Belfast
A World Health Organization
Healthy City

Healthy Cities 21st Century

Transforming Your Care: Vision to Action
A consultation document

Response from Belfast Healthy Cities

1. About Belfast Healthy Cities: Belfast is a leading member of the World Health Organization European (WHO) Healthy Cities Network, which has a membership of 98 cities, and has a strong track record of delivering the WHO goals and objectives within each five-year phase. Belfast Healthy Cities (BHC) is an independent partnership organisation[1] that is responsible for delivering the WHO goals and objectives. It is supported by a small staff team dedicated to working with partner organisations and other stakeholders to facilitate and support change to improve health and wellbeing and address inequalities in health for people living and working in Belfast and beyond. BHC was invited in Phase V (2009-2013) to provide the WHO Secretariat function to the WHO European Healthy Cities Networks.

2. Role of Belfast Healthy Cities: The role of the organisation is through 'leadership and innovation, to inspire and utilise the collective and individual strengths of partners to deliver the WHO European Healthy City goals and requirements and maximise their impact on health and inequalities'. The focus of the global Healthy Cities movement is on the wider physical and social living conditions that shape health and wellbeing and creating conditions that support health and tackle inequalities.

In the current Phase V (2009 – 2013) the overarching aim for Belfast and all WHO European Healthy Cities, is Health Equity in All Local Policies, supported through the core themes of Healthy Urban Environment (including Climate Change and Health) and Healthy Living, (including Active Living and Wellbeing). It is within the context of BHC's role that this response is made. Whilst BHC welcome change that will bring improved integrated care and more effective use of resources, it is essential that resources allocated to prevention be maintained to deliver savings longer term. The response focuses on equity; governance for health and leadership.

3. Right to Health & Inequities: Outcomes & Principles

Right to health: A fundamental outcome and therefore principle of a health and social care policy should reflect a concerted effort across sectors and society to address inequalities in health and a right of all individuals to equal health and equal access to health and social care. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being[2] '*We want to see better health and equal well being for all, as an equal human right. Money does not buy better health. Good policies that promote equity have a better chance.*

[1] Belfast Healthy Cities Charity No XR14105, Limited Company No31042
[2] WHO Constitution, 1948

We must tackle the root causes of ill health and inequities through a social determinants approach that engages the whole of government and the whole of society'[3].

- BHC would suggest an additional principle to be reflected in the desired outcomes '*all citizens will have equal rights to health, and fair/equitable access to services and information according to their needs*'

Inequities in health: Where differences in health between groups in society are deemed avoidable, these are unfair, unjust and referred to as inequitable, *'health inequalities are fundamentally unfair and avoidable'*[4]. The evidence is that health inequities are the result of inequalities in the determinants of health and that health and social care are just one of a number of determinants. It is essential that the health and social care system play its role in tackling inequalities and that in implementing change it does not inadvertently exacerbate inequalities. Sir Michael Marmot suggested that for those in the health sector, reducing health inequalities takes work on three fronts:

- Making universal access to good quality care a reality
- Collaboration with other sectors
- Understanding and measuring outcomes

Whilst reference is made to 'Fit and Well' within TYC and to inequalities there is limited reference outside of Equality Impact Assessment and section 75. This is inadequate and the concept of equity within TYC requires significant development and in particular in relation to:

- **Population Plans**: Population health and wellbeing is one of the ten major areas for change. It is important that one of the core principles of Populations Plans is addressing inequalities in health and to ensure that this is integrated into all TYC programmes in a way that ensures equity. Without this focus, there is a risk that efforts to promote population health and wellbeing, at best do not reduce inequalities and at worst, increase them.

- **Social gradient/Progressive Universalism**: There is a social gradient[5] in health that runs from top to bottom of the socioeconomic spectrum. People from lower socio-economic groups are more likely to

[3] Dr Margaret Chan, Director General of WHO.
[4] Health 2020: a European policy framework supporting action across government and society for health and well being, World Health Organization, Europe 2012
[5] Wood, L., Giles-Corti, B (2006) Social determinants of health: Healthway review, Report prepared for the WA Health Promotion Foundation (Healthway). School of Population Health, the University of Western Australia, Perth

have worse health than those from higher social groups. Efforts to address inequalities by focusing only on the poorest and most deprived in society will not be effective in reducing inequities. It is necessary to take a holistic and systematic approach to address inequities in the whole of society (applying progressive universalism), something that is not reflected in Transforming Your Care or Fit and Well, the Public Health Strategic Framework consultation. The social gradient is particularly significant in determining health and wellbeing.

- **Health Equity in All Policies approach:** There is much in TYC that implicitly has the potential to address inequities, such as personal and public involvement, partnership working; early years and the target groups: older people; those living with long term conditions; mental health; learning disability and physical disability are not homogeneous and will experience varying levels of inequalities. The TYC team should consider adopting a health equity policy in all policies approach to the assessment of population plans. The prevention and early intervention approach needs to take account of inequalities in health outcomes and work to address these inequalities as TYC is implemented.

  The overall goal of WHO Healthy Cities in Phase V (2009-2013) is ‘health equity in all policies’ and currently BHC are working with a number of agencies/departments in the piloting of a Health Equity in All Policies approach to embed equity into policy and delivery[6]. We would strongly advocate such an approach, which is still a developing methodology, in the implementation of TYC. *Policies should actively pursue an equality of opportunity and promote social inclusion' by adding 'adopt a Health in All Policies (HiAP) approach'[7].*

- **Equity of Access to health and social care:**
  As Transforming Your Care is implemented, it is essential consideration should be given to ‘equity of access’. From a WHO perspective, this includes:

  - Equity of Treatment (i.e. for the same conditions, people can have the same access but not necessarily also the same treatment.)
  - Equity of Outcome (i.e. people can have same access, received the same treatment but because they are discharged into different social context, the health outcome can be unequal)
  - Equity of Cost (people can have different economic and even psychological cost to get access, treatment, etc.)

[6] The Health Equity in All Policies Case study paper can be accessed http://www.belfasthealthycities.com/publications.html

[7] WHO (2012) Social determinants: key concepts http://www.who.int/social_determinanst/teh commission/finalreport/key_concepts/en/index.htm h

Health as a major asset: an emphasis within the principles and desired outcomes of TYC should reflect health positively as an asset and as a major investment for human economic and social development and a vital concern to the lives of every single person, all families and communities. Poor health wastes potential, causes despair and drains resources across all sectors.

4. Leadership & Governance for/in health:

It is increasingly recognised that the major factors of ill health and the major assets for health are best addressed by engaging non-health sectors and actors through policies and initiatives at all levels of governance. Five types of smart governance are proposed for consideration by WHO[8]:

- Governing by collaborating
- Governing by engaging citizens
- Governing by mixing regulation & persuasion
- Governing through independent agencies and expert bodies
- Governing by adaptive policies, resilient structures and foresight

- Delivering TYC requires engagement of a number of sectors particularly within deprived communities. TYC should reflect the overall goal *'to improve the health and well-being status of all our people and to reduce inequalities in health through **leadership and intersectoral governance.'*** This would reinforce the imperative nature of effective leadership and intersectoral governance in maintaining and delivering health and social care reflecting the new WHO policy for Europe, the European Health 2020 Policy Framework, now accepted by all WHO European Health Ministers.

- **Governance for health** promotes joint action of health and non-health sectors, of public and private actors, of third sector organisations, of citizens for a common interest. In the 21st century, health is mainly about people and how they live and create health in the context of their everyday lives. This also reflects the health in all policies approach. TYC requires a governance approach – wicked problems require systems approach that involves a wide range of society and multiple levels of agencies and government.

  The World Health Organization policy document, Health 2020 indicates that '*successful governments can achieve real improvements in health if they work across government to fulfil two linked strategic objectives;*

  - *Improving health for all and reducing health inequalities*
  - *Improving leadership and participatory governance for health'*

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[8] WHO Europe, Governance for Health in The 21st Century, Ilona Kickbusch and David Gleicher

- **Leadership and innovation:** a significant cultural change is required to embed leadership and innovation across all levels delivering health and social care. Collaboration with the private, other public and third sectors will support this change. Changing the cultural to work across sectors at all levels in innovative ways is a huge challenge and further evidence of how this collaboration and achieving leadership across all levels should be integrated across TYC.

- **Capability and engagement:** Additional support is required to support those living with and experiencing inequalities in health to engage. Enabling people to have control over their own health and its determinant strengthens communities and improves lives. Without peoples active involvement, many opportunities to promote and protect their health and increase their well-being is lost.

- Building/releasing capacity to transform care will require ongoing leadership training with managers and other staff. Capacity building programmes for community and third sector leaders is also essential as their core role in delivering services.

Monitoring & Assessing TYC

Governance for health, innovation and leadership require new forms of evidence and monitoring, as does collaboration. Indicator frameworks require strong evidence and the chosen indicators should appropriately reflect the core issues, rather than relying on proxy measures based on current routine data. Many current indicators are process oriented, but may be less well suited to monitoring progress towards the desired outcomes. In many cases, the appropriate change may be an adjustment to the data collection process, rather than a wholesale redesign of system.

'Intelligence hub' can be supported by the third sector as well as the academic and public sector to provide evidence of what works. International evidence will also be core support.

Conclusion: Belfast Healthy Cities broadly welcome TYC but a focus on equity and in equity to access in TYC is fundamental if the change in desired health outcomes is to be achieved.