

Belfast Healthy Cities A Partnership for Creating a Healthy, Equitable and Sustainable City



Belfast
A World Health Organization
Healthy City



Making a difference Working for better health for everyone

Healthy Cities - a dynamic concept

As the World Health Organization (WHO) European Healthy Cities movement evolved, responding to new global strategies and to changing socio political, demographic and organisational contexts, the evolutionary process undertaken by the WHO European Healthy Cities Network was also mirrored within Belfast - we too adjusted to new regional and local contexts, policies, structures and trends in population health.

Healthy Cities is a dynamic concept, which has been influenced over time by new strategies and priorities; lessons learned from past experience; advances in the evidence base relevant to interventions that improve health and reduce inequalities and changes in political, policy and organisational environments.

Over the 30 years, Healthy Cities continued to evolve on the 'three constants':

- Focus on equity and the determinants of health - Healthy Cities from its inception emphasizes commitment to equity, to partnership based approaches for health improvement, to community participation and to policies and actions that address the root causes of ill health.
- Putting health on the political agendas and making links - Putting health on the political and development agendas and making strategic and organic links with other relevant initiatives within the city.
- Promoting partnership-based planning for health - A key and evolving appeal of healthy cities has been the notion of systematic and integrated planning for health development in the form of the city health development planning tool.

Belfast Healthy Cities has much to be proud of. Through membership of the World Health Organization, a number of new concepts introduced to the city through Belfast Healthy Cities are now mainstreamed, locally and regionally.

During the 30 years of Healthy Cities, government departments, public agencies and the voluntary and community sectors have had the opportunity to participate in WHO Europe subnetworks on: healthy ageing; health impact assessment; healthy urban planning; mental health; tobacco and active living. These have provided the opportunity to exchange knowledge and learning from colleagues within other WHO Healthy Cities and gain advice from experts within WHO, transferring models of practice from city to city as appropriate.

Much has been achieved but challenges remain: the gains in health for the people of Belfast are not evenly distributed across social groups and tackling socially determined inequalities requires policy makers to strengthen capacity to systemically act on the social determinants of health and reduce health inequalities.



Defining health and establishing partnerships for health

Good health is a precious asset. When we are healthy we can learn, work and support ourselves and our families. Investment in health reduces poverty and contributes to economic growth. Health and well-being are at the heart of all human development.

Our membership of the WHO European Healthy Cities Network has helped us gain a wealth of knowledge on health and well-being, and evidence on the determinants of health and their interdependent relationship.

From the very beginning of Healthy Cities, we created a partnership of key organisations, with local community representatives, to create better health and well-being for the people of Belfast. As a result, partnership working for improving health and tackling health inequalities was firmly established and led the way for *Investing for Health Partnerships* across Northern Ireland.

The good news is that we are all succeeding in improving health. Life expectancy and quality of life has improved over the thirty years and we are on track for a healthier Belfast, but progress is uneven and we must renew our efforts to tackle these inequalities, as well as emerging issues.

Improved health and well-being depend largely on political commitment, high level leadership and strong inter-sectoral mechanisms to address the many factors and determinants of health.

Strengthening the active engagement of communities in health was one of the three principles on which the Healthy Cities movement was founded in 1988. It is still a central element of today's framework – Participation is one of the '6 Ps' of the Phase VII (2019 – 2024) WHO European Healthy Cities framework. Community engagement is essential in defining local priorities and in informing local people and can act as a catalyst for change in local and national policy and actions, forming partnership between local and regional government, civil society and communities.

Community participation is promoted as a rights based approach to health and well-being and is a recognized dimension of public health work. Community input helps shape local action and supports the right to participate in decisions that affect their lives. It provides a voice to those that often go unheard. In 1986, the Ottawa Charter, signed at the first International Conference on Health Promotion, identified strengthening community action as one of the five key priorities for proactive health. Since then there have been both successes and setbacks, globally and locally. The actual capacity of communities to participate in defining and implementing health agendas can be limited by resource constraints, entrenched professional and social hierarchies, single focused action of individual agencies and public health models focusing on individual behaviours.

However, major successes in campaigns on health, environmental and education issues have been achieved locally and globally through community participation. *Community Participation Days* were a key aspect of the first phase of Belfast Healthy Cities, where local people came together to identify the key issues affecting their health in their local communities. The concept of community participation became widespread and accepted by public agencies and government departments alike.

Expansion of *Community Development approaches*, as part of *Delivering Together*, has been published in 2018 by the Public Health Agency, recognizing that community development has a strong contribution to make to reducing inequalities in health and in achieving health and well-being outcomes across Northern Ireland. Community development encompasses a longer term process that enables communities to: identify their own needs and action; take collective action; develop skills and confidence; challenge unequal power relationships and promote social justice, equality and inclusion to improve the quality of their lives and the community in which they live.



Community Participation Community Development

City Health Planning:

The Framework

Integrated planning for improving health and tackling inequalities

Belfast Healthy Cities has worked alongside government departments, public agencies, the voluntary and community sectors, as well as with local people to bring about improved health and well-being. In the early days, there was a strong focus on increasing understanding of health and health inequalities and the positive contribution that can be made towards better health and well-being.

The City Health Development Plan process demonstrated how collectively through a health partnership, a comprehensive picture of the city's specific and systematic efforts to improve health can be developed and efforts made to focus on inequalities in health. The plan drew on the numerous agencies, statutory and non-statutory, whose policies and activities influence health, and provided a framework for creating strategic partnerships for health, acknowledging that healthy public policy is more than the sum of individual partner contributions.

The process of developing the City Health Development Plan was a dynamic and complex process, involving extensive discussions with a wide range of individuals and sectors, each playing a role individually and collectively in the ultimate goal of making Belfast a healthy city. It was a means to develop a platform to encourage all sectors to focus their work on health and the quality of life.

The model was a significant learning experience for integrated planning for health processes and was later adapted by Investing for Health Partnerships in the development of their Health Improvements Plans. The same approach now forms the basis of Community Planning across Northern Ireland.



A map of Belfast, Northern Ireland, overlaid with numerous red and green circular icons. The red icons, each containing a white silhouette of a person, are scattered across the city, with a higher concentration in the central and eastern areas. The green icons, each containing a white star, are also distributed across the city, often appearing near educational institutions like schools and universities. The map shows major roads such as the A55, A50, and M2, and various landmarks including the Titanic Belfast, Queen's University Belfast, and several primary schools. The map is framed by a dotted yellow border.

Using data to increase understanding and target efforts

Presenting, collecting and analysing data from all sectors in a single document was critical in highlighting inequalities in health in the city, as well as increasing understanding of the factors that influence the health of populations. Belfast Healthy Cities publication, *A Statistical Profile*, one of the documents contained within the City Health Development Plan process, was the first document to highlight health inequalities across the health determinants.

The ability to work with partner organisations with a focus on key stages across life, from early childhood to adulthood, through to the last years of life, and including data on people who live in poverty and other vulnerable groups, emphasised the importance of getting a healthy start in life and the extra effort required by all sectors to invest to improve health in areas where people might otherwise get left behind.

A Belfast Healthy Cities report ten years later, *Divided by Health*, followed changes made and, whilst data demonstrated positive results in life expectancy and in areas of health determinants, such as educational attainment, limited change overall was visible with people living in poverty. The report also demonstrated that all too often older people live in some of the poorest conditions.

Later, with a focus on Healthy Ageing, investing in collating data on older people provided health and social care organisations with the information required to target services and address the needs of older people, particularly those living in poverty. An in-depth profile of older peoples social and living conditions was made available for the Eastern Health & Social Services Board areas, with an additional publication focusing on older people in Belfast.

Healthy Ageing was adopted by the WHO European Healthy Cities Network to express the vision for continuing participation of older people in social, economic, cultural, spiritual and civil society. It aimed to shift strategic thinking and planning away from a passive, needs based approach to a rights based approach, that recognises the rights of people to equality of opportunity and treatment in all aspects, particularly as they grow old. Healthy Ageing recognises population ageing as one of humanity's greatest triumphs but also as one of the greatest challenges.

In introducing the concept of Healthy Ageing, Belfast Healthy Cities initiated a new collaborative approach, engaging government departments, agencies and voluntary and community organisations, in presenting data on the *Health, social and living conditions* of older people in the city, as well as developing the *Healthy Ageing: Interaction Plan*, which further developed the concept of integrated planning. Both recognised the diversity of this population group with varying and different needs. The overall aim of the Interaction plan was to improve the health and well-being of older people, focusing on six core themes. This healthy ageing approach resulted in the establishment of the *Healthy Ageing Strategic Partnership*, that has continued to address many of the challenges of influences or determinants that surround older peoples' health and well-being.

Following the delivery of the Healthy Ageing processes across the WHO European Healthy Cities Network, the WHO Global Network for Age-friendly Cities and Communities was established. The *WHO Global strategy and action plan on ageing and health* was produced alongside the 10 Priorities for a Decade of Action on Healthy Ageing that outline the concrete actions required to achieve the objectives of the strategy.

Age friendly is now also a core element of Community Plans across Northern Ireland, with a regional Age Friendly Network established to support delivery of actions.



Healthy Ageing

Age Friendly



Health Impact Assessment

Economic factors such as transport, agriculture and housing have profound impacts on health. Local decision-making processes within these sectors, should assess impact on health and well-being. Health Impact Assessment was developed as a tool to promote the development of policies and delivery of actions that enhance the positive health impacts and reduce the negative impacts.

Belfast Healthy Cities was at the forefront of introducing Health Impact Assessment (HIA) to Northern Ireland. HIA Training was provided to a range of agencies: public, voluntary and community sectors as well as with representatives from government departments. Health Impact Assessments conducted included: the bid to the Big Lottery for the Connswater Community Greenway; Eastern Health & Social Services Board GreenTravel Plan; Belfast City Airport runway proposal; Housing Regeneration strategy of the Lower Shankill; the Belfast Air Quality Action Plan and the then Department of Development Master Plans. Community profiles which were a core element of health impact assessment processes, provided local communities with a picture of health in their local area.

Belfast Healthy Cities and the Institute of Public Health Ireland, acted as lead in the WHO European Healthy Cities Subnetwork that provided step by step guidance in implementing health impact assessments in cities in the WHO European Healthy Cities Network. Health Impact Assessment was further developed to a *Health Equity in All Policies* process, and whilst HIA is not a legislative responsibility, increasingly health is referenced in non-health sector policies and the benefits to health and well-being highlighted as positive outcomes.

Healthy Urban Planning

Healthy Places

Land use and spatial planning, open and green space, transport and housing, and regeneration are all important health determinants. Collectively they add up to a very powerful health determinant. Spatial and land use planning sets the contours of urban spaces and uses and is therefore one of the most crucial and far reaching functions in society. Not only does it affect the economy, but policies and decisions on the built environment also shape health; they influence people's ability to access jobs, services and leisure opportunities; support people to be physically active, to develop and engage in social networks and contribute greatly to all aspects of health and well-being. Such places are important for strengthening health equity, as they improve living conditions for all, but particularly for the most disadvantaged groups.

The concept of Healthy Urban Planning promotes the joint roots of both public health and urban planning. Both originated to tackle the very poor living conditions and high level of disease in 19th century cities and while today public health issues are different in relation to planning and the built environment, they are no less important: obesity; physical inactivity; impacts of air pollution; social isolation and mental health.

Belfast Healthy Cities pioneered collaborative ways of working with all government departments and agencies to promote the concept of healthy urban planning, demonstrating the positive impact of planning and active travel strategies have on health. Much of Belfast Healthy Cities healthy urban planning programme focused on capacity building; developing training programmes as well as evidence based briefing papers; developing tools: the Quality of Life Matrix; conducting health impact and walkability assessments with older people and local communities, as well as introducing new tools to the city from other cities: the Place Standard Tool, developed by NHS Health Scotland. Regional Government Ministers and senior civil servants also visited member cities of the WHO European Healthy Cities Network to learn from their innovative practice in urban design with concentrated focus on public transport development to create car free cities.

Whilst capacity building and learning from practice were essential elements of introducing the concept of healthy urban planning to Belfast, translating the concept into a practical demonstration was achieved through the Child Friendly Places programme.

Place has a significant impact on our health and well-being. Successful places provide children with a sense of belonging, identity and community. Positive places can be critical to determining children's active lifestyles. They allow children to walk or cycle to school, play outdoors, mix with all groups of all ages and income and observe the natural surroundings. Young children spend most of their time in their local surroundings and their development is influenced by the place in which they grow up. Not everyone enjoys equal access to good quality places; poor quality environments can have a negative impact on well-being, self-confidence and esteem. Children can flourish in places that are designed and maintained to high quality standards.

Child friendly places is an approach for integrating children's rights into local development initiatives and educational programmes, through child friendly assessment that empower children to improve their local place. It means listening to children and recognising the role they play in society, and enabling them to participate in decision making processes across the city.

Belfast Healthy Cities child friendly places programme has pioneered several initiatives to influence policy and city design to ensure places consider the needs of children. Kids Space is a pop up event that explores the creation of child friendly space in urban areas. Initiated in 2011, it led the way on Belfast's Culture Night to ensure children's activities are at the heart of the evening's activities and it has taken place in a variety of locations across the city. It was also used as a platform to consult on child friendly places for Streets Ahead Phase 3: *Planning my City*, using a miniature city model, was a four-day event, focusing on supporting children to plan and build their own city.

Healthy Places, Healthy Children, a teaching resource developed by Belfast Healthy Cities, aims to give children the opportunity to share their views and ideas for their local neighbourhoods. It is designed to support the Northern Ireland Primary School Curriculum on concepts such as planning, place and environment and has been received with enthusiastic support from schools across Northern Ireland and amongst our WHO European city colleagues.

Places for children are now being considered in city development plans and will be a key focus of the Belfast *Resilient Cities* process.



Child Friendly Places

Health Literacy is linked to literacy levels and a key determinant of health. Low health literacy has real effects on health and illness; people with low health literacy levels make more mistakes with medication or treatment, rate their health as lower and are more likely to have unhealthy lifestyles. Lower health literacy is a public health issue that follows a social gradient, potentially reinforcing existing health inequalities and is a major challenge confronting health and other sectors. In Northern Ireland 18% of working age adults perform at the lowest literacy levels. Health literacy is a catalyst for change and is essential for people to understand and act upon health information.

The World Health Organization defines health literacy as being 'linked to literacy and entails people's knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgements and take decisions in everyday life concerning health care, disease prevention and health promotion to maintain or improve quality of life during the life course'.

Belfast Healthy Cities is the current lead in introducing health literacy to Northern Ireland, focusing on health literacy training, to improve communication and interaction skills of health and other sector workers to achieving better health literacy outcomes. Appropriate interventions to each sector are provided as part of the training. Belfast Healthy Cities currently have a Memorandum of Understanding with Groningen University, Netherlands, for delivering the IROLA (Intervention Research on Health Literacy for the Ageing population) evidence based Health Literacy Communication training programme in Northern Ireland, and will be seeking with support from Groningen University and the UK Health Literacy group to define new effective health literacy interventions that will provide better health literacy outcomes.



Health Literacy

Looking Back, Moving Forward



Belfast Healthy Cities' innovation actions over the last 30 years have been achieved through the dedication of our partner organisations, and a range of individuals, who are too numerous to mention here. The creativity and commitment of our partners to developing new approaches to improve health and reduce health inequalities, maintained our position as a lead city within the WHO European Healthy Cities Network.

A major achievement of Belfast Healthy Cities over this period, has been to bring two WHO International Healthy Cities Conferences to the city – in 2003 and again in 2018. We are one of only three cities in WHO Europe to achieve this and the only organisation in Northern Ireland to bring WHO International Conferences to the city, creating significant knowledge exchange and learning opportunities, as well as creating financial benefit for the city. The Belfast Charter resulting from the 2018 Conference will provide the political framework for the next five years of the European network, creating significant visibility for the city across the 53 countries of WHO Europe, as well as across the WHO Global Healthy Cities movement.

In addition to hosting the two conferences, Belfast is the only city to hold the WHO Secretariat for the WHO European Healthy Cities Network; a position held from 2008 – 2018.

We are now entering Phase VII (2019 – 2024) of the WHO European Healthy Cities Network, which will focus on 6 Ps: People, Place, Participation, Prosperity, Peace and Planet, and we will work with health and other partners to achieve the Sustainable Development Goals (SDGs). Within the Northern Ireland context, the Executive's draft *Programme for Government*, the Department of Health's, *Delivering Together* and within the local context of the Belfast Agenda, Belfast Healthy Cities will build on the experience and lessons learnt from its first 30 years, seeking to work towards the implementation of the Sustainable Development Goals. The goals aim to address the local and global challenges we face, including those related to poverty, inequality, climate, environment, prosperity, peace and justice. The experience, networks and partnership – at global, national, regional and local levels – will be critical to ensuring good health and well-being for all the people of Belfast.

Sincere thanks to all who have worked with us to achieve the WHO Healthy City goals over the 30 years - to the many individuals; to our partners in the universities, government departments, public, voluntary and community agencies, and to our funders - without their support meeting the requirements of being a WHO Healthy City would have not been possible.



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SUSTAINABLE DEVELOPMENT GOALS

