

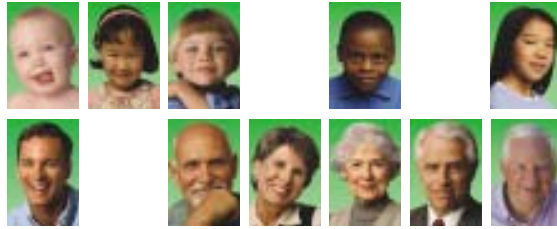

Investing
for Health

Update 2004





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for Health



Update
2004

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Foreword

One year on from the first *Investing for Health* annual report I would like to reiterate the importance I place on this public health strategy.^{1,2} I believe it continues to provide an exceptional opportunity to make very real and lasting improvements in the health and wellbeing of people in Northern Ireland.



I would like to take this opportunity to thank everybody involved for their most valuable contributions. Improvements will take some time to be evident and many challenges lie ahead. However, I believe we are well placed to face those challenges and, if the enthusiasm and goodwill that have been evident to date continue, I am sure we will see the rewards.

This update of *Investing for Health* provides a report on the implementation of the strategy over the past year, and highlights just some of the admirable work that has been taken forward across all sectors and departments towards the achievement of *Investing for Health's* goals and objectives.

I feel special mention must be made of the inaugural *Investing for Health* conference. Attended by more than 400 delegates from a wide range of statutory, community and voluntary organisations, the conference visibly demonstrated the energy and diversity that is unmistakable in the implementation of *Investing for Health*. I believe the success of the event encouraged countless more individuals and organisations to become involved in the implementation of this key strategy, and further motivated those already working on the ground to improve the health of the people of Northern Ireland.

Since the launch of *Investing for Health*, the Ministerial Group on Public Health has been the main driver involved in the implementation of the strategy, and it ensured that it stayed high on the agenda of all government departments and public bodies. Currently, the role, remit and membership of the ministerial group is under review, but once reformed I believe this group will continue to be a key driving force behind the strategy.

Health Impact Assessment, the key instrument through which health will be kept a priority in the development of all government strategies and initiatives, is continuing to be piloted and by next year revised guidance will be published. I would also like to mention the ongoing Review of Public Health, which will be crucial in considering how public health functions will be delivered in Northern Ireland.³

I am fully committed to taking the *Investing for Health* agenda forward and would encourage everyone working to improve health and reduce health inequalities to continue to build on the excellent work underway.

A handwritten signature in black ink that reads "Angela Smith". The signature is fluid and cursive, with a large initial 'A'.

Angela Smith MP
Minister for Health, Social Services and Public Safety

Investing for Health conference

Over 400 delegates from a wide range of statutory, community and voluntary organisations attended the inaugural Investing for Health (IFH) conference in the Slieve Donard Hotel, Newcastle, on Wednesday 3 December 2003.

The title of the conference, Celebrate and Challenge, reflected the cross-cutting nature of *Investing for Health*, focusing on the benefits and challenges of partnership working that are key to addressing the social, economic and environmental factors impacting on health and wellbeing.

The aim of the conference was to celebrate the work that is helping to achieve the goals and objectives within *Investing for Health*, and to build commitment to tackling the challenges ahead through improved partnership working. It also highlighted examples of programmes and projects that are contributing to the overall aims of the strategy.

The conference included a mixture of plenary addresses and 10 facilitated workshops reflecting the main objectives which contribute to the overall aims of *Investing for Health*, such as tackling poverty and social exclusion, education and life skills.

Speakers

Clive Gowdy, Permanent Secretary of the Department of Health, Social Services and Public Safety (DHSSPS), officially opened the conference. Paying tribute to the many organisations and groups throughout Northern Ireland that have made a contribution to developing and progressing the *Investing for Health* agenda, he commended the commitment and enthusiasm of the Investing for Health partnerships which are key to the health improvement programme. He challenged the conference to maintain a concerted and coordinated approach across all sectors, thus ensuring a more equal society in which all our citizens can look forward to the same expectations of health and wellbeing.

Stephen Peover, Permanent Secretary of the Department of the Environment and chairperson for the morning session, expressed his continuing personal support and commitment, and that of his Department, to the *Investing for Health* agenda.

In her keynote address Dr Jane Wilde, Director of the Institute of Public Health in Ireland, highlighted the poor state of health in Northern Ireland. She underlined the need for a collaborative approach and called on governments and departments to take this forward.

Guest speaker Sir Donald Acheson strongly endorsed the *Investing for Health* strategy, stating that the proposals contained in the document were the most comprehensive and best thought-out he had seen. He felt that the strategy was the best health policy document at national level from a country in the English-speaking world. He went on to highlight the action which is under way to reduce health inequalities across the United Kingdom, and outlined how he expected the efforts on both sides of the Irish Sea to reinforce one another.

The President of the Chartered Institute of Environmental Health, Brian Hanna, chair of the afternoon session, emphasised his interest in the *Investing for Health* agenda, referring to the contribution of environmental health and his involvement in the Review of the Public Health function.

The closing keynote speaker, Heather Moorhead, Chief Executive of the Northern Ireland Local Government Association, set out a challenging and thought-provoking agenda on the way ahead, emphasising the need for close collaboration and outlining the potential for the possible role of local government here.



Speaking at the conference, Clive Gowdy, Permanent Secretary of the Department of Health, Social Services and Public Safety.



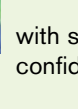
Themed demonstrations

Two themed demonstrations were chosen to highlight the diversity of the health and wellbeing agenda – Engage with Age, and the Belfast Community Circus.

The Engage with Age programme was set up to encourage the active involvement of older people in the community. It seeks to improve the health and wellbeing of people aged 50+ through working with individuals and groups at community level. Its aim is to address issues facing older people such as loneliness, isolation and exclusion, through a programme of regular meetings and classes offering diverse subjects such as healthy lifestyles, computers, befriending and visiting, local history and outings, and social activities.



Billy Greer, accompanied by Elma Greer, from Engage with Age, captivated the audience with a humorous description of the experience of his and his fellow 'silver surfers' getting to grips with today's information technology and the impact this has had on their general wellbeing.



The Belfast Community Circus was set up in 1985 and focuses on promoting personal and community involvement, as well as encouraging children and young people from areas of social need and all community backgrounds to work together. As a medium it has provided marginalised young people with skills in coordination, communication, creativity and confidence.

The Community Circus has been used as a means of giving a positive experience to people on a care or supervision order, where they can engage with the creative circus experience and feel empowered with an alternative means of self-esteem. A pilot project founded by the Community Circus, working with children in the juvenile justice and care system, is under way.

Two young people demonstrated their trust and confidence in each other's strength and ability during an enthralling display of acrobatic movements at the conference.

Conference feedback

Interest in the conference was particularly encouraging and the event was heavily oversubscribed, with 100 people unsuccessful in being allocated a place. Post-conference evaluation forms indicate a high level of satisfaction with the conference programme and arrangements. In general, comments were very positive. Following evaluation it has been suggested that future Investing for Health conferences should be organised every two years, rather than annually, and that the conference should focus on a specific theme.

Thanks must go to all steering group members and Investing for Health Partnerships as well as the many organisations from all sectors which gave their commitment and support to making the first Investing for Health conference a success. The conference organisers, Creative Events NI, also worked resolutely to ensure the conference ran smoothly.

For further information please contact: Gary Maxwell, Tel: 028 9052 2133;
Fax: 028 9052 0535; Email: publichealth@dhsspsni.gov.uk or visit our website at www.investingforhealthni.gov.uk

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

Goals, objectives and targets

The *Investing for Health* strategy is built around two goals and seven objectives. A number of measurable, illustrative targets were linked to these objectives and it was intended to monitor progress towards meeting these targets, where possible, on an annual basis.

Significant progress

However, due to the nature of many of these targets, significant progress towards achieving them will not be seen in the early years. Therefore, we intend to provide more meaningful progress towards their achievement later in the period of *Investing for Health's* implementation.

In the meantime, there is a need for more lower level targets and suitable indicators to be developed to monitor the implementation of *Investing for Health*, the achievement of its objectives and to measure the gap in health status between the different socioeconomic and minority groups. This work is ongoing and we intend to publish these results in 2005.

Target achieved

Objective: To offer everyone the opportunity to live and work in a healthy environment and to live in a decent affordable home.

Target: Over the period April 2002 - March 2004, to support housing providers to build around 2,400 affordable homes for people on lower incomes.

In 2002/03, 900 houses were started and 1,575 started in 2003/04. This is 75 in excess of the original target; therefore this target has been achieved and exceeded.

For further information please contact: Stephen McDowell, Tel: 028 9052 0532; Fax: 028 9052 0535; Email: Stephen.Mcdowell@dhsspsni.gov.uk or visit our website at www.investingforhealthni.gov.uk

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

In 2002/03, 900 houses were started and 1,575 started in 2003/04. This is 75 in excess of the original target.

Pursuing the vision

The theme of 'Pursuing the vision' reflects the diversity of action undertaken in the past year within the Western Investing for Health Partnership area with the common goal of achieving the agreed new vision, 'Healthier, happier, longer lives for all'.

Foundation for the future

Last year the Partnership focused on establishing the structures necessary to address wider determinants of poor health and it is confident that these are now in place. This year the Partnership has gone further by establishing a framework for direction over the next 10 years, thereby laying the foundation for longer-term investment in the health and wellbeing of the Western area population.

More emphasis was placed over the past year on the commitment to a dual approach for progressing *Investing for Health* in the Western Health and Social Services Board (WHSSB) area. Strategically, work on strengthening links with key decision makers in the voluntary, statutory and private sectors was undertaken. Innovative methods of research and needs assessment to inform the development of a focused Western agenda for the next 10 years were also utilised. Operationally, the seeds of interagency collaboration continued to be nurtured through ground level delivery of projects seeking to impact on health improvement in the region. These areas of development are expanded upon below.

Strategic developments

A new strategy was developed through an inclusive process of community engagement and consultation, action research, mapping of the strategic context, Partnership debate and working through designated sub-groups. This process has resulted in a strategic framework with four key themes designed to cut across *Investing for Health's* seven objectives. The themes are:



Early years

To focus on supporting children and families experiencing poverty and disadvantage by advocating initiatives which allow the target audience to develop in a safe, caring environment. Much of this work will be aligned with the Western Health Action Zone (HAZ) priority of combating poverty and forging greater cohesion between IFH and the HAZ.



Teenage transition

To focus on supporting and developing children as they move into their teenage years. The emphasis is on encouraging young people to gain and develop a sense of confidence and self-esteem, thus enabling healthier choices to be made.



Adult life

This theme reflects the inter-relationship between the determinants of good health and the need to create building blocks that allow communities to grow in a safe and secure environment. The theme combines five strands: emotional wellbeing and mental health, environment, community, workplace health, and community safety.



Later years

Reflecting the importance and needs of the older community within the Western area, this theme further complements and supports the work of the Western HAZ and a range of other statutory, voluntary and community organisations.

In adopting an action plan based on the above themes, the aim is to provide a more holistic approach to promoting the Western *Investing for Health* agenda that in turn will create greater levels of collaborative action and make tangible impacts on the health and wellbeing of the Western area population.



Operational developments

Building on the Partnership's success in multi-agency working, innovative projects that reinforce the value of the Investing for Health approach continued to be developed and pursued. Commitment to working with and through existing structures also continued and, as a result, a unique service level agreement was established with Derry Healthy Cities to provide management support to projects originating in the Foyle Health and Social Services Trust area.

In addition, direction of the Western HAZ and line management support for WHSSB's Community Development Strategy and New Opportunities/Big Lottery Fund projects and the Health Promotion Commissioner is also provided by the Partnership. These four strands of WHSSB activity particularly complement the delivery of the *Investing for Health* strategy in the WHSSB area.

To date the Partnership has initiated or supported more than 40 multi-agency projects that cut across themes as diverse as poverty, road traffic accidents, weight management and telecare, a 24 hour telephone call response service. Whilst too numerous to mention each individually, the following gives an overview of some of the new initiatives developed in pursuit of the vision:

Night bus scheme

Approximately £120,000 from the Northern Ireland Community Safety Challenge Competition was secured to establish provision of a night bus scheme over three years in Derry/Londonderry City Centre. The scheme is proposed as a simple, yet potentially effective solution to targeting crime and antisocial behaviour at key hotspots in the city on Saturday nights. The project was developed with the assistance of the following partner organisations:

- Translink
- Police Service of Northern Ireland (Foyle District Command)
- Derry City Council
- City Centre Initiative
- Derry Healthy Cities

Over the three years duration of the project it is hoped a culture of night bus usage will be established that will enable the project to be sustainable.

Business support partnership

The Western Group Environmental Health Service coordinated a project that seeks to bring a holistic approach to health and safety in the workplace. The first of its kind in the west, the pilot project worked with 19 small and medium sized businesses in the Omagh and Fermanagh areas to:

- identify current standards of workplace health and safety activity in the target area;
- provide impartial health and safety advice to participating employers;



At the launch of the Slips and Trips leaflet are, from left, Peter McBride, McBrides Supermarkets; Allan Rainey, former Chairman of Omagh District Council; and Joan McCaffrey, Business Support Advisor, Western Group Environmental Health. The leaflet, produced by the Business Support Partnership to reduce accidents in the workplace, was funded by the Western Investing for Health Partnership.



- develop an innovative local support partnership for workplace health and safety;
- initiate health at work screening checks for over 200 employees.

In the delivery of this project, partners have included:

- Western Investing for Health Partnership
- Omagh District Council
- Fermanagh District Council
- Sperrin Lakeland Trust
- Health Promotion Department at Westcare Business Services

Following the success of the pilot, the Partnership is now looking at how it can be replicated across the WHSSB area.

All-Ireland environmental tobacco smoke study

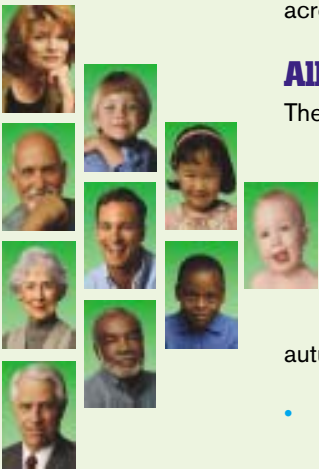
The Partnership was proud to have been able to contribute to a major all-island study into the effects of smoking in the workplace. This was linked to the much-publicised ban on smoking in the workplace in the Republic of Ireland. Led by Trinity College in Dublin, the research involved screening bar staff in Dublin, Galway and Cork for the effects of Environmental Tobacco Smoke. Working through Derry Healthy Cities, the Partnership's contribution was the establishment of a control group of bar staff in the Derry, Limavady and Strabane Council areas. A total of 41 bar staff were screened prior to the workplace smoking ban implementation and screening will take place again in the autumn of 2004, post smoking ban implementation. Project partners have included:

- Derry City Council
- Limavady Borough Council
- Strabane District Council
- WHSSB

The Partnership recognises that 'Pursuing the vision' for *Investing for Health* will remain a continual and dynamic process. The progress and success of strategic and operational direction will be a major factor in ensuring that Western Investing for Health develops as a sustainable and distinctive Partnership, adding value and direction to health improvement in the west. The Partnership is grateful to all key partners for their continued support and innovation.

For further information please contact: Brendan Bonner, Tel: 028 7186 0086;
Fax: 028 7186 0311; Email: bbonner@whssb.n-i.nhs.uk or visit our website at <http://www.westernifh.org/>

Article compiled by the Western Investing for Health Partnership.



Child poverty

In Northern Ireland the Office of the First Minister and Deputy First Minister (OFMDFM) has recently funded research which shows that around 150,000 children live in households experiencing consensual poverty, and that there is an increased risk of poverty being experienced by those bringing up children without the support of a partner.⁴

Gender inequalities

It has also been shown that there is a direct connection between child poverty and inequalities associated with gender – around 65% of lone parents in receipt of Jobseeker's Allowance and 93% of lone parents in receipt of Income Support are women.^{5, 6}

The Government intends to address these and other associated issues by taking forward actions and initiatives which will:

- embrace the full range of public service areas;
- create a shared and clear strategic direction;
- provide a means of monitoring progress.

The planned Northern Ireland Anti-Poverty Strategy recognises the increased risk of poverty experienced by those bringing up children without a partner and proposes the establishment of a Promoting Social Inclusion (PSI) working group which will focus on the particular problems faced by lone parents.

OFMDFM will work in partnership with other government departments and representatives from the community and voluntary sectors to ensure the PSI group develops a strategic and joined-up approach. Consultation on the proposed anti-poverty strategy is ongoing and is due to conclude this autumn.

Children and young people

The Children and Young People's Unit in OFMDFM is developing a 10 year strategy for children and young people in Northern Ireland. Over the past two years a major informal consultation exercise has taken place and five areas for action, including poverty, have been identified.

The strategy will aim to help improve the lives of all children living in Northern Ireland. It will set the vision and guiding principles for all government departments and people providing services for all children up to 18 years of age or up to 21 years for children who have been looked after by public authorities. It is hoped that a formal consultation paper on the strategy will be issued in autumn 2004 with a view to publishing the main strategy in spring 2005.

Additional research

Additional research, more finely tuned to the specific area of child poverty, has recently been commissioned by OFMDFM. 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;





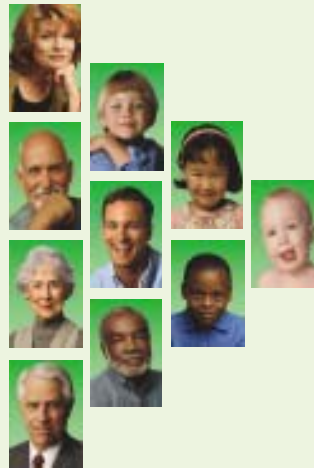
- identifying the multi-dimensional aspects of poverty (eg health, education, crime) and how these impact on other government departments and the key issues for local communities;
- quantifying in broad terms what needs to happen for Northern Ireland to meet the UK child poverty targets, ie how many children and households would need to be lifted out of poverty, and characteristics of these, if possible, eg lone parent households or disabled persons.

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 Children and Young People's Strategy and other government policies aimed at tackling poverty in Northern Ireland. It will also support the Government's commitment to eliminate child poverty in the UK by the year 2020.

For further information please contact: Jim Breen, Tel: 028 9052 3417;
Email: jim.breen@ofmdfmi.gov.uk

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

In Northern Ireland the Office of the First Minister and Deputy First Minister (OFMDFM) has recently funded research which shows that around 150,000 children live in households experiencing consensual poverty.



Education for a healthy future

Our schools and the education system in general have always been to the forefront in encouraging healthy lifestyles. Health education as a cross-curricular theme is a compulsory element of the curriculum for all pupils throughout their time in school. Its broad objective is to assist pupils to develop responsible attitudes and the skills necessary to make informed decisions in matters relating to health. The theme covers a wide range of areas such as physical fitness, diet and health, and environmental safety.

Personal understanding and health

A significant development in the education sector during 2004 has been the acceptance by Minister Barry Gardiner of the Council for the Curriculum, Examinations and Assessment's (CCEA) proposals for a revised curriculum, and the impact this will have on the teaching of health education. At primary school level 'Personal understanding and health' is one of two strands comprising the new curricular area of 'Personal development'. This strand embraces a theme known as 'Health, growth and change' that involves pupils being helped to investigate options for a healthy lifestyle, including the benefits of physical activity, rest, healthy eating and hygiene, in order to make informed choices.



Learning for life and work

At post-primary level, health education will be covered through the 'Personal development' strand of the new learning area 'Learning for life and work', which is to be a statutory entitlement for all pupils at Key Stage 3. By the end of post-primary school, pupils should be able to identify the factors required to maintain a healthy lifestyle, and be able to undertake, monitor and evaluate their performance across a range of challenging physical activities which contribute to a healthy lifestyle. It is envisaged that the legislation necessary to implement the new curriculum will be in place by September 2006. In practice it will be phased in over a number of years to allow schools to plan for and implement the changes. There is also likely to be an increased level of piloting from September 2004.

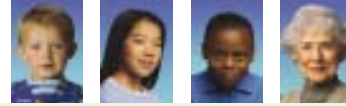
Physical activity programme of study

One of the challenges for the revised curriculum will be to engage those youngsters, who until now have been reluctant to participate in traditional forms of physical education or sporting activity, through the promotion of healthy exercise that embraces activities such as aerobics, yoga and dance. The new curriculum will continue to be set against the backdrop of a commitment within *Investing for Health* to enhance the status of health education within a revised curriculum and the Department's commitment to the Northern Ireland physical activity strategy.⁷

At present, the physical activity programme of study aims to provide pupils with opportunities to develop their skills, knowledge and understanding through participation in a range of physical activities and to experience success in order to reinforce a positive attitude to physical activity. To complement extra-curricular provision, a successful youth sport programme continues in many schools. Networks of primary and individual post-primary schools have increased the opportunities for pupils and young people to participate in extra-curricular sport and to receive specialised coaching. Through extending and developing links and partnerships, these networks have combined successfully with governing bodies of sport and district councils to increase the sporting opportunities for young people.

Drugs and alcohol education

The Department also continues to attach a high priority to tackling the increasing problem of the availability and use of illegal drugs, and schools have a major preventative role to play. Education about drugs, alcohol and other potentially harmful substances is, and will continue to be, another important



aspect of health education in schools. The Department is continuing to fund two full-time officers in each Education and Library Board area to address the development of drug education programmes in schools.

In May 2004, revised guidance developed by CCEA under the auspices of the Northern Ireland drugs and alcohol strategies was issued to schools to assist them with their responsibilities in this area. This includes advice on the drawing up of a drugs policy, the development of drug education programmes, and the handling of suspected incidents of substance misuse on schools premises.^{8, 9, 10, 11, 12}

Programme for school age mothers

During the 2002/03 school year, 80 young women were involved with the regional programme for School Age Mothers (SAM). In addition to operating at nine locations, one-to-one support is given to pregnant schoolgirls and school age mothers to complete compulsory schooling and to continue in education if they wish. A small summer scheme, and the continued use of posters and a website, helped make the programme more widely known, accessible and acceptable.

School meals

In recognition of the important role which the school meals service plays in helping to meet the long-term objective of a healthy nation, and as part of its contribution to the *Investing for Health* strategy, the Department has been engaged in developing compulsory minimum nutritional standards for school meals. The intention is to ensure that all pupils have access to a healthy, balanced meal each day by introducing better quality meals and choices for children.

The Department, in conjunction with the Health Promotion Agency for Northern Ireland (HPA), conducted a public consultation on this in 2001 and, as a result, a pilot scheme involving over 100 schools began in March 2004 to determine how best to introduce the standards and ensure the best chance of success. The pilot will run for three consecutive school terms until March 2005 and the schools will be monitored during the trial period. At the end of that period, the Department will decide on the best way forward.

Fit Futures

A further recent development has been the establishment of the taskforce initiative 'Fit Futures: focus on food, activity and young people'. This has come about in response to concerns that more children and young people are becoming overweight. The Department of Education is fully supportive of this initiative and is chairing the Fit Futures Steering Group.

See Page 23 of this update for more information on Fit Futures.

To summarise, education policy continues to be very much geared towards educating children about healthy eating, healthy lifestyle choices and encouraging participation in healthy activities that are enjoyable.

For further information please contact: Richard Cushnie, Principal Officer, Curriculum and Qualifications Branch, Department of Education, Tel: 028 9127 9540; Fax: 028 9127 9100; Email: richard.cushnie@deni.gov.uk or visit our website at www.deni.gov.uk

Article compiled by the Department of Education.

Left: Pupils from St Aidan's Christian Brothers Primary School, Belfast, discuss the healthy option with Gerry McGinn, Permanent Secretary of the Department of Education, and Deirdre Kenny, Head of Health Development Directorate, DHSSPS, at the launch of the school meals nutritional standards pilot scheme in March 2004.



Promoting mental health

A multi-agency implementation group has been established under the chairmanship of the Chief Executive of the Health Promotion Agency (HPA) to steer and oversee implementation of the Promoting Mental Health Strategy and Action Plan.¹³ The strategy includes actions grouped under four main areas:

- policy development;
- raising awareness;
- improving knowledge and skills;
- suicide prevention.

The group has come together on two occasions to provide advice and review progress on implementation of the strategy. A wide range of actions are being progressed by partnerships at local level. These include establishing a baseline of current activity in mental health promotion; depression awareness training within primary care; dealing with stress in the workplace; the provision of applied suicide intervention skills training (Assist); training/awareness raising for young people, families and communities; youth counselling; and suicide awareness campaigns, including cinema and TV advertising.

The implementation group is presently in the process of establishing a young people and education sub-group to advise on the implementation of those actions appropriate to the youth and education sectors.

For further information please contact: John Breen, Tel: 028 9052 0773;
Fax: 028 9052 0535; Email: john.breen@dhsspsni.gov.uk

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

A multi-agency implementation group has been established...to steer and oversee implementation of the Promoting Mental Health Strategy and Action Plan.

Tackling fuel poverty

It is estimated that 48,000 households across the Northern Investing for Health Partnership area are living in fuel poverty.¹⁴ When broken down by local council, as set out in Table 1, these figures highlight that many of the councils within the Partnership's area have the highest levels of fuel poverty in Northern Ireland, with Magherafelt, Ballymoney and Antrim being ranked first, third and fifth highest respectively

Fuel poverty is defined as 'a situation in which a household would have to spend more than 10% of its income on fuel to maintain an acceptable level of temperature throughout the home.'¹⁵ Low income, high fuel prices and poor energy efficiency measures within the home are recognised as the key factors that cause fuel poverty, with older people, people with a disability and families with young children being most vulnerable.

Table 1: Fuel poverty levels across the NHSSB area

Council	Number of fuel poor households	% of occupied households	Rank* (1 worst – 26 best)
ANTRIM	6,799	40.9	5
BALLYMENA	8,155	39.3	7
BALLYMONEY	4,070	45.4	3
CARRICKFERGUS	3,396	23.2	23
COLERAINE	6,520	28.6	17
COOKSTOWN	3,606	34.3	12
LARNE	4,396	35.7	11
MAGHERAFELT	5,690	46.7	1
MOYLE	2,170	36.2	10
NEWTOWNABBEY	10,038	32.7	15

Source: Published by NEA NI. Derived from Hansard (Fuel Poverty 20 October 2003) and the NI House Condition Survey 2001

* Rank is based on performance across all Councils in Northern Ireland

Fuel poverty steering group

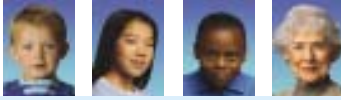
Through the Northern Investing for Health Partnership, significant progress has been made in facilitating key organisations locally to come together to consider how they can work collectively to tackle the issue of fuel poverty in a planned and coordinated manner. This has required a significant shift in thinking by some organisations which previously would not have considered the issue relevant to their organisation.

In taking this work forward, the Northern Partnership has established a fuel poverty steering group, consisting of representatives from the voluntary, community, statutory and private sectors. The purpose of the group is to build on the learning from previous fuel poverty pilot projects undertaken across Northern Ireland and agree a way forward that would address the issue in a holistic and integrated way, utilising mainstream resources where possible.

Fuel poverty strategy

As a first step, the steering group has commissioned Nation Energy Action Northern Ireland (NEA NI) to develop a locally focused fuel poverty strategy. This will provide a framework within which future actions can be determined.

A key element in the development of the strategy has been the opportunity to engage directly with senior representatives from a wide range of local organisations, including Health and Social Services Trusts, the Social Security Agency, local councils and community networks. This approach has been crucial in enabling the steering group to build high level ownership and commitment for the strategy.



Workshop

As part of the consultation process, a major workshop was held in June 2004. This provided an opportunity for all organisations to consider collectively how the consequences of fuel poverty impacted on their organisations, what role they may have in helping to address the issue, to identify any barriers they felt needed to be overcome and identify opportunities for moving forward. The output from the workshop will play a key role in helping to shape the final strategy and action plan.

In addition to the development of the strategy, a number of related initiatives have also been supported by the steering group that will contribute to tackling fuel poverty locally.

- Under the Northern Neighbourhood's Health Action Zone, several individuals within participating estates have received training from NEA NI on energy efficiency and support that is available to address fuel poverty. Following their training, participants will organise an energy efficiency event in their estate to highlight the issue to the wider community. Individuals who complete the initial training will also be encouraged to continue and complete the NEA/City and Guilds Energy Awareness 6176 qualification, enabling them to continue to advise vulnerable people within their community.
- In light of the high levels of fuel poverty in the Magherafelt Borough Council area, local councillors established a group to identify possible actions that could be taken to address the issue. Through the Northern Investing for Health Partnership, the group has been facilitated in engaging a wide range of expert advice and commitment from key partners. A detailed proposal that will seek to address the issue in a holistic and integrated manner over the coming five to seven years has now been prepared. Partner organisations have now formally endorsed the proposal and funding is being sought to move it forward.
- Antrim Local Strategy Partnership has established a sub-group focusing on addressing fuel poverty in the local area. As a first step, this group will seek to promote the issue of fuel poverty and support that is available using local networks and communication channels.

In taking forward its work on fuel poverty the Partnership has been working closely with the Department of Social Development (DSD) which is finalising a regional Fuel Poverty Strategy. It is recognised that the integrated and coordinated approach being modelled by the Partnership will help inform the DSD's thinking in relation to how it could effectively roll out the implementation of the regional strategy.

For further information please contact: Stephen Murray, Tel: 028 2566 7638;
E-mail: stephen.murray@nhssb.n-i.nhs.uk or visit our website at www.northernifhpartners.co.uk/

Article compiled by the Northern Investing for Health Partnership.



At the 'Tackling Fuel Poverty' conference held in the Ross Park Hotel in June are, from left, Majella McCloskey, NEA; Noel Rice, NIHE; John MacIntyre, Carrickfergus Borough Council; Roy Beggs, MLA Carrickfergus Borough Council; Hilary Johnston, Northern Investing for Health Partnership; Bill MacLaren, DCI Energy Control; and Christina Beglin, voluntary worker NIHE.

Working in settings

Health Promoting Schools

Health Promoting Schools is an *Investing for Health* partnership that aims to enable schools to provide an environment where the health and wellbeing of all staff and pupils are supported, in partnership with family, community and external agencies.¹⁶

The past year's activities have focused on partnership working at a regional and local level; supporting the schools to achieve the criteria for the local recognition scheme; a regional evaluation of the initiative; and the development of a database of good practice.

Partnership working

The regional Health Promoting Schools partnership is facilitated by the Health Promotion Agency (HPA) and brings together representatives from health and education. A key role of this group during the past year was to work towards sustainability in funding and the development of a school recognition scheme.

The regional and local partnerships celebrated the achievements of the participating schools by developing a local recognition scheme that required schools to meet a set of minimum criteria. The scheme is based on the principle that schools work towards becoming a health promoting school, and recognises that a school has achieved the first three stages in the process.

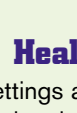


The Department of Health, Social Services and Public Safety (DHSSPS) considered the partnership's proposal based on the success of the first two years of the initiative, and secured additional funding in the 2004/05 financial year to take the initiative forward.



Regional evaluation

Research was commissioned to assess the effectiveness of the Health Promoting Schools initiative and to inform future work. Initial findings from the regional evaluation show that it has contributed to team spirit and shared vision within participating schools.



Health Promoting Hospitals

The settings approach to improving, protecting and promoting health acknowledges the influence of the setting, ie hospital, school or workplace, in which people live, learn, work and use different services, while recognising the relationship between the organisation and personal factors.



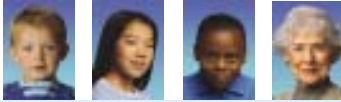
The concept of a hospital as a setting for the promotion of health means that it can incorporate into its culture, and daily work activity, actions which support staff, patients, families and the wider community who link with the hospital.

Healthy organisations

The concept originated through the work of the World Health Organization (WHO) in 1986 and has developed in Northern Ireland since 1996. As major employers, hospitals are ideally placed to lead the field in becoming healthy organisations which influence the working conditions of staff. As centres of medicine and care, research and professional development, hospitals influence a wide range of health professionals, other health organisations and the general public.

HPH Network

From the first pilot Health Promoting Hospital (HPH), established in Northern Ireland by Altnagelvin Hospital to the present participation of 13 hospitals, there has been commitment to the development of hospitals as healthy settings for people to live and work. The HPH Network has enabled participating hospitals to learn from and support each other in this work and has proposed the development of a strategy to further develop support and investment.



In July 2003, the DHSSPS commissioned the HPA to provide a programme which would support the activities of existing HPH network members, to develop interest from non-participating hospitals, and to develop training, research, policy and action to highlight and strengthen the contribution of hospitals to health improvement. The HPA will also be linking with the Network in Northern Ireland, the Republic of Ireland and with other UK countries to ensure that effective practice is developed and shared in Northern Ireland. A coordinator for this developing programme of support was appointed during the year.

Health Promoting Workplaces

Work is a key part of our lives and can provide a sense of wellbeing, purpose, social contact and status as well as income. Forward-looking employers can recognise the link between the control of risks, the general health of employees and the very core of the business itself.

With an estimated total annual cost of work-related injuries, ill health and non-injury accidents in Northern Ireland as much as £500 million, the workplace is a key setting for promoting health.¹⁷

Until recently, most workplace health and safety policies were primarily concerned with physical safety issues and accident prevention. There is now a need to raise awareness about how employers can contribute to promoting the health of their workforce.

Working for Health strategy

The *Working for Health* strategy, published in March 2003, stresses that 'a work culture that protects, promotes and supports health and wellbeing' will create an environment in which businesses can thrive.¹⁸

The strategy has five programme action teams (support, awareness, compliance, rehabilitation and intelligence) each of which has developed action plans to drive forward the different elements of the strategy.

A workplace health strategy implementation group representing all the key stakeholders is overseeing the roll out of the strategy and coordinating the work of the programme action teams.

Work Well

A health promoting workplace coordinator was appointed by the HPA to develop a health promoting workplace initiative, Work Well. The initiative supports one of the key actions identified by the working for health strategy's awareness programme action team. It aims to test and develop approaches to workplace health and provide examples of good practice for small businesses throughout Northern Ireland.

It is funded jointly by the Health and Safety Executive for Northern Ireland through the workplace health strategy for Northern Ireland and the DHSSPS through *Investing for Health*.

Twenty workplaces (each with between 10 and 50 employees) were recruited from a wide variety of sectors to participate over a one year period. Each workplace will complete a needs assessment of their workplace and employee health needs. Following this they will develop a health action plan for their business or organisation.

Article compiled by the Health Promotion Agency for Northern Ireland (HPA)



Work Well employers and representatives who attended the first Work Well network meeting at HPA premises.

Working for health

On 8 April 2003, Bruce Robinson, Permanent Secretary of the Department of Enterprise, Trade and Investment (DETI) launched the workplace health strategy for Northern Ireland, *Working for Health*.¹⁹

Workplace health strategy

Working for Health is a long-term and cross-cutting workplace health strategy for Northern Ireland which has as its vision 'a work culture that protects, promotes and supports health and wellbeing'. *Working for Health* fully complements the public health strategy *Investing for Health* which identified the workplace as a priority setting for tackling health issues and health inequalities.

In May 2003, a workplace health strategy implementation group and five programme action teams were established to drive the strategy forward and to ensure that efforts are targeted at those areas needing it most.



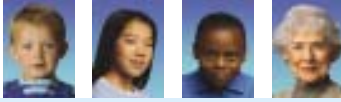
At the launch of the *Working for Health* strategy are, from left, John Agnew, Chairman of the John Henderson Group; Jim Keyes, Chief Executive, HSENI; Bruce Robinson, Permanent Secretary, DETI; and Liam McBrinn, Chair of HSENI and Workplace Health Strategy Implementation Group.

Formal partnerships

The implementation group and associated teams are formal partnerships involving government departments, district councils, health professionals, employer organisations, the Federation of Small Businesses, trade unions and other organisations. There are 56 individuals, representing 35 organisations, formally involved in taking the strategy forward, which in itself demonstrates the level of support for and commitment to the strategy and what it is aiming to achieve.

Liam McBrinn, Chairman of the Health and Safety Executive (NI), was formally appointed by Ian Pearson, former DETI Minister, to chair the workplace health strategy implementation group. The group is responsible for overseeing and coordinating the key areas of the strategy: support, awareness, compliance, rehabilitation and intelligence. Specific work in each of these five key areas is being led by a programme action team. The aims of these action teams are as follows:

- the aim of the support programme action team is to identify mechanisms for the provision of readily accessible and cost effective occupational health support;
- the awareness programme action team aims to improve the levels of awareness of work-related health matters throughout all work sectors in Northern Ireland and at all levels within organisations;
- the compliance programme action team aims to improve compliance with the law in relation to workplace health;
- the rehabilitation programme action team aims to ensure that, where appropriate, all workers who are out of work because of illness are encouraged to return to work as quickly as possible;
- the intelligence programme action team aims to develop robust intelligence collection mechanisms which will allow ongoing evaluation of the effectiveness of the strategy.



Since their establishment, each of the five programme action teams has worked diligently to draft proposed action plans. The workplace health strategy implementation group held an interactive workshop in September 2003 for all key stakeholders and this provided an excellent forum for the sharing of information and for progressing the work of the action plans.

Goals and priorities

It is planned to publicly launch a final agreed action plan this autumn which will set out clear goals and priorities for each programme action team. The following are examples:

- The support programme action team will develop, 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). This will provide a sound evidence base for identifying cost effective measures for the provision of occupational health support.
- The awareness programme action team will further pilot the new health promoting workplace initiative, Work Well. Twenty small businesses in Northern Ireland are to take part with the aim of improving the health of both employees and employers.
- The compliance programme action team will develop a consistent approach to the enforcement of priority workplace health issues by all health and safety enforcement bodies within Northern Ireland.
- The rehabilitation programme action team will undertake an assessment of the current level of workplace rehabilitation in Northern Ireland and accessibility for SMEs. The result of this will assist in providing a pathway for the future of rehabilitation services within Northern Ireland.
- The workplace health strategy recognises the current lack of accurate baseline data on the extent of workplace ill health in Northern Ireland and, therefore, the intelligence programme action team will develop robust collection mechanisms which will allow ongoing evaluation of the effectiveness of the strategy.

There has also been significant progress made in the development of a Working for Health website which went live during the summer of 2004. The website will provide a means to highlight key developments regarding the strategy and will provide workplace health information and reference sources for Northern Ireland employers and employees.

For further information please contact: Donna Giboney, Working for Health Manager, Tel: 028 9054 6875; Fax: 028 9054 6811; Email: donna.giboney@detini.gov.uk or visit our website at www.workingforhealthni.gov.uk

Article compiled by Department of Enterprise, Trade, and Industry

Since their establishment, each of the five programme action teams has worked diligently to draft proposed action plans.

Health and deprivation - a neighbourhood-based solution

The link between poor health and deprivation is well documented. The health of many people has been blighted by the consequence of social, economic and physical disadvantage associated with where they live. Tackling health problems caused, or contributed to, by deprivation will not be easy. A quarter of a million people - or one in seven of Northern Ireland's population - live in seriously deprived parts of our cities and towns. Many of these people do not enjoy the health they should because of the areas in which they live. Problems combine to create a vicious cycle of decline.

Often those most in need of health and other services are those who have the greatest difficulty accessing them.



It is only through harnessing the resources and efforts across the public sector and working with the communities, business interests and the voluntary sector that the health problems experienced by so many in our community can be effectively challenged.

The *Neighbourhood Renewal Strategy* is an area-focused approach that targets the top 10% of the most deprived areas in Northern Ireland.²⁰

It represents a major shift away from short-term funding programmes towards a more planned assessment of and response to local need. Using the Noble Index of multiple deprivation, 32 Neighbourhood Renewal Areas have been identified for accelerated development.²¹ The combined efforts of government departments and

agencies working in partnership with local communities will be deployed to improve economic activity, produce better social conditions and healthier lifestyles. The intention is to achieve a stronger capacity in deprived neighbourhoods to contribute to decision making, more effective and integrated public services and safer, more attractive, living conditions.

Effects of deprivation on health

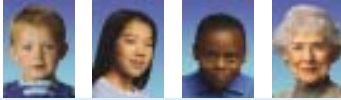
Over the past 10 years Northern Ireland has become more peaceful and prosperous. However, not everyone has benefited from peace and economic progress. There remain many places where the economic stresses of unemployment and low incomes are closely linked to social problems such as poor health, low levels of educational achievement and high levels of crime.

As a child living in a Neighbourhood Renewal Area you will be more likely to have an unhealthy diet, experience tooth decay and die prematurely. As an adult you will be more likely to suffer mental strain, addiction to prescription drugs and alcohol and ill health due to fuel poverty. Life expectancy in the most deprived areas is lower than the average for the rest of Northern Ireland by more than three years, and it is often the case that those in most need of health and other services are those who have the greatest difficulty accessing them.

Lessons learned

Urban regeneration schemes are not new to Northern Ireland and much good work has been achieved in the past. However, effective regeneration requires joined-up delivery by the public sector. There has been some success in this area with programmes such as Making Belfast Work and the Londonderry Regeneration Initiative, but more needs to be done.

There has also been much progress in the area of community involvement. It is widely accepted now that regeneration schemes and projects that have the greatest impact on the quality of life in disadvantaged areas involve the active participation of those communities.



Many of the urban regeneration tools employed in the past have been very powerful but the project-led, short-term focus often did not produce a lasting impact. It is now recognised that a long-term, programme-based approach addressing defined needs will have a more sustained impact. The *Neighbourhood Renewal Strategy* is based upon a 7-10 year timescale ensuring that there is a sufficient period to ensure a lasting impact.

Lessons learned from other regions of the UK and the Republic of Ireland have been valuable in establishing the model for Neighbourhood Renewal in Northern Ireland. Although implementation methods differ, it is generally accepted that taking an area-based approach to tackling endemic social deprivation is the most effective means of targeting our most deprived communities. It is also recognised that the involvement of local communities is central to the success of any urban regeneration programme.

Next steps

In July 2004 the Minister for Social Development, John Spellar MP, announced the 32 areas that have been chosen for special treatment under the *Neighbourhood Renewal Strategy*. The areas identified as suffering from the most severe multiple deprivation include 13 neighbourhoods in Belfast, four in Londonderry and 15 in other towns and cities, all of which are in the top 10% of the most disadvantaged areas in Northern Ireland.

Some of the 32 local partnership boards that will drive the *Neighbourhood Renewal Strategy* have already been set up and the others will be set up in the coming months. They will establish the needs of their particular area and help channel resources to meet those needs. Some of the improvements residents of the areas may experience will be better access to health services, initiatives to lower crime in their area, improved education standards or more things for young people to do.

It is now recognised that a long-term, programme-based, approach addressing defined needs will have a more sustained impact.

For further information please contact: Martin McDermott, Tel: 028 9053 8385;
Email: martin.mcdermott@dsdni.gov.uk

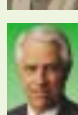
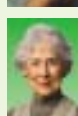
Article compiled by the Department for Social Development.

Road traffic collisions and road safety education

Addressing objective six of the *Investing for Health* strategy which states 'To reduce accidental injuries and deaths in the home, workplace and from collisions on the road' the *Northern Ireland Road Safety Strategy 2002-2012*, published in November 2002, sets several casualty reduction targets.²²

- A 33% reduction in the numbers killed or seriously injured by 2012, from a base of the annual average for the period 1996-2000;
- a 50% reduction in the numbers of children killed or seriously injured by 2012.

There will be three-yearly reappraisals of the targets and the key measures introduced to deliver them to ensure that the strategy remains effective and dynamic.



The first *Northern Ireland Road Safety Strategy Annual Report*, issued in August 2004, shows progress to date towards achieving the strategic objectives and casualty reduction targets contained in the strategy.²³ There will be three-yearly reappraisals of the targets and the key measures introduced to deliver them to ensure that the strategy remains effective and dynamic. The first review will be carried out in 2006.

Anti-drug driving campaign

A new anti-drug driving campaign was launched in January 2004 in association with the Police Service of Northern Ireland. The campaign entitled 'Smashed' carries

the catchline, 'You'll get smashed if you drive on drugs' and aims to raise awareness of the drugs driving problem, the consequences of driving while under the influence of drugs, and highlights police enforcement action and what can happen if you are caught.

Cycling Proficiency Scheme

Following a review of the Cycling Proficiency Scheme, a range of new and updated education and training resources has been produced, including materials on DVD. These new resources will help children develop as safe and careful cyclists, able to deal with today's traffic environment. The scheme is being sponsored and promoted by supermarket group Centra.

Mobile phone legislation

From 1 February 2004 it became an offence in Northern Ireland to use a hand-held mobile phone while driving. This mirrors the law introduced in Great Britain on 1 December 2003. The offence attracts a £30 fixed penalty or spot fine, or a fine of up to £1,000 on conviction in court. The introduction of this new legislation received widespread media coverage and the Department of the Environment promoted the message, 'Kill the call before it kills you'.

For further information please contact: Brian Moore, Road Safety and Vehicle Standards Division, Department of the Environment, Clarence Court, 10-18 Adelaide Street, Belfast, BT2 8GB. Tel: 028 9054 0612; Fax: 028 9054 0681; Email: brian.moore@doeni.gov.uk or visit our website at www.doeni.gov.uk/roadsafety

Article compiled by the Department of the Environment.

Smoking - what has been achieved?

A multi-agency group has been established under the chairmanship of the Chief Medical Officer to oversee implementation of the *Five Year Tobacco Action Plan*, published in June 2003.²⁴ Department of Health, Social Services and Public Safety (DHSSPS) officials meet regularly with key personnel to discuss how best to deliver the action points set out in the plan. The implementation group has met on two occasions to date in order to review progress.

The introduction of a ban on smoking in the workplace in the Republic of Ireland has brought a sharper focus to this issue across the United Kingdom. The DHSSPS has commissioned research on the extent of public support for smoking prohibitions and/or restrictions here. While 70% of those surveyed said they would support a ban on smoking in indoor public places, support for smoke-free provision in various settings ranged from 82% in hospitals and 53% in cafes and restaurants, to 34% in pubs and bars.²⁵ The DHSSPS intends to repeat the survey in late 2004 or early 2005.

Smoke-free facilities

The Tobacco Action Plan acknowledges that the Northern Ireland Civil Service and the Health and Personal Social Services, as two of the largest employers here, are well placed to lead in the provision of smoke-free facilities. All Northern Ireland government departments and the Northern Ireland Office (excluding prisons) will become smoke-free with effect from 1 January 2005. The DHSSPS is working with Health and Personal Social Services, local councils and others to promote the wider introduction of smoke-free policies.

In the 2003/04 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 to quit. During the 12 month period ending on 31 March 2004, the helpline processed 5,572 interactive calls.

For further information please contact: Jim Gibson, Tel: 028 9052 0773;
Fax: 028 9052 0535; Email Jim.Gibson@dhsspsni.gov.uk

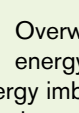
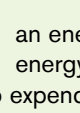
Article compiled by Health Promotion Team, Department of Health, Social Services and Public Safety.



Fit Futures: focus on food, activity and young people

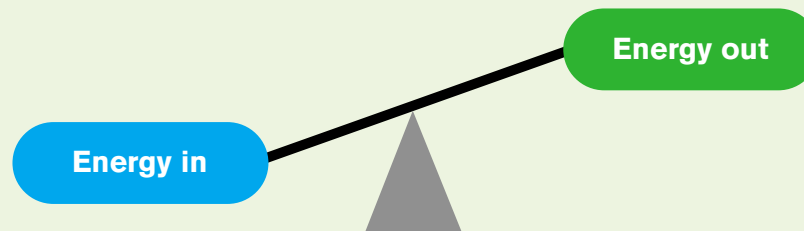
A recent analysis of children's height and weight, recorded as part of the primary one health appraisal by the Public Support Analysis Branch, Department of Health, Social Services and Public Safety (DHSSPS), revealed that one in five boys and one in four girls in Northern Ireland are overweight or obese in primary one. Studies elsewhere in the UK and Ireland have also reported rising levels of overweight and obesity in children and young people. In England, levels of obesity in 6 to 15 year olds are reported to have trebled between 1990 and 2001.²⁶

Increasing levels of overweight and obesity present a serious threat to the long-term health and wellbeing of both children and adults.



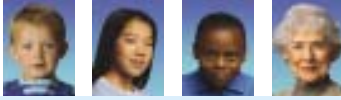
Being overweight or obese increases the risk of Northern Ireland's biggest killer diseases - coronary heart disease and cancer - as well as diabetes, high blood pressure and osteoarthritis. It can also have a direct impact on the self-esteem and emotional wellbeing of children and young people. Increasing levels of overweight and obesity therefore present a serious threat to the long-term health and wellbeing of both children and adults.

Overweight and obesity occur when an individual takes in more energy than they expend. The direct cause of obesity is, therefore, an energy imbalance caused by some combination of taking in too much energy through the food and drink we consume and not taking sufficient physical activity to expend the energy consumed. Some people are genetically more susceptible to weight gain.



However, the recent report of the House of Commons Health Select Committee cited numerous underlying factors which, the committee felt, contributed to overweight and obesity.²⁷ These included:

- increased consumption of high calorie, energy dense foods;
- increased levels of TV watching and use of games consoles;
- advertising and promotion of an unbalanced diet;
- increased automation;
- availability of convenience foods;
- cost of healthy food options;
- inadequate cooking skills;
- transport and planning decisions.



The Ministerial Group on Public Health, chaired by the Minister for Health, Social Services and Public Safety, Angela Smith, has responded to the rising levels of overweight and obesity by establishing an interdepartmental taskforce to examine options for preventing the development of overweight and obesity in children and young people. The taskforce initiative, called 'Fit Futures: focus on food activity and young people', will concentrate on finding ways to tackle the underlying causes of obesity, namely inappropriate eating patterns and food intake and insufficient physical activity. The taskforce is expected to make recommendations on priorities for action to the Ministerial Group before the end of 2004.

In announcing the taskforce, the Minister described Fit Futures as "an attempt to involve and engage with those who know best about what can be done to encourage and support children and young people to be more active and to eat a healthy, balanced diet".

A steering group for the taskforce has been established, involving the departments and agencies with lead responsibilities in relation to the prevention of overweight and obesity in children and young people. This group will manage a process of involving and engaging the wide range of organisations and sectors with an interest in this issue.

The underlying reasons for the increasing levels of overweight and obesity are many and complex. Therefore, interests well beyond the health field will be involved in Fit Futures, including businesses, schools, local government, transport, planning, and sports, activity and play organisations. Fit Futures will also involve speaking directly to over 300 children and young people and their parents.

As part of the Fit Futures process, organisations and groups will firstly be asked to identify what's already being done to tackle overweight and obesity in children. For example, initiatives to introduce compulsory nutritional standards for school meals and to provide fresh fruit to children in primary one and two are being piloted. Initiatives have also been established to improve cooking and nutritional skills and to assist people working with children to encourage play and active lifestyles.

Fit Futures will be seeking to find out how to make existing policies and programmes more effective in terms of preventing overweight and obesity and to identify what more needs to be done to address this issue over the long-term.

Anyone who would like to be involved in Fit Futures can send their views on what should be done to support and assist children and young people to be more active and eat a healthy, balanced diet to the taskforce's support team in DHSSPS. You can also find out more about Fit Futures on the Investing for Health website www.investingforhealthni.gov.uk/fitfutures.asp

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 our website at www.investingforhealthni.gov.uk/fitfutures.asp

Initiatives have also been established to improve cooking and nutritional skills and to assist people working with children to encourage play and active lifestyles.

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

Engaging with communities

The emphasis within the Eastern area 'Wellnet' partnership has been to create a local focus on the implementation of the *Investing for Health* strategy. As a result, a network of local partnerships has been established across the four key geographical areas of Down Lisburn; North Down and Ards; North and West Belfast; and South and East Belfast.



Employees of the East Down Rural Community Network, from left, Nicholas McCrickard, Network Manager; Ann Campbell, Administrator; Lise Curran, Community Development Worker, Ballynahinch, Crossgar and Killyleagh areas; Pauline O'Flynn, Community Development Worker, Greater Downpatrick and Lecale, Ardglass and Strangford areas; Kathy Brennan, Community Development Worker, Castlewellan, Dundrum, Kilcoo and Newcastle areas.

Building capacity

The focus for these partnerships has been to begin a process of developing targeted responses that are designed to address local needs, opportunities and priorities. 'Building capacity for *Investing for Health*' both within communities and across partner organisations is a key element in the response to the challenges and opportunities created by the *Investing for Health* strategy within the Eastern area.

The strategy identifies the fact that those living in disadvantaged circumstances experience significantly more illness and disability, have a poorer quality of life and often die younger than those experiencing fewer disadvantages. Working in partnership with local communities is therefore central to the Eastern area approach of bringing about positive change in health and wellbeing in favour of those who have traditionally benefited least.

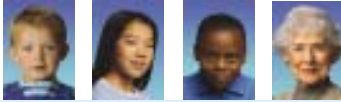
Creating the climate

In seeking to create a climate within which communities are full partners within the agenda for health improvement, the focus has been to:

- directly invest in the creation of a network of community health development workers where this resource does not currently exist;
- increase the emphasis on community development approaches across the partner organisations within the Wellnet partnership;
- invest in the provision of education, training and support in community development and health practice.

This approach has resulted in:

- the employment of 11 new community health development workers during 2003-2004 with plans in place to secure five other posts during 2004-2005;
- the securing of commitment and support from other partners such as local community networks, the Department of Social Development's Neighbourhood Renewal Programme, Local Strategic Partnerships, Local Health and Social Care Groups, Health and Social Service Trusts and local councils to this approach;
- the provision of support to both the Belfast Healthy Cities Network for an education and training programme on addressing health inequalities and the Community Health Network for Northern Ireland for education and training support in community development and health practice.



Employees of the Health Development Team, Down Lisburn Health and Social Services Trust, from left, Aidan Best and Caroline McGrath, Lisburn City area; Martin Devlin, Colin area, Wendy McDowell, Aghalee, Dromara, Hillsborough and Glenavy areas, and Mary Barnes, Dunmurry area.

Community health development

The creation of a network of community health development workers is a critical element of the Eastern Area wide approach. They are focused on supporting communities to work towards improving their health and wellbeing. The development of this network has been realised as a direct result of both the Investing for Health resources available and the very significant commitment of a range of key partners previously mentioned.

The work of the community health development workers is focused within specific geographical communities and aims to engage key groups and populations which experience particular disadvantage and exclusion. They provide a vital resource in supporting communities to:

- identify their needs and priorities;
- develop the confidence, capacity, knowledge and skills to address their own needs;
- participate fully with partners in the design, development and delivery of local programmes and initiatives;
- realise new investment and resource for their area;
- maximise their involvement in the planning and priority setting of local groups and organisations.

Engaging in a meaningful way with local communities, whilst in parallel working with partner organisations to respond to the needs and priorities of local communities, is the cornerstone of the Eastern area Wellnet partnership's approach to improving health and wellbeing and of addressing the health inequalities that exist within our society.

For further information please contact: Chris Totten, Tel: 028 9266 5181;
Email: chris_totten@DLtrust.n-i.nhs.uk or visit our website at www.wellnet-ni.com/

Article compiled by the Eastern Investing for Health Partnership.

Engaging with people

The purpose of the Southern Investing for Health Partnership is 'to work together to gain a better understanding of the health and wellbeing of our population and new ways of thinking and working to improve it'. To achieve this, the partnership has supported a number of projects which focus on engaging with local people to help them improve their health. These include:

Volunteering to make a difference

The partnership has been encouraging people to get involved in delivering health and social care in their local areas. In Armagh and Dungannon, local volunteer Oliver helps at his local Resource Centre, accompanying clients to and from the centre, assisting with arts and crafts, and maintaining the garden. He says, "I really enjoy meeting new people and keeping the clients in craic." In Craigavon and Banbridge, volunteers work in a befriending scheme for

older people and in a summer scheme for children with visual impairment. In the Newry and Mourne area, volunteers support patient activity programmes in the local hospital.



Driver Clive Richardson looks on as Passenger Assistant Lena Telford lends a hand to passengers Martha Dodds and Margaret Johnston.

On the buses!

The partnership has funded two passenger assistant posts, giving older people and people with disabilities in Armagh and Dungannon areas more assistance to get on and off community transport buses. This service provides accessible and flexible transport for people who might otherwise be excluded from social and health opportunities. One user says, "The passenger assistant makes it easier for me to travel on my own in the minibus - she helps me on and off and walks me into the doctor's surgery."

Working with young people

The St John Bosco Youth Centre in the heart of Newry is committed to working with marginalised young people. Working with a range of other agencies and organisations, but particularly with young people themselves, the centre has developed drug and alcohol

education programmes. This has included giving young people skills in communication, presentation and through group work, opportunities to dispel myths, challenge stereotypes and stimulate discussion on the range of issues associated with alcohol and drug misuse.

Working with families

The Women and Family Health Initiative aims to meet the needs of disadvantaged families and individuals living in the rural community of south Armagh. The partnership has supported the initiative and given it an opportunity to share its learning and experience across the entire southern area. Central to the project is active participation and, by using consultation and information sharing, families are encouraged to join in an ever-increasing range of activities from social programmes, self help/support/advocacy programmes, stress reduction, physical activity and lobbying.



Oliver Daly making a difference in his community through the volunteer scheme organised by Armagh and Dungannon HSS Trust in partnership with the Armagh Volunteer Bureau. Looking on are Lisanally Resource Centre clients, Christy McGeown, James Cassells, James Brown, and Care Assistant Errol McNally.

Creating a local support service

This project seeks to support and empower local communities in the Newry and Mourne area to contribute to their own health and wellbeing by targeting potential causes of trauma within their communities.

All of these projects and many others have been supported with the aim of contributing to achieving the Partnership's vision, namely: working together for an improved life for all.

For further information please contact: Lyn Donnelly, Investing for Health Manager, Tower Hill, Armagh BT62 9DR. Tel: 028 3741 4606; Fax: 028 3741 4634; Email: helengi@shssb.n-i.nhs.uk or visit our website at www.southernifh.com

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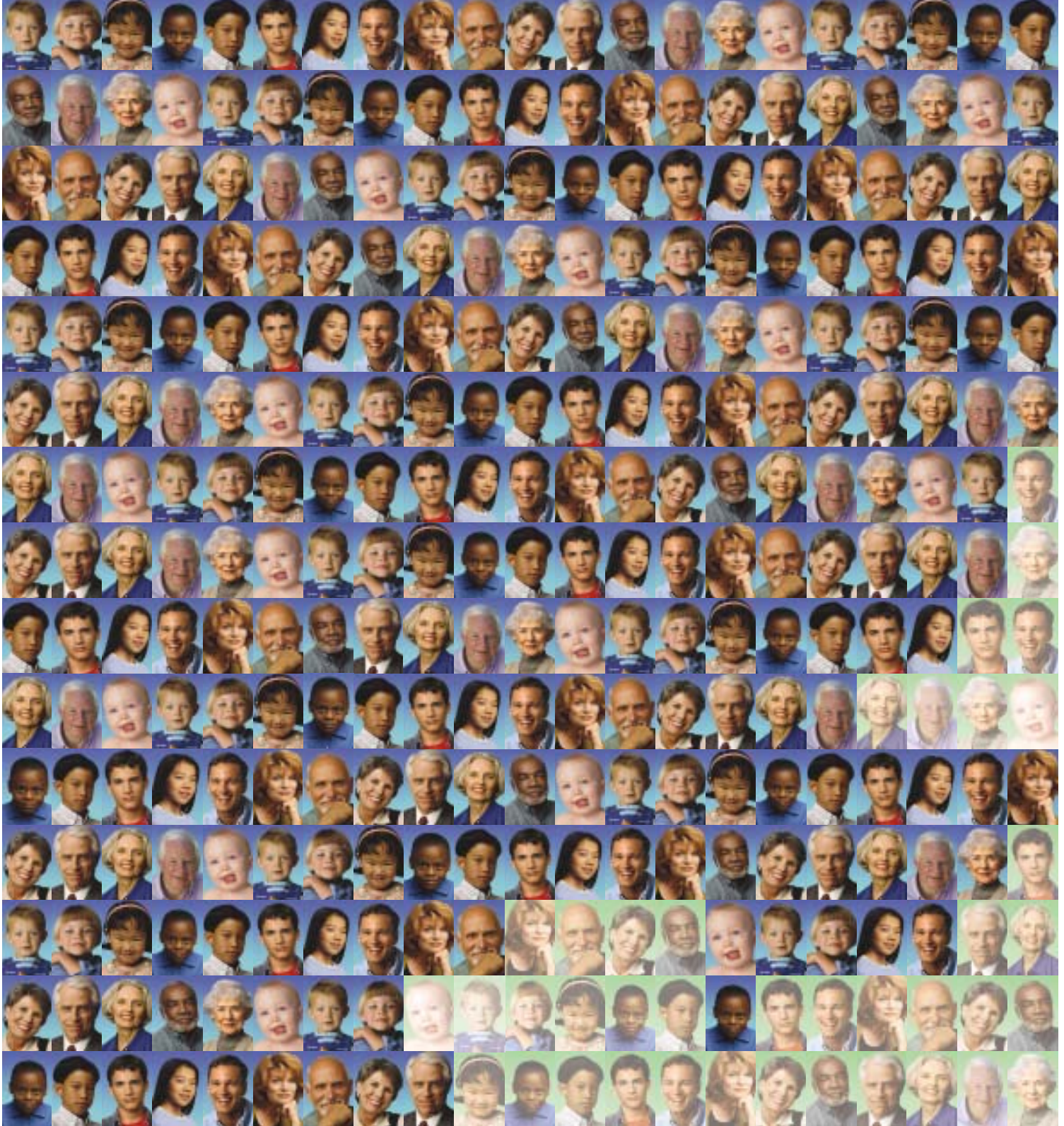
Health Promotion Agency for Northern Ireland on behalf of the Department of Health, Social Services and Public Safety

For further information please contact:

Investing for Health Team
Room C.4.22
Castle Buildings
Stormont
Belfast
BT4 3SQ

Tel: 028 9052 2133

Email: publichealth@dhsspsni.gov.uk
Website: www.investingforhealthni.gov.uk



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agus Sábháilteachta Poiblí**

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