

The health and education sectors were considered to have a pivotal role in establishing a more 'joined-up' approach to promoting and supporting the health and wellbeing of children and young people.

The development of a holistic, long-term healthy schools programme was identified as a specific priority within which such 'joined-up' efforts to promote activity and good nutrition could be promoted and supported.

For further information please contact: Gary Maxwell, Fit Futures Secretariat, Tel: 028 9052 2133; Fax: 028 9052 0535; Email: publichealth@dhsspsni.gov.uk or visit the Fit Futures website at www.investingforhealthni.gov.uk/fitfutures.asp

Article compiled by the Investing for Health Team, Department of Health, Social Services and Public Safety.

Getting active with community cash

The Northern Ireland *Physical Activity Strategy and Action Plan* aims to increase participation in physical activity, especially among those who exercise least, with one of the strategy's main objectives being to increase the opportunities for participation in the community.¹⁸

As part of a public information campaign to help increase people's physical activity levels, the Get Active in the Community Cash Grant Awards scheme was developed by the Health Promotion Agency (HPA) in collaboration with Disability Action and the Northern Ireland Council for Voluntary Action. Funding for the cash grants is provided by the Department of Health, Social Services and Public Safety (DHSSPS) and is allocated to each area on a population basis.

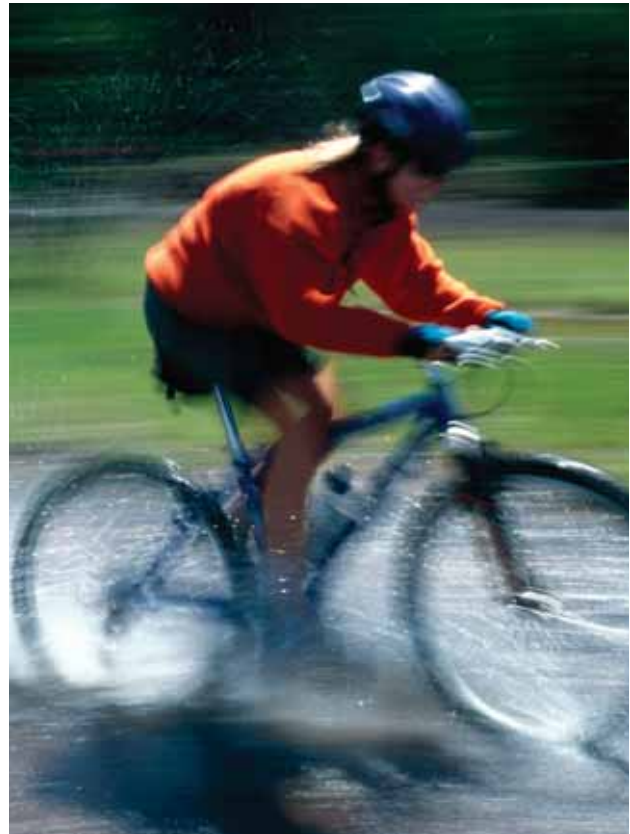
During 2005, the grant award scheme was also supported by a television advertising campaign which ran from 1–18 March, encouraging groups to apply for the cash grants up to the value of £500 to support their individual projects.

The HPA then worked with the Community Foundation for Northern Ireland in administering the applications and with the physical activity coordinators in each area during the selection process.

The information received from each group during the evaluation by the HPA also assisted in highlighting the work of the voluntary and community groups in supporting and developing physical activities which improve people's health and wellbeing.

Physical inactivity is an increasingly serious public health problem, with 7 out of 10 adults in Northern Ireland not taking part in the recommended level of physical activity.

The scheme helps people overcome the main barriers to being physically active such as having no one to exercise with; a lack of access to facilities; a lack of confidence and a lack of willpower.



It also provides opportunities for people to acquire new skills through participating in physical activity; raises awareness of the health benefits of regular moderate physical activity and of the availability of local leisure facilities and physical activity opportunities.

Physical inactivity is an increasingly serious public health problem, with 7 out of 10 adults in Northern Ireland not taking part in the recommended level of physical activity. Overall, a quarter of the population has been shown to be physically inactive or sedentary.¹⁹

For general health benefits, adults should undertake at least 30 minutes of physical activity a day, on five or more days in the week. Failure to undertake such exercise has potentially serious consequences for health, increasing the risk of coronary heart disease, Type 2 diabetes, obesity and high blood pressure.

The scheme, which is now in its seventh year, has an excellent 'track record', helping over 750 groups to improve health in their local communities through physical activities. More than a quarter of the 600 applications received in 2004 were successful in being awarded funding.

Article compiled by the Health Promotion Agency for Northern Ireland.

Travelwise – Safer Routes to School

The Safer Routes to School (SRS) initiative has been developed by the Department for Regional Development (DRD) Roads Service to tackle the issue of the 'school run' by car which is a growing problem in Northern Ireland in terms of increased congestion and the detrimental effect on road safety, health and the environment.

The SRS initiative promotes and supports schools to encourage parents, pupils and teachers to use sustainable transport for the school journey, ie walking, cycling and public transport.

The Travelwise team within the Roads Service has been leading the SRS pilot project in partnership with six schools from across Northern Ireland. A range of infrastructure improvements supported by school travel plans, including sustainable transport training, has now been completed at most of the schools over the last year.

St Joseph's College on the Ravenhill Road, Belfast and St Brigid's College on the Glengallagh Road, Londonderry have both completed their school travel plans and new infrastructure improvements were launched in December 2004.

To make the journey to and from school safer and easier, the Roads Service has provided school safety zones, new crossing facilities and cycle lanes on the public road. The Department of Education has also provided cycle shelters and lockers in school grounds.

Initial indications of people changing their method of transport for the school journey (away from using the car) are promising at both sites. This is particularly true for cycling, with increases from 4 to 35 cyclists at St Brigid's and 3 to 25 cyclists at St Joseph's College. Both schools continue to actively promote sustainable travel for the school journey, and follow-up travel surveys are to be carried out to monitor this shift.



St Joseph's College, Ravenhill Road, Belfast, with new infrastructure improvements outside the school.

Following the experience gained from the pilot project, the Roads Service is expanding the SRS concept. The programme will now be taken forward through an SRS Accelerated and SRS Enhanced scheme with a minimum of 40 schools participating annually across Northern Ireland.

Schools wishing to participate in the SRS programme will be considered against the SRS assessment system and will then be included in the annual programme based on priority rating.

As with the pilot schools, the new approach to the SRS programme will be delivered in partnership with the Department of Education, the Road Safety Branch of the Department of the Environment, Sustrans, the Health Promotion Agency for Northern Ireland and Translink.

Additional information about the Safer Routes to Schools initiative may be obtained by contacting DRD, email: Stephen.Hewitt@drdni.gov.uk by visiting the website www.travelwiseni.com or by phoning the Travelwise team on 0845 378 0908.

Physical activity

Both walking and cycling are promoted in the *Regional Transportation Strategy (RTS)* which was published in July 2002.²⁰ This includes the promotion of cycling as a transport mode, the development of urban cycle networks, increased cycle parking facilities, cycle priority measures at traffic signals and toucan crossings.

Walking Northern Ireland: An Action Plan was published by the Northern Ireland Walking Forum, in association with the DRD in December 2003.²¹ The plan sets out a comprehensive list of over 80 actions aimed at both improving conditions for pedestrians and encouraging walking in general.

The Rural Transport Fund for Northern Ireland

The Rural Transport Fund for Northern Ireland has seen significant growth over its six year existence. In 2004/05 over 672,000 passenger trips were delivered by Translink and the network of Rural Community Transport Partnerships. This included 117,000 passenger trips for people with disabilities and 131,216 for senior citizens aged over 65 which contributed to the Fund's prime objective of reducing social exclusion by improving and providing transport opportunities for people with reduced mobility in rural areas.

An accessible transport strategy for Northern Ireland

The Regional Transportation Strategy (RTS) for Northern Ireland 2002-2012 acknowledged that many people experience barriers that leave them unable to use, or make full use of, the transport system. This prevents them from carrying out everyday functions or leaves them excluded from activities that others are able to enjoy.

The RTS promised that the DRD would develop an accessible transport strategy to deal with these issues which would focus on the particular requirements of older people and people with disabilities.

The *Accessible Transport Strategy (ATS)*, published on 6 April 2005 was the result of extensive consultation carried out with older people and people with disabilities, as well as representative organisations and carers.²²



Many of the areas of concern highlighted by older people and people with disabilities echoed the findings of research reports and other publications studied by the ATS team. Typically these are physical barriers that are present in the 'built environment' or in the design of vehicles – for example high steps on buses.

They may also stem from issues such as society or individual's attitudes which can affect the way services are designed and provided, or the way people experience using them. Commonly reported problems experienced by older people and people with disabilities included a lack of patience by transport staff and difficulties with communication.

This was particularly the case for people with a disability that may not be immediately apparent, such as a learning disability or a visual or hearing impairment. Getting access to information about services and information design is also important so that people know about the transport opportunities that are available to them.

The ATS presented a vision for an accessible transport future, which is:

'To have an accessible transport system that enables older people and people with disabilities to participate more fully in society, enjoy greater independence and experience a better quality of life.'

The ATS sets out seven strategic objectives and a range of supporting policies to address key barriers that older

people and the disabled experience. While work on the strategy found that substantial progress is being made – both within DRD, across other departments and by public, private and community transport providers – much more could be done.

The ATS is about 'mainstreaming' – in other words encouraging the building in of accessibility issues for older people and people with disabilities into all programmes. The people responsible for transport planning and for managing transport spending programmes should therefore take account of ATS policies when carrying out their work. Fully integrating accessibility considerations into the planning and operation of the transport system will also help ensure that no new barriers are created.

The ATS also contains an extensive action plan, which explains what DRD and others will do over the next two years to put policies into practice to help achieve the objectives.

DRD has established a Mobility and Inclusion Unit (MIU) to champion the strategy to encourage this 'mainstreaming' of accessibility issues. The unit will take the lead on many actions (which are cross-departmental and cross-agency in nature), track policy developments and good practice initiatives and maintain links with partners in Great Britain and the Republic of Ireland.

The Government is committed to continuously improving the accessibility of the transport system and play its part in bringing about a more inclusive society. The implementation of the ATS objectives will help eliminate the barriers that prevent many people from leading independent and fulfilling lives and contribute to an improved sense of health and wellbeing.

The ATS is accessible on the Department for Regional Development's web site at:
www.drndi.gov.uk/DRDwww_Strategies/current.asp?id=str18

Planning Policy Statement 13 – Transportation and Land Use

Planning Policy Statement 13 (PPS 13) published in February 2005 outlines key principles which aim to ensure that in the future, planning the location of developments is done with due consideration for the transport infrastructure and services.²³ This needs to happen in a way that reduces the need to travel by car, promote accessibility for all and also facilitate more sustainable transport choices, eg walking, cycling and using public transport.

By seeking to address the negative impacts of transport such as pollution, noise and intrusion this PPS will contribute to the creation of healthier living environments and the support of healthy lifestyles.

Article compiled by the Department for Regional Development.

Working for Health

The workplace health strategy for Northern Ireland, *Working for Health (WfH)*, is a long-term strategy, which not only aims to reduce the incidence of work-related ill health, but also aims to fully exploit the workplace as a priority setting for the improvement of the health of people generally.²⁴

It is estimated that up to 70,000 people in Northern Ireland suffer from ill health caused or made worse by work in any given year, which could be costing the local economy as much as £330 million per annum.²⁵

An implementation group and five programme action teams, which comprise formal partnerships, devised an action plan which was launched on 4 October 2004 by Barry Gardiner MP, the then Minister for Enterprise, Trade and Investment and set out how each of the strategy's key elements can be effectively pursued over the following three years.

On 17 November 2004, Working for Health hosted its inaugural conference which drew together representatives from a wide range of organisations with the shared goal of promoting workplace health.

It is estimated that up to 70,000 people in Northern Ireland suffer from ill health caused or made worse by work in any given year...

The half day conference looked at the challenges, opportunities and relevant strategies for moving workplace health further up the political, media, business, community and health agendas. Delegates heard from eminent speakers from across the United Kingdom on the benefits to the local economy and why we all need to take workplace health into account for the benefit of employees and businesses in Northern Ireland.

A working for health website was also launched at the event which provides a means to highlight key developments in implementing the WfH strategy and provides a range of workplace health information, together with many useful reference sources for both employers and employees.

The event provided delegates with an excellent opportunity for building on the progress already made under the strategy.

The programme action teams have continued to work steadily behind the scenes. There are many actions stemming from the strategy, some examples of which are detailed below:

- The support programme action team is developing, in partnership with the Armagh and Dungannon Health Action Zone, a feasibility study to examine the provision of occupational health support available for small and medium-sized enterprises (SMEs).
- The awareness programme action team has delivered a successful conference and is continuing with the development of the website and piloting the health promoting workplace initiative, Work Well.
- The compliance programme action team is working towards the development of priority programmes for workplace health. This will enable the Health and Safety Executive for Northern Ireland (HSENI), as the regional health and safety authority for Northern Ireland, and district councils, to develop a programme of enforcement initiatives on priority issues such as musculoskeletal disorders. The objective of these programmes is to secure consistent enforcement on health issues across all industry sectors.
- The rehabilitation programme action team is undertaking an assessment of the current level of workplace rehabilitation in Northern Ireland and accessibility for SMEs, as well as making significant progress in developing a vocational rehabilitation resource pack.
- The workplace health strategy recognises the current lack of accurate baseline data on the extent of workplace ill health in Northern Ireland. The intelligence programme action team has therefore carried out an audit of available information sources of baseline data on the true levels of work-related ill health in Northern Ireland. This programme action team is now carrying out work to identify the future information needs of the strategy and how it may be possible to fill the current gaps in available information on work-related ill health.

For further information please contact:
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Article compiled by the Health and Safety Executive for Northern Ireland on behalf of the Department of Enterprise, Trade and Investment.

Being positive about health and safety

Investing for Health seeks to reduce work-related ill health. Consequently, the environmental health departments of the 10 district councils in the Northern Investing for Health Partnership (NifHP) and Northern Group Systems, ran a health and safety initiative, **Being Positive**, during 2004/2005.

This was to raise awareness among local small businesses and healthcare professionals of the major causes of workplace accidents, namely slips and trips and manual handling activities. The new legal duty to manage asbestos within buildings was also raised.

Using funding provided by NifHP, this initiative comprised four main strands:

- An information pack was distributed to over 4,000 retail and catering premises and to GP surgeries, dentists, pharmacists and opticians within the Northern Health and Social Services Board area. The packs included information to help raise awareness of workplace health and to offer practical support and assistance in tackling the major causes of workplace accidents.
- Four seminars, addressing the above-mentioned issues took place in Ballymena, Coleraine, Cookstown, and Newtownabbey during May and June 2004.
- Providing 100 health and safety training places (leading to the Foundation Certificate in Health and Safety) to seminar delegates during late 2004 and early 2005. The awards ceremonies were attended by the Investing for Health manager for the area, Stephen Murray.
- Follow-up support to businesses is ongoing.

The initiative involved close partnership working between district councils, Northern Group Systems, NifHP, the Health and Safety Executive for Northern Ireland and Invest Northern Ireland.

An evaluation of the initiative has been carried out and the conclusion has been very positive.

An evaluation of the initiative has been carried out and the conclusion has been very positive. Participants stated they benefited from the initiative and demonstrated an increased awareness of the causes of ill health in the workplace and how to tackle them.

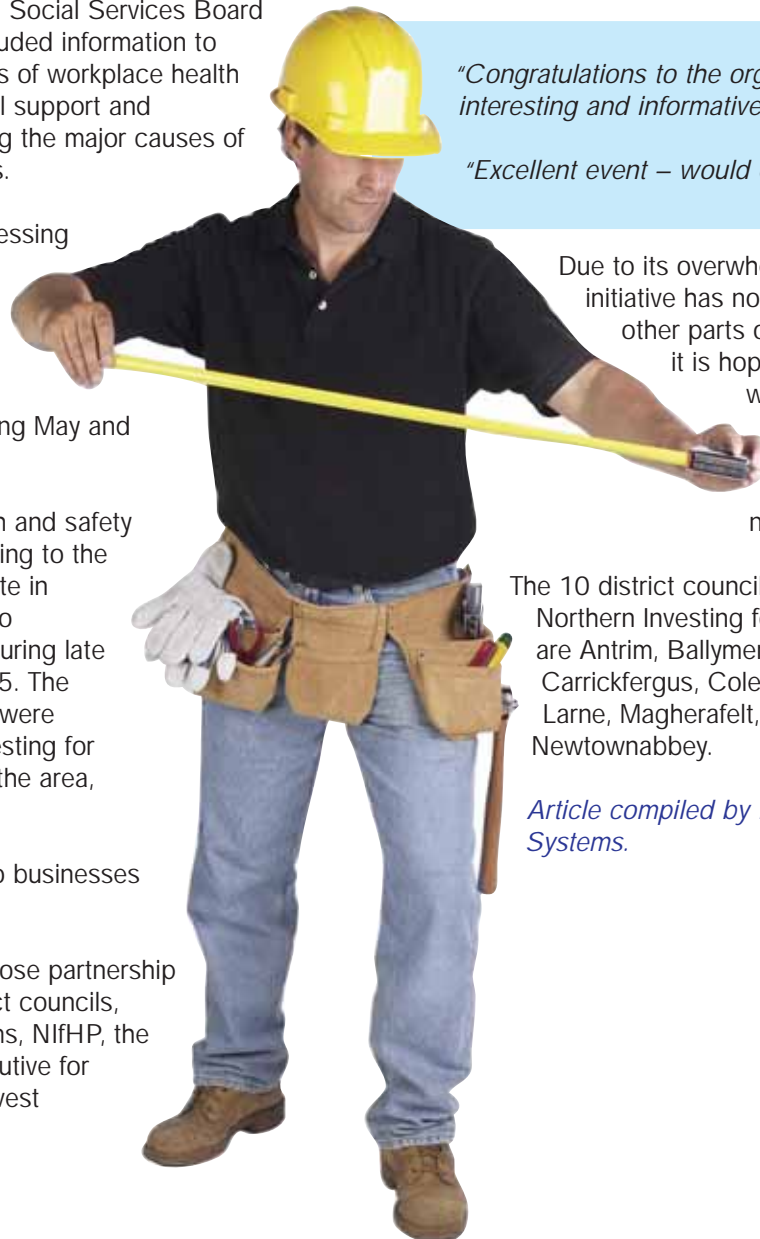
"Congratulations to the organisers for an interesting and informative seminar."

"Excellent event – would enjoy more."

Due to its overwhelming success, the initiative has now been replicated in other parts of Northern Ireland and it is hoped that other workplace health issues will be addressed using a similar format in the near future.

The 10 district councils members in the Northern Investing for Health Partnership are Antrim, Ballymena, Ballymoney, Carrickfergus, Coleraine, Cookstown, Larne, Magherafelt, Moyle and Newtownabbey.

Article compiled by Northern Group Systems.



Resourcing the community and voluntary sector – Investing together

In response to the recommendations made by the Task Force on Resourcing the Voluntary and Community Sector, a significant agenda for change and investment including an additional £23 million was announced by the Government in March 2005 through the strategy document *Positive Steps*.²⁶

Ongoing dialogue with the voluntary and community sector and key stakeholders will be vital to the development and delivery of improved frontline services.

The Department for Social Development (DSD) will facilitate taking forward the actions contained in this cross-departmental strategy which will help to ensure that the sector is better placed to cope with social and economic change and imminent changes to the funding environment.

Key actions contained within the strategy include the promotion of a longer-term funding and planning framework in addition to streamlining the delivery of statutory funding to voluntary and community organisations and the introduction of audit and accountability requirements that are proportionate to the size and turnover of organisations.

Ongoing dialogue with the voluntary and community sector and key stakeholders will be vital to the development and delivery of improved frontline services. This improvement will help people in greatest need gain the accessibility to health care and health services they require.

Article compiled by the Department for Social Development.



Housing and health

The relationship between housing and health is well established. The adverse effect of poor housing, in terms of dampness, mould and poor ventilation, on primary school children, children with asthma and adults – especially the elderly – has been widely researched and reported.

The Department for Social Development (DSD) is committed to addressing this by ensuring that everyone has the opportunity to live and work in a healthy environment and to live in a decent affordable home and that its policies and programmes reflect this.

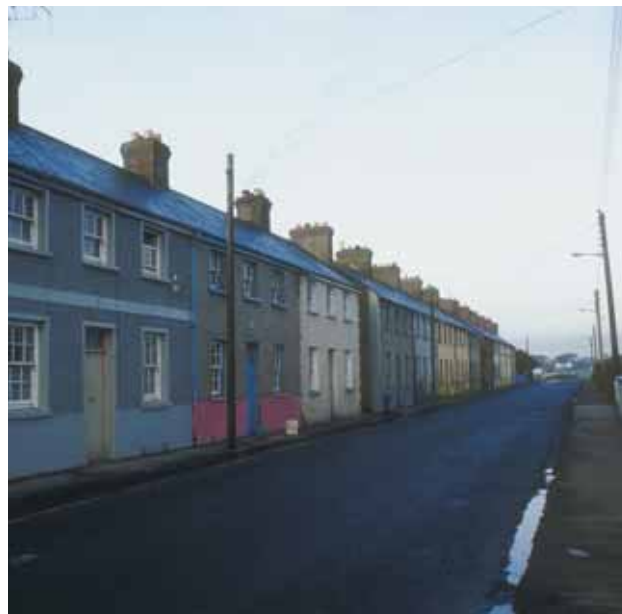
Decent/affordable housing

Social housing is the main method of providing affordable housing for those in need and the DSD funds a new build programme which provides around 1,300–1,500 units per year. The DSD also provides funding for the Northern Ireland Housing Executive's (NIHE) programme of maintenance and house improvements involving over 12,000 properties each year in line with its commitment that all social housing should meet the 'decent homes' standard by 2010. A further programme involving nearly 2,500 home modifications is also completed each year to enable tenants with disabilities or chronic illnesses to remain in their communities in line with the Department of Health, Social Services and Public Safety's (DHSSPS) strategies to provide care where possible in the community.

Social housing is the main method of providing affordable housing for those in need...

Private sector housing

The DSD is committed to improving housing conditions in the private sector. A review of the private rented sector, where the highest percentage of unfit properties is found, has been completed and legislation which will contribute to an improvement of



housing conditions in the sector is currently being advanced. Private sector grants continue to make a major impact where homes are deemed unfit and over 5,000 replacement, renovation and repair grants which are directly contributing to improvements in the health and wellbeing of occupants, are made each year. In addition, approximately 1,500 disabled facilities grants are made available to private householders enabling individuals with disabilities or chronic illnesses to stay in their own homes.

Support for vulnerable people

The DSD fully endorses the policy of helping vulnerable people to live independent lives in the community and over £50 million is allocated to the Supporting People Fund. This fund underpins a wide range of support services which are made available to assist vulnerable people in mainstream accommodation in the community and which complement measures available under the care in the community programme.

Article compiled by the Department for Social Development.

Culture, arts and leisure

Sports

The Department of Culture, Arts and Leisure (DCAL) is leading in the preparation of a new strategy for sport in Northern Ireland. The Department of Health, Social Services and Public Safety (DHSSPS) is represented on the Strategy Steering Group and the contribution that sport and physical activity make to health and wellbeing will be considered within the context of investment in sport.

A key objective of the Sports Council for Northern Ireland (SCNI) is to increase the participation in physical activity and sport for all ages. This includes encouraging people, especially young people, to get involved in sport, enabling as many people as possible to remain active throughout their lives.

The rationale, which is currently undergoing research by DCAL and the Sports Council, is that active people have better health.

The rationale... is that active people have better health.

The Community Sport Programme therefore specifically targets socially disadvantaged areas where participation is known to be low. A monitoring and evaluation framework and baseline report on health and participation levels in disadvantaged areas, completed by the voluntary organisation, Community Evaluation Northern Ireland, (CENI), in August 2005, concluded that there are potential health gains in such areas through sporting interventions.^{27, 28} These will be quantified through further ongoing studies.

Fit Futures, a working group set up by the Minister for Health to report on obesity among children and young people recognises the importance of physical literacy. The Sports Council defines this as 'the ability and motivation to capitalise on our motile (moving or having the power to move independently) potential to make a significant contribution to the quality of life.'

A paper prepared by SCNI setting out the case for the development of physical literacy, especially in the early stages of a child's formative experiences, will help to inform the recommendations of the Fit Futures report.²⁹

Arts

The Arts Council of Northern Ireland (ACNI) takes a holistic view of the value of the arts. Its five year arts plan, *The Arts - inspiring the imagination, building the future*, states 'contributing to the health and well being of the wider community' as one of the ways in which the arts contributes to a new Northern Ireland.³⁰ In addition to dealing with some of the symptoms of ill health by funding arts in healthcare and arts and disability projects, the ACNI also operates on a preventative basis by enhancing physical and emotional wellbeing.

The linkage between arts and wellbeing is well founded:

- the benefits of involvement with the arts are more comprehensive than purely physical effects;
- these benefits are not purely to be gained from participation, they can be gained from more passive experiences like being an audience member or visiting an exhibition;
- people draw from the arts at varying times in their life and it's important for the infrastructure to ensure that the arts are available to be accessed when they are needed.

A logical progression of the above would be for the arts to be recognised and prescribed on a therapeutic basis, in the same way that sports participation is now starting to be prescribed.

Some examples of how the arts can aid wellbeing are detailed below:

ArtsCare

ArtsCare, the arts and healthcare trust, is a unique organisation operating within the UK and Republic of Ireland. It aims to make all forms of art accessible to adults and children who are ill or disabled and in residential healthcare or day care. ArtsCare involves 22 local committees in hospitals and trusts throughout Northern Ireland and employs 14 artists in residence working in visual art, dance and music.

Dreams project

The 'Dreams' project at Belfast's Mater Hospital is a participatory arts project with a strong research element, involving patients, staff and community groups connected with the Mater Hospital Trust. It involves people of all ages from varied sociopolitical backgrounds, some of whom are disabled or with little or no arts experience, in an easily accessible arts project.

Overall, the project aims to provide a comprehensive study of the benefits of arts participation in a healthcare setting.

...the benefits of involvement with the arts are more comprehensive than purely physical effects.

National Deaf Children's Society

Following a three year pilot arts project for deaf people in Northern Ireland, the National Deaf Children's Society (NDCS) sought development funding to support new arts activities and to expand existing activities which contribute to the growth and wellbeing of deaf children and young people. The work targets children and young people who feel restricted by their ability to express themselves.

Arts & Disability Forum

The Arts Council of Northern Ireland works with the social model of disability and differentiates between work that has a therapeutic ambition and work that is to do with disabled people's creative expression or their access to mainstream arts. For this reason, only projects with a direct healthcare connection are detailed below.

The Arts & Disability Forum and Adapt NI (the only voluntary organisation in Northern Ireland which is solely committed to the promotion of universal accessibility) both carry out exemplary work which improves the quality of access to, and involvement in, the arts by disabled people, including pioneering work around a new Arts & Disability Equality Charter for Northern Ireland.

Developed as a partnership project with Open Arts and the Community Arts Forum, the Arts and Disability Equality Charter has grown out of province-wide consultation with disabled people and arts venues. Venues will work towards achieving the standards of the charter and there will be an award for excellence presented each year.

Adapt NI is also administering a programme of accessibility grants to venues which will enhance the quality of access for everyone, not just for disabled people.

Libraries

Libraries are contributing to Investing for Health issues through giving people the opportunity to acquire knowledge, skills and understanding which is easily accessible, free, and which can be enhanced through the expertise of librarians.

It is estimated that around one tenth of library use is related to health, wellbeing and lifestyle issues including information on diet, exercise, sports, and raising children; as well as on specific illnesses and health statistics.

Article compiled by the Department of Culture, Arts and Leisure.

'Challenges and opportunities' for Investing for Health

'Challenges and opportunities', the second regional Investing for Health (IfH) conference, is highlighting the broad spectrum of work that contributes to improving health and reducing inequalities across Northern Ireland.

As well as highlighting programmes and projects, the conference is setting out to explore experiences and knowledge gained in implementing IfH over the last three years and to provide an opportunity to reflect on insights and learning.

Key aims of the conference are to:

- recognise, validate and assist the work of achieving the goals and objectives of IfH;
- build ongoing commitment to tackle challenges and opportunities;
- help integrate the strategy into key partners' work programmes;
- support partnership working across organisations and communities.

Recognising the diversity of work contributing to IfH a 'Call to share' was issued in June 2005 for participants who wished to have a paper considered for presentation at the conference workshops. These papers will all link to the broad themes of the conference. Over 70 abstracts were submitted for consideration.

The morning session is to link the first two themes:

- engaging people, communities and organisations;
- building networks and partnerships.

In the afternoon the two linked themes are:

- measuring outcome, impact and effect;
- mainstreaming agendas, priorities and action.

IfH themed workshops and seminars

The Health Promotion Agency (HPA) on behalf of the Department of Health, Social Services and Public Safety (DHSSPS) is responsible for designing and delivering a programme of thematic workshops. These workshops are aimed at providing opportunities for representatives from local Investing for Health partnerships to come together to discuss particular

issues or priorities and to identify and share good practice, experiences and lessons.

The areas or themes to be addressed are developed through close involvement and consultation with the four IfH partnerships.

With further workshops currently being planned, a number of events have taken place to date.

Removing the smoke screen

A seminar, removing the smoke screen, was held in the Rosspark Hotel, Kells, on 12 November 2004. It was attended by over 100 participants who heard from keynote speakers from Scotland, Republic of Ireland and Northern Ireland.

The aim of the seminar was to raise awareness among IfH partnerships of the need for effective smokefree workplace policies and to explore current issues and barriers around the implementation of smokefree policies.

Feedback from the seminar was positive and with smoking continuing to be a topical issue it has been identified as an area from which the partnerships could benefit from further information and support.

To address this, a seminar aimed at providing practical support and training in encouraging the implementation of smokefree policies will be undertaken in November 2006.

Good relations in a healthy society

A seminar organised jointly between the HPA, the Community Relations Council and Investing for Health was held at the Community Relations Council offices in Dungannon on 10 March 2005. It explored the vital role promoting positive community relations plays in improving health and wellbeing.

Delegates heard about best practice, research and learning in the areas of community relations and public health through practical examples and keynote speeches.

Participants found the seminar helped explore the challenges faced in addressing community relations, and helped identify actions to take to improve community relations and health.

Article compiled by the Health Promotion Agency for Northern Ireland.

Promoting independent living for older people through a community development approach

The Northern Investing for Health Partnership (NIHP) has funded the appointment of a community development worker to develop community-based activities for older people who would otherwise be accessing mainstream daycare services. They might also be living in social isolation with an increased risk of becoming dependent on wider health-related services.

Background

The focus of the project is to work in partnership with local community, voluntary and statutory sector organisations to develop a wider range of community-based activities that will maximise the independence and enhance the health and social wellbeing of older people living in the Newtownabbey area.

The key roles of the community development worker are to:

- map out the number of existing community groups and organisations and identify what activities they provide for older people in the local area;
- build relationships and networks with local community and voluntary organisations and consider what opportunities there would be to work in partnership;
- to develop, with local partners, additional capacity to enable older people to access wider social activities such as luncheon groups;
- identify possible funding sources in partnership with other groups;
- act as an information source to social work personnel, community and voluntary groups and older people in Newtownabbey;
- inform strategic thinking regarding the future shape of daycare services.

Making a difference

Since taking up post in April 2004 the range of NIHP partnership opportunities developed by the community development worker in the initial phase of the project has been significant.

Having a dedicated resource in place locally to explore opportunities for developing alternative community-based activities for older people has

already resulted in positive links with a wide range of community groups. There has also been an improvement in access to resources for the development of specific projects.

The focus of the project is to work in partnership with local community, voluntary and statutory sector organisations...

Some examples include:

- Direct contact with 38 seniors' groups throughout Newtownabbey providing a range of activities for approximately 700 senior citizens. Contact with the groups has produced information that will be used to form a database that will be shared with social work teams, community and voluntary organisations and senior citizens living in Newtownabbey. The information will be presented in a directory of services for older people. (See below for further information).
- Working in partnership with a number of organisations, including Newtownabbey Local Strategy Partnership, Northern Neighbourhoods Health Action Zone and East Antrim Institute of Further and Higher Education, has led to the development of new social and luncheon groups providing a range of day and evening activities for senior citizens throughout Newtownabbey.
- In Ballyclare, the Department for Social Development is funding the development of a new facility on the current Ballyclare Community Concerns site, which is due to be completed by April 2006. Homefirst Community Trust and local community and voluntary organisations are examining the potential of developing a range of daycare services for seniors at the facility such as social and luncheon groups or more specialised groups, such as for those with dementia or Alzheimer's disease.

- The recent development of South Antrim Community Transport (SACT) has the potential to enhance the development of services for senior citizens in the Ballyclare area. While SACT is primarily a rurally based service, recent discussions have resulted in the possibility of the service being extended to the Glengormley area.

"We had a vision of sharing our new facilities with the surrounding community; however we were finding it very hard to make good contacts, although we had endless meetings with other clergy, local politicians and community representatives. Then along came Angela, the community development worker, who explained what she was about and I explained what we were about. Now, by working in partnership with Angela and others we have helped make it happen."
Rev Liz Hughes. Whitehouse Presbyterian church.

Developing the community directory

The mapping exercise of community groups and organisations provided an opportunity to consult with older people which consistently identified a lack of information as a major difficulty when attempting to access services.

To tackle this issue, an advisory group was formed, including representatives from Homefirst Community Trust, Newtownabbey Senior Citizens' Forum, Newtownabbey Borough Council, the Housing Executive, East Antrim Local Health and Social Care Group and other relevant community organisations, to develop an information directory.

A consultation group representing older people was also formed to ensure the content and design of the directory met the needs of older people. Information was collated through a questionnaire sent to community groups in the area.

The information directory should:

- provide a comprehensive overview of services available in Newtownabbey;
- enable older people to be better informed of the choices available and how to access them to support and maintain their health and social wellbeing;
- provide staff working in statutory, community and voluntary organisations with a useful resource to help signpost older people to other services;
- improve partnership working and provide a wider range of options for clients and patients to support them in their own community.

Moving forward

Key priorities for the project over the remainder of the pilot period are to:

- continue to build up the database of groups and organisations;
- enhance links between social work teams, community nursing, day centre staff and community and voluntary sector groups;
- build up evidence on the number of people being redirected from mainstream health-related services to alternative community-based activities;
- continue to support and promote community groups;
- further develop partnership working with local organisations to increase the number of social and luncheon groups in the area.

Article compiled by the Northern Investing for Health Partnership.

Black and minority ethnic groups

Over recent years, growing numbers of black and minority ethnic (BME) groups, families and individuals have come to live and work in the southern area of Northern Ireland, adding to the diversity and richness of our own cultural traditions.

In one year, the local social security offices in the area received almost 5,000 applications for national insurance numbers from individuals from over 40 countries. Of these, almost 60% came from three countries alone, Lithuania, Poland and Portugal.

All of these approaches aim to ensure that people whose first language is not English are able to access basic services...

In addition, the area has the highest proportion of Irish travellers in Northern Ireland and long established communities of Chinese, Indian and Pakistani residents.

Many Southern Investing for Health Partnership (SIfHP) partners have developed and contributed to programmes, projects, initiatives and research to identify and respond to the needs of these diverse communities, individuals and families. However, there is a general recognition that much more can and should be done and both the SIfHP and its partners are committed to this task.

Achievements to date

Many partners have worked with community and voluntary organisations at local and regional level on this issue and several positive initiatives have resulted. For example, a regional interpreter service is available to health and social services providers, while locally, many service providers in the southern area use the

translation and interpreter services provided by the South Tyrone Empowerment Programme (STEP), a not-for-profit voluntary sector organisation.

Its main areas of focus include migrant workers' support programmes and interpreter services. These employ a number of bilingual staff and offer a migrant support centre in Dungannon and Portadown and outreach services throughout Northern Ireland.

A partnership between STEP, Children's Services Planning, Wah Hep Chinese Community Association and the Southern Health and Social Services Board will further support this approach through the funding of a one year position for a community development and health worker for BME groups including migrant workers.

All of these approaches aim to ensure that people whose first language is not English are able to access basic services such as primary care, education, housing and acute health services.

In addition, several partners and other local agencies have produced information leaflets and packs in a variety of languages, which aim to provide basic information on local services in languages appropriate to their locality and service. The SIfHP is also a member of the steering group for the ANIMATE project (Action Now to Integrate Minority Access to Equality) which is a strategic interagency migrant worker project.

The Poverty and Disadvantage Issue Group within SIfHP, recognising that simply providing information or translation services will not alone respond to the needs of BME/migrant workers, conducted a small needs assessment of partners on this issue.



Three key requirements were identified:

- communication: a need for more interpreting services at point of contact;
- research: a need for ongoing demographic details on numbers, diversity and location;
- training: a need for a general awareness of BME/migrant workers requirements and specific training for staff.

Plans for the future

The SIFHP remains committed to supporting projects that it already has an association with, such as the traveller support projects, the Southern Area Action with Travellers Steering Group, a local project funded under its small grants scheme working specifically with East Timorese women and also individual partners' programmes and projects.

Furthermore, the partnership has identified this as a priority issue over the coming years and it has given a commitment to allocating some of its recently awarded funding to these projects. Details of this will be further developed during 2005.

Specific action includes the Poverty and Disadvantage Issue Group within the partnership undertaking training initiatives for partners covering topics such as awareness, diversity training and anti-racism measures.

Article compiled by the Southern Investing for Health Partnership.



In October 2004, Belfast Healthy Cities was funded by the Eastern Health and Social Services Board (EHSSB) to facilitate the development of a set of health and wellbeing indicators which would help monitor progress against *Investing for Health* (IfH) goals and objectives within the EHSSB area. A number of steps were undertaken in this process.

Step 1: Literature review

A literature review was carried out of existing indicators used in Northern Ireland, the rest of the UK and internationally. Indicators relevant to *Investing for Health* were categorised under IfH goals and objectives. It was felt that work undertaken in Vermont, Canada, to develop indicators for child services, was a good model to adapt. The Vermont model identified outcomes which indicators were categorised under, and this method was adopted for the work within the EHSSB area.

Step 2: Workshops

It was regarded as important that stakeholders working towards implementing IfH would help identify outcomes and key indicators that can be used to measure progress. A series of four workshops, facilitated by IfH managers in the four health and social service trust areas, were held between January and March 2004. These were staged to help identify outcomes and indicators relevant to IfH which were important to both their own work and the work of their organisation. Over 100 stakeholders attended these workshops, and indicators suggested by stakeholders during the workshops were added to those identified through the literature review. In total, 274 indicators were identified.

Step 3: Working group

A working group was established in March 2005 to oversee the development of the work. The group comprised 20 representatives from the statutory and voluntary and community sector who have a lead role in the implementation of IfH within the EHSSB area. A number of working group members were statisticians who helped advise the group on statistics and criteria for selecting indicators.

Taking into consideration the literature review and the information gained from the workshops, the role of the working group was firstly to agree on outcomes for each IfH goal and objective; secondly to source indicators relative to each objective and to agree the final basket of indicators and those for further development.

Step 4: Selecting indicators

There were three stages used by the working group to select indicators.

Stage 1 – A list of criteria was agreed with the working group which helped guide selection. Indicators were chosen if they were:

- relevant to the IfH objectives and outcomes;
- collected/available at board level or below;
- comparable with other boards within Northern Ireland;
- recent and routinely collected; measurable; robust and reliable;
- preferably had an inequality dimension.

Stage 2 – A further review of indicators was undertaken to ensure those chosen reflected the priorities and actions undertaken in the EHSSB area in relation to IfH.

Stage 3 – The working group reviewed indicators which did not meet Stage 1 criteria to identify which of these should be considered for future development. A total of 109 indicators were selected for the 'basket' of indicators, 76 indicators were selected for further development.

Step 5: Validating indicators

Indicators selected and agreed by the working group were sent to a wide range of sources including statisticians, to double check issues such as accuracy and validity, and to ensure that the information relevant to the indicators was currently available.

Step 6: Publication

A report was published in August 2005 outlining both the agreed outcomes and indicators categorised under IfH goals and objectives and the process used to select indicators. This report, *Investing for Health indicators*, can be found on the Belfast Healthy Cities website at www.belfasthealthycities.com/indicators.pdf ³¹

Links with DHSSPS work

Work was also being carried out by the Investing for Health team within the Department of Health, Social Services and Public Safety on the development of regional high-level performance management indicators linked with *Investing for Health* objectives. Belfast Healthy Cities and the Eastern IfH Partnership were represented on the working group to ensure links between both pieces of work.

Article compiled by Belfast Healthy Cities on behalf of the Eastern Investing for Health Partnership.

Western Investing for Health Partnership – A model of best practice

Successes and learning

The Western Investing for Health Partnership (WifHP) has taken forward its own health improvement plan under the revised themes of:

- Early years;
- Teenage transition;
- Adult life;
- Later years.

The focus of the work has been twofold. The partnership has continued to develop pilot initiatives that will focus on specific needs while at the same time identifying opportunities to influence agendas and policy changes.

The success of the partnership has been acknowledged by it being selected as a demonstration model by the Office of the First Minister and Deputy First Minister for its Public Sector Reform Unit's 'Model of Best Practice' scheme.

The partnership has also seen a change of co-chair. Denyse Walker stood down as the non-statutory sector representative after two very successful years to remain with WifHP as a representative of the Fermanagh District Council area.

She has been replaced by Jeff Barr who works for the community-based mental health project, Korum, and is a WifHP nominee from the local strategic partnerships.



Pictured at the Best Practice Award Ceremony on 16th June 2005. From left, Brendan Bonner, Western IfH Manager, Siobhan Sweeney, Western HAZ Manager, Colette Brolly, Western HAZ Coordinator, Jeff Barr, Western IfH Co-Chair.

Early years

The biggest success in terms of 'early years' has undoubtedly been the highly innovative Health Promoting Homes initiative. The project was developed under the theme of tackling obesity in children and sought to provide support for vulnerable families in a community setting. It offered families the opportunity to participate in a training and awareness programme targeting obesity and associated problems of being overweight in children. It offered modules on physical activity, nutrition, personal development, oral health, home safety and breastfeeding.

This is the first time all these elements have been brought together in an all-encompassing programme focusing on obesity. The independent evaluation concluded that it:

- was a model of good practice in inter-agency and inter-sectoral working;
- had a lasting impact on those who participated.

Teenage transition

Under 'teenage transition', WifHP has continued to support the community-based Common Purpose event, 'Your turn' under the theme of developing a sense of active citizenship. The programme targets 14 year old secondary school pupils and seeks to encourage them to examine their role in the community and society.

Common Purpose brings in experts and individuals to discuss topics such as education, health, finance and the environment. Over 30 schools throughout the western board area will benefit from the programme over a three-year period and it will engage over 3,000 young people in the process.

Adulthood

Rural stress and isolation have both had a high profile under the 'adulthood' theme. A unique partnership has been developed to investigate and address rural stress and isolation in farm families. The initiative was lead by Rural Support, the only Province-wide charity for the farming community, supported by the Department of Agriculture and Rural Development (DARD) and WifHP.

Rural Support has developed a programme that will offer farm families support at a time when the farming community is facing serious change and challenges regarding subsidies and impending EU legislation.

IfH Partnerships



Pictured at the Omagh Agricultural Show on the 2nd July 2005, which was the launch for the Rural Stress and Isolation project. From left, John Moore, DARD, Seamus Mullen, WifHP Assistant Manager, Lily Weir, Rural Support and Isabel Murray, Rural Support.

The focus will be on supporting the health and wellbeing of the farm family and workforce.

Later years

Active lifestyle was a major success under the 'later years' theme. Active ageing was considered a key issue for older people and the WifHP has been keen to promote the theme throughout the western board area. The emphasis has not only been on physical activity but also looking at the determinants that impact on being active in later years.

In conjunction with the Western Health Action Zone (HAZ) the partnership has been examining barriers such as transport, intergenerational work, isolation – especially for men – and access to services. The partnership has also encouraged the development and growth of 'good morning' schemes at community level to support and encourage older people to have more active lifestyles.

Student media awards – hitting the press early

The partnership has also sought to learn from best practice elsewhere and help raise awareness and understanding of the broader public health agenda.

One scheme that was championed during the year was a highly successful student media award initiative.

The awards sought to change the process of media reporting on health issues and in particular the factors that have been proven to be the major causes of ill health and premature death. Traditionally the media's relationship around health has focused on perceived 'scare stories' such as SARS, waiting list problems or health service management issues.

Targeting students who were studying media at college or university and who were likely to seek a

career in the industry, the competition encouraged them to select a public health issue, research the evidence and produce a published article. The four main categories and winners were:

- Best moving image – Eugene Magee – for his piece on the realities of street drinking from seemingly harmless youths to those with chronic alcohol problems;
- Best radio piece – Neil McGinty – for his broadcast on BBC Radio Foyle on the rights of non-smokers;
- Best photographic image – Lauren Gallagher – The crack is not always good – a startling image of the risk of sniffing cocaine;
- Best published article – Clare McCafferty – The curse of underage drinking – published in the *Derry Journal* which told of a 14 year old girl's night out on the town and the impact of alcohol on her life.

As this was the inaugural year there was also a special chairman's award which was given to Sinead McGee for her moving image piece of investigative journalism on underage drinking in pubs in Derry City.

It is hoped that as these young people develop their careers in journalism and the media they will have a better understanding of public health issues.

They will also be able to see how they can influence both an individual's behaviour and government policy, and more importantly, how public health issues should be reported.



At the WifHP Media Award Ceremony, from left, is Lauren Gallagher, winner of Best Photographic Piece, Neil McGinty, Winner of Best Radio Piece, Brendan Bonner, WifHP Manager, Eugene Magee, Winner of Best Moving Image and Clare McCafferty, Winner of Best Published Piece. Sitting is Jeff Barr, WifHP Co-Chair and Sinead Magee, winner of the Chairman's Award.

Article compiled by the Western Investing for Health Partnership.

The Department for Social Development

Neighbourhood renewal

The Department for Social Development (DSD) is continuing to work closely with the Department for Health, Social Services and Public Safety (DHSSPS) on a number of important initiatives which impact upon the *Investing for Health (IfH)* strategy.

There are many synergies between the key trends of IfH and those of neighbourhood renewal such as the connection between deprivation and poor health – with more people experiencing health problems and difficulties in accessing the services required because of the areas in which they live.

There are many synergies between the key trends of IfH and those of neighbourhood renewal such as the connection between deprivation and poor health.



Neighbourhood renewal is still at an early stage of development, as the strategy involves a 7–10 year programme. However, significant progress has been made over the past 12 months and a substantial amount of work has taken place in the creation of neighbourhood partnerships following the announcement of the 32 neighbourhoods in July 2004. Funding has also been provided to assist organisations and voluntary groups which are key to the success of neighbourhood renewal within these areas.

Representatives from the health and social services boards and health trusts will act as members of the neighbourhood partnerships and their representation on them will ensure that key health issues within these areas are addressed.

Both the DSD and the DHSSPS, will work closely, aligning key indicators of health and will also work closely to raise standards in services and health.

Each neighbourhood partnership will generate a 'vision framework' and an action plan for their area. Any concerns which focus on health-related matters can be highlighted in these papers.

Meanwhile, the DSD has senior representatives on a number of key working groups such as the Fit Futures Steering Group and the Suicide Prevention Group. The DHSSPS is represented on the Neighbourhood Renewal Ministerial Group which involves many government departments and agencies.

Article compiled by the Department for Social Development.

Northern Investing for Health Partnership

Launched in 2003, with the aim of closing the gap between the quality of life in Northern Ireland's most deprived neighbourhoods and that in the rest of society, the Northern Investing for Health Partnership (NIHP) neighbourhood renewal initiative has identified a number of renewal areas within the Northern Health and Social Services Board area.

Included are the areas of Rathcoole in Newtownabbey; the Ballykeel and Ballee in Ballymena; the Grange and Thornhill areas in Ballyclare; and Churchlands and Ballysally in Coleraine.

Projects funded in these areas to date range from a sports development project in Ballee to a recycling project in Ballykeel to health workshops in Coleraine's Fern Festival.

Plans are underway to have more neighbourhood renewal partnerships and working groups in all these areas by late 2005.

A number of NIHP partners, including Northern Neighbourhoods Health Action Zone, Homefirst Community Trust, Causeway Health & Social Services Trust, Sure Start, the Northern Ireland Housing Executive, North Eastern Education and Library Board and the relevant district councils will be members of these groups.

Plans are underway to have more neighbourhood renewal partnerships and working groups in all these areas by late 2005.

The role of the local neighbourhood renewal partnerships is to agree the neighbourhood vision framework and action plans, develop policies on how certain issues should be addressed, and to monitor and evaluate programmes. The working groups will then develop and implement local projects.

In addition to the neighbourhood renewal areas, a number of 'areas at risk' will be targeted as part of this 10 year strategy. These are among the top 25% of the most deprived areas in Northern Ireland and within them there will be a focus on specific projects to address identified local need.

Article compiled by the Northern Investing for Health Partnership.

Southern Investing for Health Partnership

Four out of the five district councils in the Southern Investing for Health Partnership (SIHP) area are actively involved in the locally established Neighbourhood Renewal Partnerships*, and often take a lead role.

These council-based Investing for Health officers will provide a local link between these partnerships and the IfH agenda

These partnerships are at different stages of development with several in the process of appointing a designated officer to take forward the development and implementation of local frameworks and action plans.

These council-based Investing for Health (IfH) officers will provide a local link between these partnerships and the IfH agenda, particularly where there may be opportunities for collaboration on neighbourhood renewal and health improvement plans.

* Banbridge District Council was not designated a neighbourhood renewal area.

Article compiled by the Southern Investing for Health Partnership.

Eastern Investing for Health Partnership

The Eastern Investing for Health Team has met twice during 2004–2005 with senior staff from the Department for Social Development (DSD) to explore joint strategic planning and working.

The second meeting included a presentation that demonstrated the similar and complementary targets of *Investing for Health* (IfH) and the *Neighbourhood Renewal Strategy*. The implementation of the Eastern Investing for Health Partnership's (ElfHP) *Health Improvement Plan 2005-2008* was discussed as a contributing factor to neighbourhood renewal within the eastern area. The document is available at www.wellnet-ni.com/publications.php ³²

A number of joint actions have been agreed that include:

- Ensuring that the health and personal social services 'family' is appropriately represented on neighbourhood renewal partnerships. Names have been supplied to DSD regarding this and in most cases the representatives will be from local trusts. However, Eastern Area IfH managers will become members of some of the designated neighbourhood renewal partnerships where appropriate, eg Flying Horse Estate in Downpatrick.
- Securing the involvement of the Eastern Area IfH Team on the Expert Group (a group of officers from agencies who will be a strategic reference group for neighbourhood renewal). This expert group is currently being established by the DSD's Urban Regeneration Strategy Directorate.

The implementation of the Eastern Investing for Health Partnership's Health Improvement Plan 2005-2008 was discussed as a contributing factor to neighbourhood renewal within the eastern area.

- It was agreed that a joint session involving the DSD neighbourhood renewal and ElfHP teams would be organised. A joint focus of the initial meeting would be on the current development of progress measurements for neighbourhood renewal areas and the development of IfH Indicators by the ElfHP Team.

Article compiled by the Eastern Investing for Health Partnership.

Western Investing for Health Partnership

The Western Investing for Health Partnership (WifHP) actively participated in the consultation process taken forward by the North West Development Office.

At a local level, WifHP has been actively engaged in a pilot neighbourhood renewal project...

WifHP and the Western Health and Social Services Board (WHSSB) are represented on the Neighbourhood Renewal Programme Group by Steven Lindsay, the partnership's Co-Chair and WHSSB Chief Executive Officer.

At a local level, WifHP has been actively engaged in a pilot neighbourhood renewal project, Triax, on the west bank of Londonderry covering the Creggan, Bogside, Brandywell and Fountain areas.

WifHP also recently gave a presentation to the Ministerial Group on Neighbourhood Renewal and outlined the partnership's approach to supporting the process and coordinating input.

Article compiled by the Western Investing for Health Partnership.

The Department for Social Development

The link between fuel poverty and health is well established and the Department for Social Development (DSD), through *Ending Fuel Poverty: A Strategy for Northern Ireland*, has set a target to eradicate fuel poverty.

This targets all social housing and vulnerable households by 2010 and in all other households by 2016.

The strategy is underpinned by a major programme of work aimed at improving heating systems and energy efficiency in the homes of the most vulnerable members of society.

Through the Warm Homes Scheme over 8,250 households in the private sector are provided with a range of measures from insulation to full central heating annually.

The DSD also funds the Northern Ireland Housing Executive heating replacement programme under which new energy efficient heating systems are provided in around 9,000 of its properties each year whilst a further 4,000 systems are replaced as part of the general house improvements programme each year.

Article compiled by the Department for Social Development.

Northern Investing for Health Partnership

The Northern Investing for Health Partnership (NifHP) has developed a locally focused fuel poverty strategy and action plan to help deliver on the regional fuel poverty strategy issued in November 2004.

Across the NifHP area a number of significant actions are now being progressed to help tackle fuel poverty. These include:

- The establishment of three local steering groups on fuel poverty covering the Antrim, Ballymoney and Magherafelt council areas. Each group has now developed an action plan in partnership with key local partners.
- Access for up to 400 health and social care workers to awareness raising sessions on fuel poverty and the provision of information on how to best assist clients to access support that may be available.

- Under the Warmer Ways to Better Health project, funded jointly by the Energy Efficiency Programme, Department for Social Development, Energy Savings Trust and the Antrim, Ballymoney and Magherafelt Councils, 30 homes across the Antrim, Ballymoney and Magherafelt council areas will be able to avail of a full package of energy efficiency measures. These will include provision of an oil fired central heating system, cavity wall insulation and roof insulation – subject to them meeting agreed criteria.
- Funding has been approved by NifHP to appoint an advisor on fuel poverty to help coordinate the implementation of the local strategy and action plan.

Article compiled by the Northern Investing for Health Partnership.

Southern Investing for Health Partnership

The Neighbourhood and Environment Issue Group within the Southern Investing for Health Partnership (SifHP) allocated a total of £22,000 in 2004–2005 to support and develop work on fuel poverty, recognising the high levels of fuel poverty that exist within the southern area.

The issue group has:

- Supported ongoing work by the Armagh & Dungannon Health Action Zone to implement specific schemes in the Craigavon & Banbridge areas.

- Helped raise awareness in the Newry and Mourne area where the local council was facilitated in a project to highlight the issue of fuel poverty.

The issue group will further develop this work in 2005–2006 by supporting the appointment of an energy efficiency worker to operate in local communities throughout the SifHP area.

Article compiled by the Southern Investing for Health Partnership.

Eastern Investing for Health Partnership

During 2004–2005, the Eastern Area Investing for Health Partnership commissioned National Energy Action Northern Ireland (NEA Northern Ireland) to undertake research work to identify the nature and extent of fuel poverty in the eastern board area.

The report, *Warmth to What Degree?*, identifies the key issues in relation to fuel poverty broken down by district council area within the overall eastern board region.³³ Actions to date include:

- 'Communities of Interest on Fuel Poverty' have been formed at both eastern area level and within the four localities covered by the eastern area: North and West Belfast; South and East Belfast and Castlereagh; North Down and Ards; and Down and Lisburn. Their purpose is to gather together statutory, voluntary and community groups who have an interest in the fuel poverty

issue and who are interested in developing tailored programmes of action.

- The eastern board area's interest group for fuel poverty (led by NEA Northern Ireland) used the *Warmth to What Degree?* report in May 2005 to inform the locality action groups about the locality-specific fuel poverty issues.

The outcome of this work will be the development of local action plans on fuel poverty for the localities. The action in each locality will vary according to need and the priorities identified. The eastern area-wide community of interest on fuel poverty will finalise an eastern area strategy in 2005–2006. This will tie together policy development with local action.

Article compiled by the Eastern Investing for Health Partnership.

Western Health Action Zone

The Western Health Action Zone (WHAZ) is involved in a number of initiatives both locally and regionally which will contribute to tackling fuel poverty. Details include:

- A feasibility study entitled *Warming the west* was completed recently.³⁴ The study examined how feasible it is for 'frontline' staff to identify clients whom they consider to be in fuel poverty. This study, carried out on behalf of WHAZ by National Energy Action (NEA) Northern Ireland, identified 28 older people in the Sperrin Lakeland Trust area who were in fuel poverty. Details of the 15 clients identified meeting the 'CLEVER Homes' criteria (Comfortable Living Environment and Energy Reducing Homes) have now been forwarded to the CLEVER homes project. A number of clients are expected to use this scheme to help improve energy efficiency within their homes.
- WHAZ is currently acting upon the recommendations of this report. One specific recommendation being acted upon in early autumn involves undertaking a benefits uptake campaign in partnership with the government income top-up scheme Pension Credit, in targeted wards within the western board area.
- WHAZ, with funding secured from the Western Investing for Health Partnership will work in partnership with Strabane District Council and other key stakeholders to improve energy

efficiency in the homes of clients currently using solid fuel heating. Strabane District Council currently has the second highest level of fuel poverty in Northern Ireland. A number of wards in Strabane have also been declared Air Quality Management Areas due to high levels of pollution.

Regionally, WHAZ is currently participating in the development of a 'toolkit' on fuel poverty for health care professionals...

- Regionally, WHAZ is currently participating in the development of a 'toolkit' on fuel poverty for health care professionals in partnership with the Health Promotion Agency and NEA.
- WHAZ is also represented on the Northern Ireland Fuel Poverty Advisory Group.

Article compiled by the Western Health Action Zone.

Fuel poverty pilot established

Funding from Investing for Health has supported a pilot project to develop resources enabling healthcare professionals to identify those at risk of fuel poverty and direct them to appropriate services.

The pilot involves a range of partners including the Health Promotion Agency, National Energy Action, the four health action zones, the General Consumer Council, the Department for Social Development and the Department of Health, Social Services and Public Safety.

Health professionals (including health visitors, occupational therapists and district nurses) within selected pilot areas in each of the health board areas attended awareness raising sessions. These sessions were aimed at helping them identify signs and symptoms of fuel poverty in clients' homes and to be able to 'signpost' them to appropriate sources of help and advice.

The effectiveness of this approach to addressing fuel poverty and of the resources developed is currently being evaluated. The findings will be published to help inform future work and developments aimed at eliminating fuel poverty.

Article compiled by the Health Promotion Agency for Northern Ireland.



Health Promoting Schools: an Investing for Health Partnership

The final report on the evaluation of *Health Promoting Schools: an Investing for Health Partnership* was presented to the Health Promoting Schools regional planning group in March, 2005.³⁵ The overall aim of the evaluation was to assess the effectiveness of the initiative in embedding the concept of a health promoting school in practice, through reporting on the changing experiences, practices and perceptions of participants, and to make recommendations for future development.

Evaluation

The key themes confirmed that overall, the initiative was being effectively managed, continued to evolve successfully against a background of review in education and health and which provided a framework to address many of the health-related issues for pupils and staff.

The initiative has made a significant contribution to:

- promoting school improvement through self-evaluation, ensuring that the approach and documentation were in agreement with the Department of Education's guidance documentation;
- promoting partnership and collaboration at all levels across education and health;
- promoting empowerment and participation of staff, pupils and parents;
- promoting competency in knowledge, skills, attitudes and practice for staff, pupils and coordinators;
- promoting a whole-school approach.

The initiative has also taken account of new curriculum proposals from the Council for the Curriculum, Examinations and Assessment (CCEA), which focus on themes of personal development, providing a framework to deliver and add value to these proposals.

The evaluation has justified the original proposal from the Health Education Liaison Group (HELG) in 2002, and the subsequent investment made in terms of funding and support in-kind from the education and health sectors.

Health Promoting Schools was acknowledged as one of the essential elements in targeting inequalities in health through Investing for Health, and it was the vision then that the outcomes that could be achieved would form the basis for a further bid for long-term sustainability.

The vision for the future is that all schools in Northern Ireland will have the opportunity of becoming health promoting schools...

Vision

The vision for the future is that all schools in Northern Ireland will have the opportunity of becoming health promoting schools, as is happening in other countries.

Adopting a whole-school approach, which addresses the three key areas of ethos and environment, quality of management and the quality of learning and teaching, would complement and provide an effective framework to deliver and add value to all related strategies under Investing for Health.

For further information on the Health Promoting Schools initiative please go to www.healthpromotionagency.org.uk/Work/hpschools/menu.htm

Article compiled by the Health Promotion Agency for Northern Ireland.

Health Promoting Workplaces

The workplace is the setting where many people spend the largest proportion of their time. Forward-looking employers recognise the link between the control of risks, the general health of employees and the success of the organisation itself. Employers can contribute to the health of their employees and their workforce and in turn the health of their organisation.

Working for health strategy

The *Working for Health* strategy, published in March 2003, embodies a vision that aims to achieve 'a work culture that protects, promotes and supports health and wellbeing.'³⁶ This will help create an environment in which businesses can thrive.

The Health Promotion Agency for Northern Ireland (HPA) has continued to play a key role in supporting many of the objectives within the strategy by chairing an awareness programme action team which is one of five programme action teams, the others being support, compliance, rehabilitation and intelligence. The roll-out of the strategy and coordination of the work of the five teams is overseen by an implementation group.

Work Well

With 99% of all businesses in Northern Ireland employing less than 50 people, small businesses are a key sector in which to address workplace health.³⁷ The HPA has therefore been developing a workplace health initiative, Work Well, with 20 small businesses.

The initiative supports some of the key actions identified by the *Working for Health* strategy's awareness programme action team.

Work Well aims to test and develop approaches to workplace health. Each of the organisations has completed a needs assessment and has written and implemented a health action plan. Some of the key actions include:

- developing management practices and policies which support health;
- providing opportunities and activities to promote health and wellbeing;
- implementing improvements to the workplace which protect the safety and health of employees and promote a positive working environment.

Following the evaluation of Work Well, an awards scheme will be developed which will recognise the good practice and achievements of small businesses in making continuous improvements towards creating their own healthy workplaces.

For more information about the health promoting workplace initiative, Work Well, please go to www.healthpromotionagency.org.uk/Work/workwell/menu.htm

Article compiled by the Health Promotion Agency for Northern Ireland.



Work Well employers or representatives who attended the first Work Well network meeting.

Health Promoting Hospitals

The role of the hospital as a healthy organisation committed to values such as partnership, participation, empowerment and equity is being recognised as part of the modernisation of the health service and the drive to improve the health of the Northern Ireland population.

January 2005 saw the establishment of a steering group by the Department of Health, Social Services and Public Safety (DHSSPS) to develop a framework to further support and invest in the Health Promoting Hospitals (HPH) initiative in Northern Ireland. This will be chaired by Dr Naresh Chada, Senior Medical Officer, DHSSPS, with nominated representatives from the Investing for Health team, the Health Promotion Agency for Northern Ireland (HPA), the four health and social services boards and the chair of the Northern Ireland regional HPH network.

The information collated by the HPA on current health promotion activity in hospitals is now live as a database on the HPA website at www.healthpromotionagency.org.uk/hph³⁸ Information will continue to be gathered until the end of 2005. After 2005 the database will be updated at regular intervals.

A Healthy Service

A Healthy Service – supporting health in hospitals, is a programme being developed by the HPA to support hospitals as healthy settings. To ensure the programme meets the needs of the hospital trusts, information was collated on what leaders and policy makers within the trusts perceive health promotion

and health improvement to be in hospitals and what they require to support them in driving the initiative forward. A report has been compiled and will be made available to the steering group in due course.

The 13th World Health Organization (WHO) International Conference on HPH, with 'empowerment' as its central theme, was held in Dublin in May 2005. The local organisers of the event were the Investing for Health team, the Department of Health and Children (Republic of Ireland), the Irish HPH Network and the Northern Ireland HPH Network.

The conference was considered the most successful event in HPH's history and the largest with almost 600 delegates attending from 40 countries. Among the presentations selected by the scientific committee were five projects from Northern Ireland. The full proceedings of the conference are now available at www.univie.ac.at/hph/dublin2005/htm/home.htm³⁹

The HPA also hosted the first meeting with colleagues from England, Scotland and Wales who coordinate the development of hospitals as health promoting settings. A commitment has also been made to meet annually which should ensure joint learning.

For more information about the Health Promoting Hospitals programme please go to www.healthpromotionagency.org.uk/hph

Article compiled by the Health Promotion Agency for Northern Ireland.



Sean Power T.D. Minister of State, Department of Health and Children, Dr Mila Garcia-Barbero, World Health Organisation – European Office for Integrated Health Care Services, Prof Luke Clancy, Chairman of the Irish HPH Network and Dr Naresh Chada, Senior Medical Officer at the Department of Health, Social Services and Public Safety.

Healthy Living Centre support and development programme

The Health Promotion Agency for Northern Ireland (HPA) is responsible for developing the Healthy Living Centre (HLC) support programme for Northern Ireland, which is funded by the Big Lottery Fund.

The aim is to work with all 19 HLCs across Northern Ireland to identify areas requiring support and to develop effective approaches to addressing them.

Initial work undertaken comprised a comprehensive scoping study with HLCs and stakeholders to identify areas for support both in terms of current and future requirements. A feedback workshop was held on 28 January 2005 to discuss the findings and to agree action on the key issues arising.

The executive summary report of the scoping study can be found on the HPA website at www.healthpromotionagency.org.uk/Resources/research/executivesummaryhlc.htm ⁴⁰

The programme will enable HLCs to access additional support and to benefit from networking, training and advice.

Several networking and training events have been undertaken both with HLCs and key stakeholders addressing the needs prioritised within the scoping exercise. Examples of training developed to date include topics such as tendering and procurement, stakeholder management, public relations and lobbying.

HLCs are currently receiving support on developing and implementing business/sustainability plans.

By working closely with HLCs, key partners and a multi-sectoral regional advisory group ensure that the support developed is relevant to the issues and needs faced by HLCs.

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Group work at the Healthy Living Centres networking event in June 2005 at Oxford Island, Craigavon.

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