South Belfast Health Strategy

2011 to 2013

November 2011
**Foreword by Cllr Bernie Kelly, Chair of South Belfast Health and Wellbeing Forum**

It gives me great pleasure to introduce the South Belfast Health Strategy. I am particularly pleased to see the strategy launched as it is the culmination of many months of hard work by an exciting mix of community, voluntary and health care professionals. Indeed I believe this maybe a unique approach in addressing the wide range of health care of people in South Belfast. I am not aware of any other steering group that relies on the input of such a large number of users and providers of Health Care services. I hope that such diversity will mean that, although we are attempting to address four central Health Care themes that the strategy will be adaptable and open to change. In drawing together the strategy we have attempted to include as many of those as possible who make up the community of South Belfast. The strategy also aims to effectively target those needs and avoid duplication of delivery and be as cost effective as possible. In these straitened times there is an opportunity for all those involved in any form of service delivery to find new ways of collaboration and to form new and imaginative working relationships. This is one of the most pleasing aspects of this strategy, the fact that all sectors, community, voluntary and statutory committed to its success. I hope that the commitment and the structures that are being put in place will remain for many years and will continue to address the ever changing health needs of people in the area. I would like to thank all of those whose hard work and dedication have contributed to bringing the strategy to this stage of development. In particular I would like to thank Gabi Mornhinweg from Belfast Trust and William Olphert from The Chinese Welfare Association.

**Comments by Anne McAleese, Chief Executive Officer, South Belfast Partnership**

I would like to echo the sentiments expressed by the Chairperson in her foreword. I would like to thank her for her leadership and dedication and also thank those who have worked so hard on the Strategy. I hope this Strategy will benefit the people of South Belfast for many years to come.
1. Why we need a Strategy

The South Belfast Partnership (SBP) Health Strategy aims to encourage a strategic approach to tackle health inequalities and promote wellbeing across South Belfast. It is envisaged that the strategy will have three functions:

1. To influence the current health structures and policies
2. To promote a more co-ordinated way of working on health and wellbeing issues across all sectors
3. To inform the community of south Belfast of the different health structures and activities

The Partnership is also looking to integrate health outcomes within a broader regeneration agenda in south Belfast within the Neighbourhood Renewal Partnership (NRP). The NRP is a major Government programme for tackling disadvantage in Northern Ireland’s more deprived communities. Within south Belfast there are 2 NRP; South West Neighbourhood Area Partnerships (SWNAP) and Inner South Neighbourhood Area Partnerships (ISNAP). In addition to SWNAP and ISNAP there are other areas in South Belfast which also evidence deprivation, Annadale (within Ballynafeigh ward) and Taughmonagh.

In order to address health inequalities and promote wellbeing it is important to identify the factors that affect the communities within south Belfast. See figure 1: Dahlgren and Whitehead, 1991

Figure 1: Dahlgren and Whitehead, 1991, Social Determinants of Health Chart

Health inequalities are mainly related to:
- Socio-economic, environmental circumstances (jobs, housing, education, transport etc)
- Lifestyle(such as diet, smoking, social networks) and health behaviour,
- Access to effective health and social care (1)
2. Current South Belfast Health Context

To address the health inequalities and promote wellbeing it is necessary to outline the current south Belfast context, including its health profile.

South Belfast consists of eleven electoral Wards - Ballynafeigh, Blackstaff, Botanic, Finaghy, Malone, Musgrave, Rosetta, Shaftesbury, Stranmillis, Upper Malone and Windsor, with a population of 65,330 individuals (2001 Census). See figure 2 below showing the South Belfast Area Partnership Boundary.

Figure 2: Map of South Belfast Area Partnership Boundary
The perception of South Belfast is generally one of wealth through the location of some of the most affluent areas in NI in the area. Hidden within this image are a number of inner-city communities suffering from significant deprivation and social and economic disadvantage. See graph 1 showing Noble Rank Northern Ireland Multiple Deprivation Measures (NIMDM) and Health Domain of the 11 South Belfast Wards 2010 (Northern Ireland Statistics and Research Agency)

**Graph 1: NIMDM and Health Domain of the 11 South Belfast Wards 2010 (1= worst, 582=best)**

The level of disadvantage has been recognised through the establishment of two Neighbourhood Renewal Areas. These include:

- South West Belfast comprising of the Village, Donegall Road and Sandy Row
- Inner south comprising of the Markets area, Donegall Pass and Lower Ormeau

However, the level of disadvantage is masked in some wards by the relative affluence which exists in parts of these, with Ballynafeigh and Taughmonagh being examples of this. Taughmonagh is a small estate in the affluent ward of Upper Malone and Ballynafeigh ward is in a similar situation with the inclusion of disadvantaged areas, such as Annadale and some of the streets near Ormeau Bridge.

*It is important to note that some of the health data reported in the strategy is limited and dated. The data has been sourced from what information was*
available at the time of writing the strategy and from qualitative, quantitative and anecdotal sources.

There are significant health issues in south Belfast and below is a summary of some of the data available:

- A high incidence of disadvantage with both Shaftesbury (Sandy Row, Donegall Pass and the Markets) and Blackstaff (Village area) wards in the most disadvantaged 10% in NI on the NIMDM
- In the case of Ballynafeigh, Botanic and Taughmonagh we need to examine Super Output Area (SOA) data: Botanic 5 (lower Ormeau) is within the most disadvantaged 10%, Upper Malone 2 (Taughmonagh) the worst 20% and Ballynafeigh 3 (including Annadale) in the worst 25% on the NIMDM
- A high degree of health deprivation with Shaftesbury ward and SOA Botanic 5 in the worst 10% in the Health Deprivation and Disability Domain
- Life expectancy in Shaftesbury ward is consistently one of the worst in NI and the worst in south Belfast, while in Blackstaff, Botanic and Ballynafeigh it is below the Belfast and Eastern Health & Social Services Board (EHSSB) averages for both males and females
- Shaftesbury, Blackstaff and Botanic all have higher than Belfast and EHSSB averages of low birth weight babies and teenage pregnancies, as well as higher than average births to lone parents
- Upper Malone and Blackstaff wards also have higher than Belfast and EHSSB averages of low birth weight babies, but other Child Health figures are not above these averages, because the disadvantaged areas only make up a small part of these wards
- All 5 wards have lower than average numbers of 3-5 year olds registered with a dentist
- GP data for Shaftesbury, Blackstaff and Botanic wards demonstrates above EHSSB average of heart disease, in particular Cardiovascular Disease and Chronic Obstructive Pulmonary Disease (COPD) and related health behaviour issues, such as obesity; mental health; and cancer in a number of surgeries in or near the 3 ward. The GP data for Finaghy and Ballynafeigh does not demonstrate any significant health issues above the Belfast or EHSSB averages, probably due to the mixed patient profile.

Within each of these wards there are additional health issues that need to be highlighted as throughout south there are a large proportion of Black and Minority Ethnic (BME) populations, including Chinese, Roma and Migrant Workers, and Older People. Furthermore it is important to also include health needs of other groups including the Lesbian, Gay, Bisexual and or Transgender population (LGB&T). Due to limited data it was not possible to include statistics for populations with Disability.

**BME Population**

Migrant and BME communities represent a very diverse and dynamic population in terms of their reasons for migration, with changing health needs.
and priorities over time. According to 2001 Census, 57% of the BME population live in south Belfast. It is difficult to breakdown the BME communities into groups e.g. Chinese, Asian etc. due to the recent increase in individuals from various countries.

Priority health needs have been documented in *The ‘Barriers to Health Migrant Health and Wellbeing in Belfast’, Belfast Health Development Unit*, report which was published in 2010. The report outlined numerous needs including access to health care, racism and harassment, adult health, health protection, children’s health, women’s health, mental health, poverty and housing and special groups with complex needs. See a summary below of some of the data.

- The most significant barrier cited experienced by all migrant and BME groups when accessing any public services is language
- There is evidence that certain non-communicable diseases are an increasing burden on migrant populations, in particular hypertension, cardiovascular disease, diabetes and cancer. In Northern Ireland, the estimated prevalence of diabetes in adults is 5.4%, considerably higher in certain ethnic groups such as Asians
- Mental Health is a particular issue for many migrant groups, regardless of reasons for settling in NI. Mental illness is often seen as a taboo, meaning that presentation can be with physical symptoms
- The Roma people are one of the main minority groups in Romania and they are the most socially and economically deprived minority in Romania. They are a marginalised and vulnerable community with very complex health and social care needs and are hard to reach with existing services

In addition to the fore-mentioned report The Multi Cultural Resource Centre carried out a report on Belfast’s Roma Community ‘*Strangers in a Strange City: Belfast’s Roma, 2010*’. The key health findings from the report include:

- Only one in six were registered with GP practices
- Little over one in five were receiving medical treatment
- Three out of ten respondents self reported they had respiratory and cardiac problems
- 38% had attended hospital Accident and Emergency
- 81% reported family members had been vaccinated however the recipient, type of vaccination and its completion was unclear

**Older People**

It is a well known fact that the population in Belfast, as well as Northern Ireland and most of the Western world, is ageing (*Older People: Health, social and living conditions Belfast, 2006*). According to the 2001 Census the average number of older people for the eleven wards in south Belfast is 18.6%, (6.2% to 26.3%).

*Engage with Age*, a community based organisation which facilitates the involvement of older people in community life, carried out a pilot project in
February 2010 in response to the growing social issues among Older People of poor physical and mental health, social isolation, low levels of community participation, fear of crime, low take up of services and poverty. The project included three wards, one of which was within south Belfast, Ballynafeigh. The key health findings of the project would be similar across all of South. These include:

- Living alone was a main issue as almost four fifths of older interviewees lived alone, 82.8%
- Social isolation was another key finding as less than half of the older people interviewed, 43%, reported to have had no contact with friends
- Older people with poorer health tend to report more feelings of loneliness
- Respondents indicated that health and mobility was the biggest factor in restricting and preventing older people getting out and about

**LGB&T Health Data**

- Young people who identify as LGB&T are at least 2.5 times more likely to self-harm, 5 times more likely to be medicated for depression, at least 3 times more likely to attempt suicide and 20 times more likely to suffer from an eating disorder than their heterosexual counterparts (2)

- Research commissioned by The Rainbow Project, specific to young men, shows that, 27.1% attempted suicide, 71.3% had suicide ideation, 30.7% had self-harmed, 65.3% experienced difficulties at school and 33.9% at experienced negativity at work (3)

- In addition, “LGB people are at higher risk of suicidal behaviour, mental disorder and substance misuse and dependence than heterosexual people. Similarly, depression, anxiety, alcohol and substance misuse were at least 1.5 times more common in LGB people (4)

**3. Current Health Context**

In addition to the south Belfast context the current health context, other relevant structures/partnerships and the community and voluntary context need to be highlighted.

The Review of Public Administration changed the management of the Belfast Health and Social Care Trust which is now the largest integrated Primary Care, Hospital and Social Care Trust in the United Kingdom. As a result there are numerous key health structures including:

- **Department of Health, Social Services and Public Safety**
  The mission is to improve the health and social well-being of the people of Northern Ireland with three main responsibilities; Health and Social Care, Public Health, and Public Safety [http://www.dhsspsni.gov.uk/](http://www.dhsspsni.gov.uk/).

- **Health Committee**
  Advises and assists the Minister for Health on matters within his responsibility as Minister. It undertakes a scrutiny, policy development and consultation role
with respect to the DHSS&PS and plays a key role in the consideration and development of legislation.

- **Health and Social Care Board**
  Seeks to develop health and social care services across Northern Ireland. It’s role is broadly contained in three functions; to arrange or ‘commission’ a comprehensive range of modern and effective health and social services, to work with the health and social care trusts that directly provide services to people and to deploy and manage its annual funding from the Northern Ireland Executive [http://www.hscboard.hscni.net/](http://www.hscboard.hscni.net/).

- **The Public Health Agency (PHA)**
  Responsible for bringing together Health Protection, Health Improvement, Health Service Development, Health Inequalities and Public Health Issues. The PHA have four priorities for their work; give every child the best start in life, ensure a decent standard of living for all, build sustainable communities and make healthy choices easier [http://www.publichealth.hscni.net/](http://www.publichealth.hscni.net/).
  Furthermore the Public Health Strategy of the Northern Ireland Executive is Investing for Health. It contains a framework for action to improve health and well-being and reduce health inequalities which is based on partnership working amongst Departments, public bodies, local communities, voluntary bodies, District Councils and the social partners. Currently a new strategy is being written for Investing for Health.

- **Health and Social Care Trusts**
  They provide health and social services across NI. While the Board commissions services, it is the Trusts that provide these on the ground.

In addition to the health context there are other relevant structures/partnerships that have an impact on health. These include [Section 75 of Northern Ireland Act 1998, Community Planning Pilot and Belfast Health Ageing Strategic Partnership](http://www.health-ni.gov.uk/). There are a number of other structures/partnerships to be aware of which include The Regional Children’s Partnership, Sport’s NI Sports Matters Strategy and the Neighbourhood Renewal Partnership.

See Appendix 2 where the remaining key health structures and the ‘other’ structures/partnerships are listed.

There are also many local community and voluntary groups within South Belfast working in partnership with these structures/partnerships and with the South Belfast Health and Wellbeing Forum and the Black and Minority Ethnic subgroup. See appendix 3 for a list of these organisations.

See Appendix 5, which illustrates the local, area, city-wide and regional health structures and initiatives.
4. South Belfast Partnership Health Programme

The issue of health and wellbeing in general has emerged as an area requiring a strategic focus following a range of consultations including the neighbourhood renewal action plans within South Belfast. While a variety of numerous operational projects have been successful in bringing communities together there has been less of a strategic focus around health and inequalities than other areas of Belfast. In support of the Regional Investing for Health Strategy, Public Health Agency and related Eastern Investing for Health Partnership the South Belfast Health Programme was established in January 2010.

The programme objective is to encourage a strategic approach to address health inequalities and the promotion of wellbeing across South Belfast as a whole, including the 2 Belfast NAP areas, through enabling stakeholders to identify priority issues and develop responses to these issues.

The delivery of the programme will help achieve the following:

**Goal 2:** To reduce inequalities in health between geographic areas, socio-economic and minority groups

**Objective 2:** Enable all people to develop skills and attitudes increasing their capacity to make healthy choices

**Objective 3:** Promote mental health and emotional wellbeing at individual and community level

**Objective 5:** To improve our neighbourhoods & wider environment

**Objective 6:** To enable people to make healthier choices

Since January 2010 the Health Programme has implemented and been involved in numerous activities adding to the overall Health Focus for South Belfast. These activities include an Emotional Wellbeing Conference, the Establishment of a Health and Wellbeing Forum, Good for Regeneration Good for Health URBACT II programme, A Health Activities Mapping Exercise for South Belfast and Primary Care Partnerships Diabetes Pathfinder.

Since March 2011 this Health Strategy follows on from the previous work, in addition to the on-going active South Belfast Health and Wellbeing Forum, Local Community Led Health Programmes and Neighbourhood Renewal Partnership Health and Wellbeing Action Plans.

See Appendix 4 for the Health Programme Outline and the Ongoing Health Activities for South Belfast
5. The South Belfast Health Strategy

The Health Strategy for 2011 to 2013 identifies new priorities for South Belfast in moving the Health agenda forward.

The overall AIM is:

| ‘To work towards a healthy and equitable South Belfast’ |

The 4 PRINCIPLES are -

| 1. Tackling Health Inequalities |
| To focus activity on communities where their health is poorer and the deprivation levels are higher. |

| 2. Partnership Working |
| To ensure the support of individuals, groups, community, voluntary and statutory agencies and the private sector in working collectively towards a healthy and equitable South Belfast - using physical, social and economic regeneration and improving access for regeneration to highlight health benefits. |

| 3. Inclusivity |
| Increasing the participation of residents and community groups who are deprived and disadvantaged in tackling health inequalities including persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation, between men and women generally, between persons with a disability and persons without and between persons with dependants and persons without (Section 75 of Northern Ireland Act 1998). |

| 4. Equality |
| Enabling the full participation and engagement of all the individuals, groups, community, voluntary and statutory agencies and the private sector within South Belfast. |

The 3 OBJECTIVES are -

| Objective 1: Leading the development and implementation of a health improvement programme for South Belfast focusing on four themes: |
| - Emotional wellbeing |
| - Use and misuse of alcohol and drugs |
| - Obesity and physical activity |
| - Lifestyle choices |

| Objective 2: Building connectivity across all of South Belfast on health and wellbeing issues. |

| Objective 3: Building strategic links with relevant health initiatives across Northern Ireland. |

See the accompanying Action Plan for the South Belfast Health Strategy. The South Belfast Partnership has been involved in working across all the different sectors in South Belfast and citywide to improve Emotional
Wellbeing, to address the Use and Mis-use of Alcohol and Drugs, to tackle Obesity and Physical Activity and focus on Lifestyle choices.

**Objective 1: Leading the development and implementation of a health improvement programme for South Belfast focusing on four themes - Emotional Wellbeing, Use and Misuse of Alcohol and Drugs, Obesity and Physical Activity and Lifestyle Choices**

All of these issues have been identified as the four main health priorities that local community and voluntary organisations will focus on and address in the future in improving health inequalities and promoting wellbeing. Recently specific health issues were identified through the Health and Wellbeing Forum including:

- **Isolation in Older People, Mental Health and Domestic Violence** for Emotional Wellbeing
- **Misuse of Prescription Medication and ‘Over the Counter Drugs’ Use** for Misuse of Alcohol and Drugs
- **Physical Activity in Children and Older People** for Obesity and Physical Activity
- **Sexual Health, Teenage Pregnancy and Family Dental Health** for Lifestyle Choices

These issues, along with others, will be addressed as part of the Health Strategy Action Plan in working in partnership with all the relevant local community and voluntary organisations, supporting the development of their specific programmes, and working with the other key health organisations.

At the South Belfast Partnership Board we believe that striving to improve these main health priorities throughout the entire life cycle; children, adults and older people; is critical in improving the overall health inequalities and wellbeing of local communities.

**Objective 2: Building connectivity across all of South Belfast on health and wellbeing issues**

It has been identified that in order to improve health inequalities and wellbeing it is imperative to build connectivity across all of South Belfast with all the key sectors, the local communities being the critical stakeholder.

The Partnership has established a Health and Wellbeing Forum which connects to a wide group of individuals inclusive of all areas across South Belfast where the local community groups are able to engage freely with statutory and voluntary sectors, GP’s and Practice Managers. Furthermore a Black and Minority Ethnic (BME) Sub-group was established inclusive of the BME organisations across south Belfast.

Additionally the South Belfast Partnership Health Programme has engaged with the local partnerships – South West and Inner South Neighbourhood Partnerships, the Belfast citywide Community Planning Pilot, fostered links
with the Local Commissioning Group including the Primary Care Partnerships Pilot for South Belfast.

The Partnership Board will ensure connectivity is maintained and working relationships are developed with all the relevant key stakeholders in moving forward.

Objective 3: Building strategic links with the relevant health initiatives across all of Belfast

In order to ensure South Belfast is linked to all the relevant initiatives across Belfast it is vital to continually develop and build on strategic links across the city.

The south Belfast Health Strategic Health Development Officer will ensure these links are achieved in keeping abreast of the new health policies, strategies and consultations, engaging with the Belfast Area Partnership Health Officers across the recent established Belfast Strategic Partnership.
Appendix 1

List of References

(1) Equality and Inequalities in health and Social Care in Northern Ireland, A Statistical Overview, 2004

(2) The ShOUT Report – The needs of young people in Northern Ireland that identify as Lesbian, Gay, Bisexual and or Transgender. Youthnet 2003

(3) Out On Your Own’ – An examination of the Mental health of Young Same-Sex Attracted Men McNamee 2006


Appendix 2

Key Health Structures and Other Structures/Partnerships

- **Business Services Organisation (BSO)**
  It provides a range of support functions for the whole of the health and social care system.

- **Regulation and Quality Improvement Authority (RQIA)**
  It is the independent health and social care regulatory body for Northern Ireland, and forms an integral part of the new health and social care structures. In its work RQIA encourages continuous improvement in the quality of these services through a programme of inspections and reviews.

- **The Local Commissioning Group (LCG) and Primary Care Partnerships (PCP’s)**
  The LCG is responsible for linking the needs of local populations to regional policy and strategic frameworks to inform the commissioning of services through the regional Health and Social Care Board. Within the LCG there are 2 strands - The Medicine Management Group, which is currently being formed and Primary Care Partnership (PCPs). The PCP’s involve groupings of local GPs/Pharmacists, other health and social care providers contributing to the integration of care pathways and local communities. In south Belfast the LCG intends to re-design the pathway for patients with Type 2 diabetes through the development of a Pathfinder [http://www.engage.hscni.net/partners/Belfast%20LCG.html](http://www.engage.hscni.net/partners/Belfast%20LCG.html).

- **Belfast Health Development Unit (BHDU)**
  It brings together three organisations at both strategic and operational levels - Belfast City Council, Belfast Health & Social Care Trust and The Public Health Agency. The Unit’s aim is to develop a single health partnership and integrate a health and wellbeing plan for Belfast City [http://www.belfastcity.gov.uk/healthandwellbeing/unit.asp](http://www.belfastcity.gov.uk/healthandwellbeing/unit.asp).

- **Belfast Strategic Partnership (BSP)**
  Aims to build a strategic framework within the City of Belfast. The BSP mission is to be a driving force for city wide collaboration to address health inequalities in Belfast, enabling people to live a good life in a fair society.

  Central to implementing the strategy will be establishing effective working relationships with all of these structures and partnerships.

  It is also imperative to link all activities within South Belfast with the Department of Health, Social Services and Public Safety Priorities for Action (PFA) 2010/2011. There are six priorities and the most relevant PFA for future work in south Belfast is -

  ‘To improve health status of the population and reduce health inequalities’
This priority has a focus on smoking, drugs and alcohol, obesity, mental health and suicide, sexual health and teenage pregnancy.

**Other Structures/Partnerships**

- **Community Planning Pilot**
  This is one project in the Council’s wider work on Community Planning. The pilot focuses on a single theme of ‘health’ intending to develop a shared understanding of Community Planning, build capacity in local communities to influence decision-making on service provision in the Council and other statutory agencies, build capacity within council to ensure Community Planning can influence decision-making and planning, deliver tangible results that address health inequalities and ensure learning is transferred to the wider development of a Community Planning framework.

- **Belfast Healthy Ageing Strategic Partnership (Belfast HASP)**
  It provides leadership in developing a joined up approach to the planning and delivery of services which promote the health, wellbeing and independence of older people in Belfast. Currently HASP is focusing on four key issues; joined up information and advice, community capacity building, combating social isolation and home support services/care and repair.
### Appendix 3

**List of organisations in the South Belfast Health and Wellbeing Forum**

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<tr>
<th>Organisation</th>
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<tr>
<td>Forum for Alcohol and Substance Abuse (FASA)</td>
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<tr>
<td>Community Action Support Team (CAST) (S&amp;E Belfast)</td>
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<tr>
<td>Donegall Pass Community Forum</td>
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<tr>
<td>Windsor Women’s Centre</td>
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<tr>
<td>Lower Ormeau Residence Action Group</td>
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<tr>
<td>Ballynafeigh Community Development Association</td>
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<td>Age Sector Platform</td>
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<td>Community Resources Belfast South</td>
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<td>Markets Development Association</td>
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<tr>
<td>Sandy Row Community Forum</td>
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<tr>
<td>Inner City South Belfast Surestart</td>
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<td>Taughmonagh Community Forum</td>
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<td>HAVEN Victim Support Group</td>
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<td>Engage with Age</td>
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<tr>
<td>Markets Community Centre</td>
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<tr>
<td>Greater Village Regeneration Trust</td>
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<td>South City Resource &amp; Development Centre</td>
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<td>Donegall Pass Community Centre</td>
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<td>Finaghy Community Centre</td>
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<td>Olympia Community Centre</td>
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<tr>
<td>City Church</td>
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<td>Holyland Residence Association</td>
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<tr>
<td>Belfast South Circuit Methodist Church in Ireland</td>
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<tr>
<td>Opportunity Youth</td>
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<td>Belfast Trust</td>
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<td>Fitzroy Presbyterian Church</td>
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<td>South Belfast Partnership Board</td>
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<td>Public Health Agency</td>
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<td>Contact Youth</td>
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<td>South Belfast Male Care</td>
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<td>NI Housing Executive</td>
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<td>Belfast Healthy Cities</td>
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<td>Finaghy Crossroads Group</td>
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<tr>
<td>Botanic Medical Centre, Practice Manager</td>
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<td>Vere Foster Medical Centre</td>
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<td>Women’s Information Northern Ireland</td>
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<td>Women’s Resource and Development Agency</td>
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<td>Belfast Regeneration Office (BRO)</td>
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<td>Taughmonagh Live and Learn Programme</td>
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<td>Queens University</td>
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<td>The Rainbow Project</td>
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<td>GEMS NI</td>
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<td>BELB Youth</td>
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<td>McMullan’s Pharmacy</td>
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<td>Ormeau Road Practice</td>
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**List of organisations in the South Belfast BME Subgroup**

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<tr>
<th>Northern Ireland Council Ethnic Minorities</th>
<th>Northern Ireland Community of Refugees and Asylum Seekers</th>
<th>Barnardo’s Northern Ireland</th>
<th>Polish Association</th>
<th>Chinese Welfare Association</th>
<th>Belfast Islamic Centre</th>
<th>Multi Cultural Resource Centre</th>
<th>Baha’i Faith Group</th>
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Appendix 4

South Belfast Health Programme Outline &
Current South Belfast Health Activities

- **Emotional Wellbeing Conference**
  In March 2010 an Emotional Wellbeing Conference took place. To establish the main focus of the Health Conference research was carried out within local community groups. The results outlined that the main reported issue was themed around Mental Health hence the Health Conference being based on Emotional Wellbeing. The research was basic, with representation from 15 community organisations. A number of these organisations were within the deprived and social and economic disadvantaged areas of South Belfast.

- **Establishment of a South Belfast Health and Wellbeing Forum**
  In order to establish a South Belfast wide Health and Wellbeing Forum a half day workshop was organised including Community Workers, Belfast Trust staff, Belfast City Council staff and Belfast Health Development Unit staff. The workshop took place in July 2010 with an external facilitator. The objectives of the workshop included:

  - To identify how the Health and Wellbeing Project will add value to our work
  - To identify health priorities
  - To clarify the function of the project and how it fits with other structures
  - To agree the function and structure for Forum meetings

From this planning workshop the health priorities and target groups were identified. The 3 main health priorities include Mental Health, Alcohol and Drugs and Isolation and the identified target groups include Children, Adults and Older People.

The forum was established in August 2010 and participants included members from community, voluntary and statutory agencies, as well as individuals from local churches and GP’s practices. The health priorities and target groups were proposed and agreed in moving forward strategically to address health inequalities and promote wellbeing across south Belfast. As well as the health priorities and target groups the forum’s purpose was agreed-

  - To monitor the SBPB health programme’s progress in developing a true picture and measure of health inequalities in south Belfast through mapping, surveys and collection of quantitative and qualitative evidence
  - To create a focus for collaboration between statutory and community agencies in order to shape services and provision and identify emerging issues
  - To provide an efficient and effective lobby for groups in south Belfast and, with other Partnership Boards, across Belfast
To support communities and organisations in south Belfast to increase provision of, and engagement and inclusion in, health improving activities

Since August 2010 the Forum has met quarterly. Currently the Chair is Cllr Bernie Kelly and the Vice-Chair is William Olphert, Health Team Leader from the Chinese Welfare Association. A Black and Minority Ethnic (BME) Sub-group was established in March 2011 as there is a high volume of BME organisations/individuals within south Belfast with specific health needs.

**Good for Regeneration Good for Health URBACT II programme**
In February 2010 the Health Programme began to work in collaboration with numerous health stakeholders and Erica Ison a Health Impact Assessment (HIA) Consultant. The purpose of this collaboration was to use a HIA approach to develop a set of indicators appropriate for monitoring the effects of regeneration on well-being. Currently this programme is at Pilot stage working on a Regeneration Programme for the greater Village area. It is envisaged that on completion of this specific pilot when other regeneration opportunities arise within south Belfast the process can be repeated.

**A Health Activities Mapping Exercise for South Belfast**
At the November 2010 Forum meeting a Health Activities Mapping Exercise for South Belfast Health and Wellbeing Forum was presented to the Forum Group as a starting point for identifying the local health activities and highlighting gaps. Over 25 organisations, both community and voluntary were included in this mapping exercise. The locally available health activities throughout south Belfast included Mental Health, Alcohol and Drugs, Isolation and Healthy Living for children, adults and older people. Further work has been undertaken to include statutory and voluntary sector activities.

**Primary Care Partnerships Diabetes Pathfinder**
The health programme is working alongside the Commissioning Lead for Belfast, Mr Iain Deboys, and local community workers to implement the pilot for south Belfast – the re-design of the pathway for patients with Type 2 diabetes through the development of a Pathfinder.

**Current South Belfast Health Activities**

**Community Led Health Programmes**
The Public Health Agency’s Belfast Health and Social Wellbeing Improvement Team facilitated a public meeting in South Belfast on 3rd November 2010 in response to the imminent closure of the South Belfast Highway to Health Programme. All members of the South Belfast Health and Wellbeing Forum were invited to explore an agreement on possible models for the delivery of health and social wellbeing improvement throughout the south Belfast Area. Forty six participants attended.

The meeting included a needs assessment and priority setting process followed by the identification and agreement of health priorities. These priorities derived from a review of the 3 priorities identified at the SBPB
Planning workshop in July 2010 (Mental Health, Alcohol and Drugs and Isolation). The outcome of the review resulted in 4 key health priorities:

1. Emotional wellbeing
2. Use and misuse of alcohol and drugs
3. Obesity and physical activity
4. Lifestyle choices

The model of delivery was not agreed at the public meeting however it was agreed at the Health and Wellbeing Forum meeting on November 19\textsuperscript{th} 2010.

It was agreed that for the interim period between January and March 2011 the delivery would be divided into 3 areas, SWNAP, ISNAP and Taughmonagh and Ballynafeigh. Health activities were successfully implemented in each of the areas and currently the investment April 2011 to March 2012 is at the programme designing phase. This new period, April to March, includes a forth area – Black and Minority Ethnic.

- **Neighbourhood Renewal Programme**

As for-mentioned the Neighbourhood Renewal Programme is a programme for tackling disadvantage in Northern Ireland’s more deprived communities of which there are 2 in South Belfast – South West and Inner South. Within these programmes there are action plans of which there are 6 themes, one being *Improving Health and Wellbeing*. Both areas have been working on these plans since 2007 and the NRP has currently entered an Action Planning Phase.
Appendix 5: The Local, Area, City-Wide and Regional Health Structures and Initiatives

Local

- South West NRP
- Inner South NRP
- Other comm/vol. groups
- Other key stakeholders
- Health Practitioners

Area

- South Belfast Partnership Board
- South Belfast Health & Wellbeing Forum
- Belfast City Council
- Community Planning
- Black & Minority Health sub-group
- 4 PCP’s
- 5 Health and Social Care Trusts (+ Ambulance Service)

City-Wide

- Belfast Strategic Partnership
- Belfast Health Development Unit
- Local Commissioning Group
- RQIA

Regional

- Public Health Agency
- Health and Social Care Board
- Health Minister/DHSS&PS
- NI Executive
- Health Committee
South Belfast Health Action Plan

2011 – 2012
### South Belfast Health Action Plan 2011 to 2012

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Actions</th>
<th>Outcomes</th>
<th>Responsibility</th>
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| **1. Leading the development and implementation of a health improvement programme for South Belfast focusing on four themes:**  
(1) Emotional Wellbeing  
(2) Use and Misuse of Alcohol and Drugs  
(3) Obesity and Physical Activity  
(4) Lifestyle Choices | **1.1** Undertake review of literature and identify and disseminate best practice models | • Identification and dissemination of best practice models | Strategic Health Development Officer (SHDO) |
| **1.2** Support the development of programmes locally including the hard to reach | | • Partnership working with the relevant community and statutory organisations in supporting the development of the health programmes | South Belfast community groups, SHDO & relevant statutory agencies |
| **1.3** Support the development of a group of health advocates across SB by sourcing and ensuring the delivery of relevant training programmes | | • Development of Health Advocates across South Belfast  
• Sourcing and ensuring the delivery of relevant training programmes | SHDO & other relevant organisations |
| **2. Build connectivity across all of South Belfast on health and wellbeing issues** | **2.1** Facilitate quarterly Health & Wellbeing Forum meetings | • 4 Health and Wellbeing Forum meetings annually to address local health issues attended by key stakeholders  
• Regular information flow between community groups in South Belfast  
• Improved and further collaboration between community groups in South Belfast  
• Showcase of relevant examples of local good practice | SHDO |
| **2.2** Develop a quarterly timetable of health related activities across South Belfast | | • Compilation of 4 quarterly health activity timetables with dissemination throughout South Belfast community groups | SHDO, South Belfast community & voluntary |
| 2.3. Engage with and support the local health actions from the South West (SW) and Inner South (IS) Health and Wellbeing subgroups and the other 2 areas of Public Health Agency re-investment – Taughmonagh and Ballynafeigh and Black Minority Ethnic (BME) | • Increased awareness and communication of health activities across SB  
• Increased cooperation and sharing of resources | organisations & other relevant statutory organisations |
|---|---|---|
| | • Regular meetings with all of the 4 areas  
• Developed links and improved working relationships between all areas | Strategic Health Development Officer (SHDO), SW & IS, Taughmonagh and Ballynafeigh and BME |
| 2.4. Identify South Belfast wide health issues | • Co-ordinated, appropriate collective actions and responses to the identified South Belfast wide health issues | SHDO, South Belfast community & voluntary organisations & other relevant statutory organisations |
| 2.5. Develop links with South Belfast GP’s | • GP involvement in relevant SB targeted initiatives  
• GP involvement in the Health and Wellbeing Forum | SHDO, South Belfast GP’s & PCP’s |
| 2.6. Build stronger working relationships with South Belfast Pharmacists | • Improved working relationships with SB Pharmacists  
• Exploration of new initiatives under the Community Pharmacy Partnership Programme | SHDO, South Belfast Pharmacists & PCP’s |
| 2.7. Implementation of the ‘pilot phase’ within the Greater Village Area of the ‘Good for Regeneration Good for | • Completion of the URBACT II programme pilot for South Belfast  
• Transfer of learning to other | SHDO, Greater Village Regeneration |
<table>
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<tr>
<th><strong>Health’ URBACT II programme</strong></th>
<th><strong>communities in South Belfast</strong></th>
<th><strong>Trust &amp; Windsor Women’s Centre</strong></th>
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<tbody>
<tr>
<td><strong>2.8. Further develop opportunities linked to the Strategic Regeneration Framework (SRF) for South Belfast</strong></td>
<td>• Input into the SRF with agreed opportunities for South Belfast</td>
<td>South Belfast Partnership Board</td>
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<td><strong>2.9. Participate in and ensure community input into the South Belfast Primary Care Partnership (PCP) Pilot</strong></td>
<td>• Engagement and input into the South Belfast PCP Pilot e.g. workshops, training sessions. • Fostered links with South Belfast GP’s and Pharmacists</td>
<td>Strategic Health Development Officer (SHDO), community organisations, PCP’s, GP’s &amp; Pharmacists</td>
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<td><strong>2.10. Foster links with the Local Commissioning Group (LCG) strategic health and wellbeing focus across South Belfast</strong></td>
<td>• Engagement in the monthly LCG Public Meetings with a South Belfast focus • Improved working relationships with LCG Belfast members • Alignment of South Belfast health themes with the Belfast LCG</td>
<td>SHDO, LCG and community organisations</td>
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### 3. Build strategic links with relevant health initiatives across all of Belfast

| **3.1. Identify and showcase relevant examples of local good practice to a wider audience** | • Showcase events to illustrate local good practice attended by key stakeholders | SHDO, South Belfast community & voluntary organisations & other relevant statutory organisations |
| **3.2. To keep informed of new policies, strategies and consultations** | • Fully informed of new policies, strategies and consultation • Compilation of relevant responses for dissemination to the Health and Wellbeing Forum members | SHDO |
| **3.3. To build upon the working** | • Monthly meetings with all Officers | SHDO |
| 3.4. To participate in the Community Planning Health Pilot across Belfast | • Improved relationships with the Belfast Area Partnerships (BAP’s) Health Officers  
• Joint working across BAP’s | Quarterly Steering Group meetings  
• South Belfast health priorities are reflected in the City-Wide Community Planning Plan | Strategic Health Development Officer (SHDO) |
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<td>3.5. To build upon working relationships with the Belfast Health Development Unit</td>
<td>• Improved working relationships with BHDU with South Belfast involvement</td>
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<td>SHDO</td>
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| 3.6. To ensure SB community groups are kept informed and have an input into the Belfast Strategic Partnership (BSP) | • Participation and input into BSP Belfast wide events  
• Engagement and input from South Belfast into the BSP | | SHDO, SBPB and BSP community representative |