Building Resilience and Embedding Wellbeing in West Belfast Strategic Plan

Planning for our Population – A Place Based Approach

February 2021

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Foreward

Standard indicators of the quality of life include income & wealth, employment, the environment, physical and mental health, education and learning, recreation and leisure time, social belonging, personal safety and security amongst other issues. In other words, it impacts on our daily lives and is fundamental to our wellbeing and our ability to enjoy our lives. Subsequently well documented inequalities across our society and in our communities seriously impinge on our ability to enjoy a good quality of life. The WHO organisation definition of health inequalities as "not in any sense a natural phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements and bad politics" lays bare the challenge before us in creating a more equal society based on a good quality of life.

Inequalities have existed in communities across Belfast and is it clear there is a consistent and enduring pattern to their location and existence, the cycle of poverty and deprivation which has been endured in areas of the city has to be broken if we are to build resilient and sustainable communities. The population planning and engagement process contained throughout this strategic plan are a crucial element in building the confidence and participation of local people in creating real and lasting change. An outcomes-based approach including in our own Programme for Government, will test that approach and can partly be measured by how we engage with and interact with our people and communities and ultimately enhance their quality of life.

Coordinated and connected efforts that join together and make the best of what we have as assets, including our people and the public sector, are enshrined in development principles defined in this strategic plan and are essential to successfully achieving long term outcomes.

The strategic plan details key areas by which a population-based planning approach can make significant progress in the arenas of mental health and emotional resilience, reducing social isolation and loneliness and in a new invigorated learning for health approach. The authors acknowledge however this is a part of the public and civic debate which needs to take place and are not an exclusive range of issues.

'Building Resilience and Embedding Wellbeing in West Belfast' is a welcome contribution to an ongoing set of challenges we face as we strive to improve the quality of life for all our citizens and I welcome this strategic plan. I am therefore pleased to offer this strategic plan up for public and civic discussion and in doing so would like to congratulate all those who have contributed to its compilation, in particular I would like to commend my colleagues in the West Belfast Partnership Boards Strategic Health Group, all those involved in the COVID response group and in particular my colleagues Kevin Bailey, Maryellen Campbell, Daniel Jack, Jim Morgan, and Lorraine Morrissey for their ongoing discussions and drafting of the report.

Danny Power

Chairperson

West Belfast Partnership Board Strategic Health Group

Executive Summary

The following Executive Summary will take you through the reflection of a range of viewpoints gathered in West Belfast by the Strategic Health Group of the West Belfast Partnership Board and its members and outline a Vision of a West Belfast approach to tackling inequalities and improving the quality of life for all West Belfast citizens.

The Strategic Plan entitled 'Building Resilience and Embedding Wellbeing' will detail the rationale behind the contributors thinking on a Population and Place Based framework embedding wellbeing into the fabric of West Belfast life and seeking to radically change the way support is planned and sustained to make a lasting difference for this part of the city.

In the following pages we will establish the value of adopting this approach through the demonstration of design principles to not only guide current thinking but future proof developments in our collective approach to the challenges of building resilience and embedding wellbeing.

This strategic plan will set out current challenges and future opportunities articulated through a series of demonstrations exemplified by key areas of work in the fields of mental health and emotional resilience, reducing social isolation and loneliness, and building the case for future preventative development and lasting change.

The framework acknowledges that how and where people access support is crucial and a series of measures to increase health literacy and learning to prevent illness and keep our population well are also proposed. These measures include a capital investment programme which enhances the physical assets available to West Belfast to aid progress, building for the future.

Initial recommendations are outlined but have room for growth and scope to increase and expand and finally a significant engagement programme across public and civic life will, we hope enhance the framework.

The purpose of this strategic plan is to lay down, in one place, an overview of the direction of travel of a 'population planning' approach to health and wellbeing with the aim of addressing the enduring health inequalities being experienced by people living in West Belfast. The direction and content of this strategic plan has been informed by ongoing discussions within the Strategic Health Group along with a range of research and views from others across two key areas; the challenge of adopting a population approach as well as building a healthcare system for local people that is strong and tackles health inequalities.

The challenge to Building Resilience and Embedding Wellbeing (West Belfast Population Planning) and subsequently tackling inequalities is a complex set of issues and it has long been accepted that no single agency, or department in government holds the solution in its own gift or remit.

Health Inequalities

The World Health Organization (WHO) in its formal adopted constitution in 1948 contained a definition of health as *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"* (WHO, 2019).

The World Health Organisation (2008) referring to health inequalities says:

> ***"This unequal distribution of health damaging experience is not in any sense a natural phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements and bad politics"***

Differences in the health profile of individuals and communities across the population remain stark and seemingly obstinate areas of public policy and community life to resolve (Department of Health NI, 2019). Health inequalities described in those statistics are often referred to disparagingly within those less well-off areas as a postcode lottery. (Campbell, 2018)

Belfast has the highest rate of 'avoidable' deaths across the UK, across 4 UK areas, the death rate from avoidable causes is more than three times higher in deprived areas than in the most affluent. (Holder, 2018)

It is clear from the examination of our past (and current) approaches there are flaws in our thinking. Our health behaviours and lifestyles can contribute to many of our ills. There is no doubt we can individually and collectively do much to help ourselves, however it is also clear that individual effort is not the only source of the problem (WHO, 2008; Health Scotland, 2019; Power, 2019).

Quality of life

Notwithstanding progress made in general health there are concerns that whilst the goal of living longer is being achieved for most of the populace, growing disparities and a poorer quality of life have many other factors not being addressed (Davis, 2017). The quality of one's life, i.e., life satisfaction, a state of positive wellbeing and an ability to participate in or enjoy life's journey is often not factored into health equation. Current measures used by policymakers are often not a true reflection of the state of a population's health (Jenkinson, 2019).

Our Population Health and Place Based Approach

Focusing on a specific geography allows us to layer and coordinate projects with many partners, across different sectors. By doing this, we can make an even more significant impact in improving health. Population Health is an approach aimed at improving the health of an

entire population. In our case it is about improving the physical and mental health outcomes and wellbeing of people across West Belfast, while reducing health inequalities.

It requires working with communities and partner agencies in a collective place based and whole system approach. In West Belfast we believe that a Population health approach is about creating a collective sense of responsibility across many organisations and individuals, in addition to health specialists.

No One Left Behind

A life course approach emphasises looking back across an individual's or a cohort's life experiences or across generations for clues to current patterns of health and disease, whilst recognising that both past, present and future experiences are shaped by the wider social, economic and cultural context.

A Vision

> ***Development of a Building Resilience and Embedding Wellbeing Framework for the West Belfast area based on a population health approach to improve the quality of life and eliminate health inequalities.***

Core Outcomes:

1. Building Resilience
2. Embedding Wellbeing
3. Tackling Inequalities
4. Improving the Quality of Life

Embedding Wellbeing into a West Belfast Population Planning Approach

How will we make that happen?

- We will lead a society-wide conversation on wellbeing which feeds into the development of a Wellbeing Framework to guide the work in West Belfast.
- Agree a set of strategic commitments and outcomes (a Wellbeing Framework) and place this at the core of our approach.
- Set out, through the future programmes the commitments required to achieve the Wellbeing Framework, including a whole-of planning/ operational culture.

This approach will be guided by a set of Development Principles for current and future proofing primarily;

1. A co-produced framework planning process

> ***"Our vision for co-production ……. is that all people are valued and supported to meaningfully participate in shaping and delivering services, building and strengthening their communities, and creating change"***
>
> **(Scottish Co-production Network)**

West Belfast Co-Production – What might it look like?

- Involvement in identification of needs locally and all stages
- Identification of local outcomes by local communities/ people, influenced and supported by citywide planning processes
- Involvement in the development of design
- Involvement in the implementation and delivery of appropriate responses
- Involvement in the review/ evaluation and subsequent forward planning processes
- An accountability and scrutiny process at all these levels above, not just on community delivery but the degree of statutory adherence to the development principles laid out earlier in this report. A locality focused outcomes-based approach which actively includes participation at the beginning, during and review/ forward planning part of the planning processes.
- Reshaping of the tendering and procurement of public services which includes specific inclusion of the value of locality outcome/ place settings, in our case West Belfast.

2. An Integrated Approach:

A major challenge to implementing a Co-production approach in West Belfast is Inter-agency and community integration and communication.

An Integrated approach within health and Social Care is often referred to as the key to unlock the health inequalities door but too often we see 'integrated silos' within a very complex (often unnecessarily so) health system and in fact misses the core message behind integrated working, collective planning, action and the impact of wider determinants of health.

3. A process that empowers people and communities

Investing in People and Communities - Developing Social Capital

Belfast Healthy Cities in a discussion document produced in 2011 draws out the value of developing social capital in relation to the impact on regeneration and the need to build sustainable and healthy communities (Rocco, 2012; Cabinet Office, 2002)

Communities and areas in which there are health (and other) inequalities are more likely to have lower levels of social capital and interaction between and across its boundaries

therefore the proposed value of building social capital takes on a new-found relevance (OECD, 2001)

Building Stronger Communities by investing in people and communities focussing on two distinct elements:

- the level of community capacity and
- the level of capacity building support.

To gain a comprehensive understanding of how strong a community is, it is necessary to assess the range, extent and effectiveness of community activity and how the public sector support this to happen. It follows therefore that capacity building support can be understood as having the following key elements:

- Building organisational community development support?
- Building skills
- Building equality

Challenges and Opportunities

Policy environment

The biggest challenge facing the successful delivery of a population-based approach in West Belfast will be in persuading policy makers and others to plan and work in this way. It will require effort from across a range of arenas to think beyond their existing processes and create new methods of engagement and development. The approach being suggested is not a new concept. Indeed, whilst evidence in this paper illustrates the breadth of support for this approach, equally it illustrates that even with so many voices agreeing it will work, government and others continue to hold onto their traditional working arrangements.

Regionally/ Locally - Belfast Region City Deal (BRCD) commits to:

> **"a positive impact on the most deprived communities and a balanced spread of benefits across the region"**

The Belfast Agenda 2017-2035

As part of the establishment of community planning, Belfast City Council and their partners have published their first community plan; the Belfast Agenda – Your Future City (2017) and presents the vision for the city's development until the year 2035. An 'ambitious plan to make …. hopes and dreams come true', it does however acknowledge the challenges for the city against the backdrop of a growing inequalities gap across health and education. The city has pledged to work towards 'inclusive growth' and 'leave no one behind'. (Belfast City Council. 2017)

Organisational Challenges

Both Regionally via the Draft Programme for Government (2016-2021) and Citywide via the Belfast Agenda an Outcomes Based Accountability process has been adopted (aka outcomes-based results!)

Navigating change in a crowded organisational and policy marketplace e.g. Belfast (and locally in West Belfast) will mean making tough decisions, so therefore how decisions are to be made will be crucial.

Policy into Practice

There is organisational tension between core business and new policy direction although it is a process of agreeing to blend the two together A key issue would be the subject of accountability and responsibility from a statutory perspective, relevant when discussing the use of public funds.

Currently agencies are developing new approaches coming out of the Covid 19 crisis and this will have an impact on current service delivery models, it will bring a range of significant issues for which solutions will need to be provided.

Underpinning all of this is a hope for newfound respect for the value of locality and a sustained effort to revamp and rebuild communities. Central to this will be the need to create a stable community service workforce which, in its current construct, is without secure terms and conditions for its workforce.

Developing a 'Team West Belfast' approach

In West Belfast during the Covid crisis local assets were mobilised and used to great effect in a collaborative effort across community, voluntary and statutory services and providers. By being responsive, connecting the various resources and teams, locality needs were met in a timely and comprehensive fashion that no doubt saved lives.

While all this is extremely positive there were challenges around information, data sharing, duplication of effort, engagement on some specific interventions, contingency planning and expectation and involvement of some key agencies. There were also some issues around timescales and getting services and interventions in place quickly.

Having integration and coordination of all these assets working towards delivery of the framework would have a significant impact on the health and wellbeing needs of the West Belfast population.

Proposed priority work areas

1. Building good mental health and emotional resilience

Development of a medium to long term localised mental health/well-being plan that has connectivity into broader mental health, antipoverty/tackling inequalities government policy must be a key outcome and needs to be the primary focus of a West Belfast approach.

We aim to develop a coherent approach to supporting and promoting positive mental health to deal with of our mental health challenges.

What Covid-19 Presented & Amplified

The following reflects a range of concerns raised by many local stakeholders during the covid-19 outbreak regarding the local population's mental health and wellbeing:

- Economic impact
- Already over-stretched service provision
- Physical health
- Post-Traumatic Stress Disorder
- Bereavement
- Depression, mental ill health, anxiety & stress
- Service delivery methods
- Referrals to Services
- Increases in suicide and self-harm
- Funding contracts which are adaptable/ flexible
- Children's mental health
- Domestic violence

Opportunities & Challenges

West Belfast Multi-disciplinary team (MDT)

Current conversations are attempting to embed this new approach into a West Belfast population planning process. Approaches like this are key if a whole system, fully integrated population plan for the area is to be achieved. Moving forward, it will be important to establish the degree to which current structures across statutory, community and voluntary sectors can adapt to facilitate this.

Positively, there are many examples of excellent partnership working across all sectors and communities during the Covid crisis. There are opportunities to build and grow these relationships and forge new relationships that enable better working across sectors which maximise resources and the impact of services on people in West Belfast.

- Sharing best practice
- Clear accessible referral pathways
- Prioritising need
- Supporting and developing the workforce
- Response/ Recovery and Rebuilding
- Prioritising needs and managing expectations

The public engagement programme outlined in this strategic plan must have specific engagement processes for mental health (as well as its other key thematic areas).

To this end, we propose a major West Belfast Mental Health conference around the theme of *'Building Healthy and Resilient Communities – A West Belfast Perspective'*

2. Reducing social Isolation and loneliness

The terms loneliness and isolation are often used together. While social isolation is an objective state – defined in terms of the quantity of social relationships and contacts –

loneliness is a subjective experience. Loneliness is a negative emotion associated with a perceived gap between the quality and quantity of relationships that we have and those we want.

This means that people can be isolated without feeling lonely and they can also feel lonely without being isolated. However, there is a strong correlation between the two concepts. Evidence reviews, and policy frameworks often combine findings and recommendations on both terms.

Social isolation can affect anyone, although certain groups in the population are at increased vulnerability to social isolation. Older people are significantly more likely to suffer from social isolation with contributing factors being 'loss of friends and family, loss of mobility or loss of income'.

Raise Awareness and Prevention

Social isolation and its links to lack of regular contact with others, means that those who will be most isolated will have little or no contact with services, therefore creative solutions are needed to identify those who would benefit most from initiatives.

- Expand and embed training on social isolation.
- Improving awareness of social isolation via training among frontline professionals
- We must ensure that social isolation is embedded in any relevant future strategies. We will utilise the opportunity from public health programmes to target raising awareness for social isolation and signpost people to support and activities.

Action to support individuals

Examples of local initiatives demonstrate different approaches to working locally in an efficient manner for example:

- Befriending schemes (e.g., Good Morning West Belfast) is an intervention that introduces an individual to one or more individuals with the aim of increasing additional social support through the development of sustaining an emotion-focused relationship over time.
- Social prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sectors.
- Psychological therapies, such as cognitive behavioural therapy, may be effective for older people experiencing social isolation, in improving their wellbeing and helping them address some of the barriers to reengaging. (e.g., Lenadoon Counselling).
- At some future point we must return to delivering targeted home visits to people at risk of social isolation and previously have been successful in connecting people to local resources, maximising their income, and referring them to befriending services, tea/coffee clubs, social and leisure networks, lifestyle and confidence building and educational initiatives.

One potential route to explore is the development of Learning Neighbourhoods (Cork Learning City 2018) and being considered under Belfast own Learning City efforts. This could be linked to a collective approach combining a revamp of neighbourhood renewal under a new anti-poverty approach and aligned with Belfast s and Age Friendly/ Resilience and

Community Planning development. The important issues is to grasp the opportunity to connect our efforts across policy and planning lines for the benefit of our population.

Individuals need tailored responses to address their social isolation through social prescribing. One-size-fits-all solutions are unlikely to bring results, therefore we will:

- Ensure that there is appropriate capacity of befriending schemes commissioned across West Belfast.
- Consider the most effective ways of using innovative methods of befriending such as 'virtual befriending' using technology during the current crisis and as we move into a post covid period
- Promote a social prescribing approach in West Belfast involving Healthy Living Centres (HLC's) and the Connected Care Hub.
- Ensure reducing social isolation will be built in to care pathways for a range of different conditions. This will ensure that people are referred or signposted to relevant agencies for appropriate support such as befriending.
- Work with Individuals within local communities to encourage them to take responsibility for identifying, 'reaching out' and supporting potentially isolated people within their own area. In order to achieve this, statutory, voluntary and community organisations will work in partnership to build greater community capacity and better social outcomes for risk populations.

It is important that people have access to mental health services, as a means of addressing the causes and consequences of social isolation. This should involve targeted services to ensure that people at risk are able to access and benefit from them (e.g., Lenadoon Counselling). Services should be developed in partnership with relevant community organisations and statutory partners (inclusive of MDT's and Connected Community Care Hub)

Evaluation is a key component of any future programmes in West Belfast. Self-reporting is regarded as the best means of measuring social isolation. Measurements using valid scales such as De Jong Gierveld Scale will be utilised.

3. Prevention – Learning for Health

The opportunity exists to develop work undertaken by Belfast City Council and other partners under the 'Belfast a Learning City' banner connecting (as they do in people's lives) the worlds of Health and Education. This approach can be focussed on a number of key areas of development including the development of learning communities and viewing learning as tools to tackle inequalities. Complimenting the work and development of the West Belfast Partnership Board's Education initiatives there is an opportunity to advance a 'Learning for Health' prevention approach which incorporates the vision and principles outlined in this framework. Key issues that need to be considered include;

- Developing Health Outcomes and Learning
- Health Literacy approaches
- Supporting Healthy Behaviours
- Value of an adopted Learning approach
- Role of Education and Learning
- Leadership: Collaborative Approaches and Organisational Consequences

- Measuring value.
- Investing in local people and communities by 'Building Social Capital'

Capital Investment

Primary and community care services are a key element in the delivery of health and social care across the Region. They provide approximately 85% of all health and social care treatments. (Belfast Local Commissioning Group, 2016). A Review of Health and Social Care in Northern Ireland was commissioned by the then Minister for Health, Edwin Poots MLA in June 2011. In December 2011 the Review Group reported with the publication of the "Transforming Your Care". (TYC). TYC also recognised an imperative to change the way in which health and social care services were delivered and to do so required the provision of appropriate physical infrastructure. The strategy and action plan set out in Health and Wellbeing 2026: Delivering Together builds on the foundations laid by Transforming Your Care and other programmes of change, as well as the report of Professor Bengoa's Expert Panel Systems not Structures in 2016 (https://www.health-ni.gov.uk/sites/default/files/publications/health/expert-panel-full-report.pdf)

Analysis of the existing infrastructure had identified a need for significant investment in facilities, many of which are no longer fit for purpose. A lack of capital investment in GP practice premises and local Trust-owned health centres in recent years significantly limits the ability to develop and implement changes in service delivery.

A number of local sites including the Maureen Sheehan, Whiterock and Ballyowen Health Centres as well as full utilisation of the Wellbeing and Treatment Centre 'hub' at Beechall were identified by a Primary Care Infrastructure Development programme established by the Health and Social Care Board after the publication of TYC (Belfast LCG, 2016). Additionally, there has been a strong case made for the development of a new community health facility in the Colin area. (https://www.belfastlive.co.uk/news/health/west-belfast-community-health-hub-12466325).

In the same manner that the framework is largely an examination of our human and financial resources we need a fundamental review of our capital/ physical assets in the context of achieving our vision and outcomes outlined throughout this draft plan. This review should be carried out within the confines of this plan and part of a population health planning approach by our partners across Health and Social Care and within the Community Planning broader arena inclusive of a range of partners to look beyond the limitations of health and social care capital/ financial restrictions as part of the city's commitment to wellbeing.

Initial Recommendations

- Focusing on engagement across the lifecourse the West Belfast Partnership Board Strategic Health Group should lead a society-wide conversation on Health and wellbeing on behalf of the West Belfast community, which feeds into the development of a Wellbeing Framework to guide the work in West Belfast

- Agree a set of strategic commitments and outcomes using a population health and placed based approach to West Belfast which seeks to Build Resilience and Embed Wellbeing in an overarching West Belfast Strategic Health and Wellbeing Framework

- Set out, through the future programmes the commitments required to achieve the West Belfast Strategic Health and Wellbeing Framework, including a whole planning operational culture and collaborative budgeting/resource allocation process embedded in outcomes accountability

- Co-design a leadership development programme focused on the value of locality and city wide planning across key thematic areas including population planning, tackling health inequalities, outcomes-based accountability, collaboration and organisational impact as its core objectives.

- Work with local government to agree a new relationship to fully integrate and monitor local outcomes within the context of the West Belfast Strategic Health and Wellbeing Framework.

- Lay an annual report before the West Belfast Community for debate and accountability on progress made towards achieving the West Belfast Strategic Health and Wellbeing Framework outcomes

- Convene a Standing Advisory Group to provide ongoing technical support, advise on capacity-building activities and provide external review of the implementation of the West Belfast Strategic Health and Wellbeing Framework

West Belfast Engagement Plan

Why Engage?

It creates capacity across the local population to build its own health and wellbeing literacy and take action to prevent ill health. To construct a framework which eliminates health inequalities and embeds wellbeing we need to understand those social and environmental factors which impact on an individual's life and how they have how they interrelate, how they are mediated, and how they are constructed over an individual's life history.

In that context, we need to look at engagement not only as a human right for community and individuals and a process of effecting those rights in decisions that affect their lives.

Our Values

Underpinning an inclusive engagement strategy, we will adopt values which will validate inputs to the process.

Principles

- Fairness, equality and inclusion must underpin all aspects of our inclusive engagement processes and should be reflected in both engagement policies and the way that everyone involved participates.

- Engagement should have clear and agreed purposes, and methods that achieve these purposes.
- Improving the quality of engagement requires commitment to learning from experience in all arenas, levels and stages of engagement.
- Skill must be exercised to build communities, to ensure practise of equality principles, to share ownership of the agenda, and to enable all viewpoints to be reflected.
- As all parties to the engagement possess knowledge based on study, experience, observation and reflection, effective engagement processes will share and use that knowledge.
- All participants should be given the opportunity to build on their knowledge and skills.
- Accurate, timely information is crucial for effective engagement.

These principles reflect the importance of equality and recognising the diversity of stakeholders interested in developing West Belfast as a resilient Community and using those strengths as primary tools for tackling inequalities.

We need to establish effective methods for achieving change;

- building on the skills and knowledge of all those involved
- a commitment to continuous improvement to meet the challenges of not only a West Belfast engagement plan but building a framework for implementation and a process for achieving longer term outcomes

Who to Engage?

The Building Resilience and Embedding Wellbeing (West Belfast Population Planning) Strategic Plan outlines key actions required to develop a West Belfast Strategic Health and Wellbeing Framework and a correlation between community efforts, public service development including core policy areas outlined throughout this document, these will focus the efforts of the engagement strategy.

Main arenas of engagement

1. A Public Awareness Campaign
2. Collaborative Leadership and Strategic Planning
3. Engaging Communities
4. Collective Planning and Civic Endorsement
5. Overall Purpose

The purpose of this engagement strategy is two-fold:

- To build resilience and to
- Embed wellbeing in West Belfast planning approaches

Measurement of Engagement

Core concepts and principles of engagement have been adopted and standards will be used as measurements to validate the success of the engagement process which will lead to an innovative plan.

Introduction

The Building Resilience and Embedding Wellbeing in West Belfast Strategic Plan has been produced on behalf of the Strategic Health Group of West Belfast Partnership Board. The Strategic Health Group is an area wide group comprising cross sectoral representation. The purpose of the strategic plan is to lay down, in one place, an overview of the potential **direction of travel of a 'population planning' approach** to **health and wellbeing** with the aim of **addressing the enduring health inequalities** being experienced by people living in West Belfast.

During the initial Covid-19 period in the first half of 2020, the group acted as a conduit for **cross sectoral information sharing** and **planning aimed at reducing the impact** of the pandemic on local people. There were a number of key focus areas including the targeting of 'shielding packages' to those most vulnerable, addressing isolation in older people as well as mental health and wellbeing.

The **effective mobilisation** by a range of key **local community organisations** at the beginning of the crisis was acknowledged repeatedly within the group as **reducing the burden** on pandemic crisis hubs set up by Belfast City Council (via the Department for Communities) and Belfast Health and Social Care Trust (where those being shielded were being identified via local GP practices). These key groups worked cohesively together to **effectively identify and support** the vulnerable, so they were protected as early in the crisis as possible, as well as to **maximise the use of resources** the groups themselves were accessing. As a consequence, the vulnerability and **impact on local people was reduced** significantly**.**

Over the course of a number of weeks, discussions naturally progressed within the group into **what will the health and wellbeing needs of local people be as the area emerges from Covid-19**. Central to those discussions has been the challenge this presents given the **systemic health inequalities** local people have been experiencing **over a prolonged period**; the lack of **effective structural reform** across the health and wellbeing sector; the **impact of under-resourcing** of many aspects of health and social care and its **ability to meet the needs of local people** in a more efficient manner.

The direction and content of this strategic plan has been informed by those discussions along with a range of research and views from others across **two key areas**; the challenge of **adopting a population approach** as well as building **a healthcare system for local people that is strong and tackles health inequalities**.

The challenge to **Building Resilience and Embedding Wellbeing** (West Belfast Population Planning) and subsequently tackling inequalities is a **complex set of issues** and it has long been accepted that **no single agency, or Department in government holds the solution in its own gift or remit**.

Health Inequalities

The World Health Organization (WHO) in its formal adopted constitution in 1948 contained a definition of health as *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*" (WHO, 2019). Therefore, the determinants of both good and what contributes to ill health are a broad ranging set of influences and stretch across social, economic, and environmental factors, often interdependent and interrelated. The evidence base on measures to tackle health inequalities is limited, and what evidence there is does not match the traditional approach to tackle these through medically based interventions.

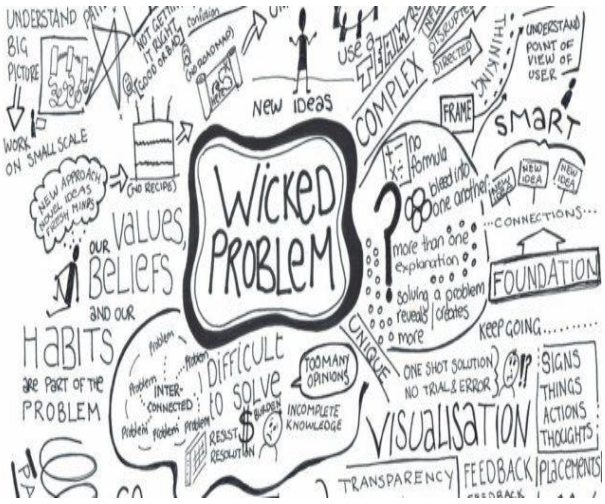
Focusing on the individualised interventions that typically populate the evidence base potentially ignores the more important macro-level determinants of health, and the degree to which inequity is tolerated and sustained through flawed policies at regional and local levels. This does not just apply to health inequality but across many areas of inequality prevalent in Belfast as the area of highest concentration of deprivation across the North of Ireland (according to recent analysis of the Multiple Deprivation measures released in November 2017).

In addressing health inequalities being experienced in West Belfast, the rationale exists across two key areas:

- Unacceptable rates of mortality and morbidity/health inequalities
- Structural causes i.e., poverty, poor education, and legacy of the conflict

Wicked Problems

Horst Rittel, first coined the term *"wicked problem"* (Rittel, H.). Health inequalities are often described as intractable and 'wicked' problems.



Discover Society 2018

Government organisations divided and organised into sectional lines, vertical planning, organisational targets and tight financial boundaries have attempted to rationalise and *'tame'* wicked problems by managing them without understanding the complexity and interrelated nature of the difficulties. The most common approach appearing is defining the problem, narrowing the scope and range of possible interventions into tasks and technical

approaches to avoid intractable situations. This often involves addressing a part of a problem that can be solved.

When policy and performance measures are limited to the individual part rather than the wicked problem, the problem can appear solved at least in the short-term. This is a familiar approach to tackling health inequalities particularly from a public health system more used to advocating a medicalised approach to tackling health challenges. (Australian Government, 2007).

Differences however in the health profile of individuals and communities across the population remain stark and seemingly intractable areas of public policy and community life (Department of Health NI, 2019). Health inequalities described in those statistics are often referred to disparagingly within those less well-off areas as a postcode lottery (Campbell, 2018).

The World Health Organisation (2008) referring to health inequalities says:

> **"This unequal distribution of health damaging experience is not in any sense a natural phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements and bad politics"**

As the WHO definition on health inequalities states they are determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live longer, healthier lives. It is clear from the examination of our past (and current) approaches there are flaws in our thinking. Our health behaviours and lifestyles can contribute to many of our ills. There is no doubt we can individually and collectively do much to help ourselves, however it is also clear that individual effort is not the only source of the problem (WHO, 2008; Health Scotland, 2019; Power, 2019).

Quality of life

There are concerns that whilst the goal of living longer is being achieved for most of the populace, growing disparities and a poorer quality of life have many other factors not being addressed (Davis, 2017).

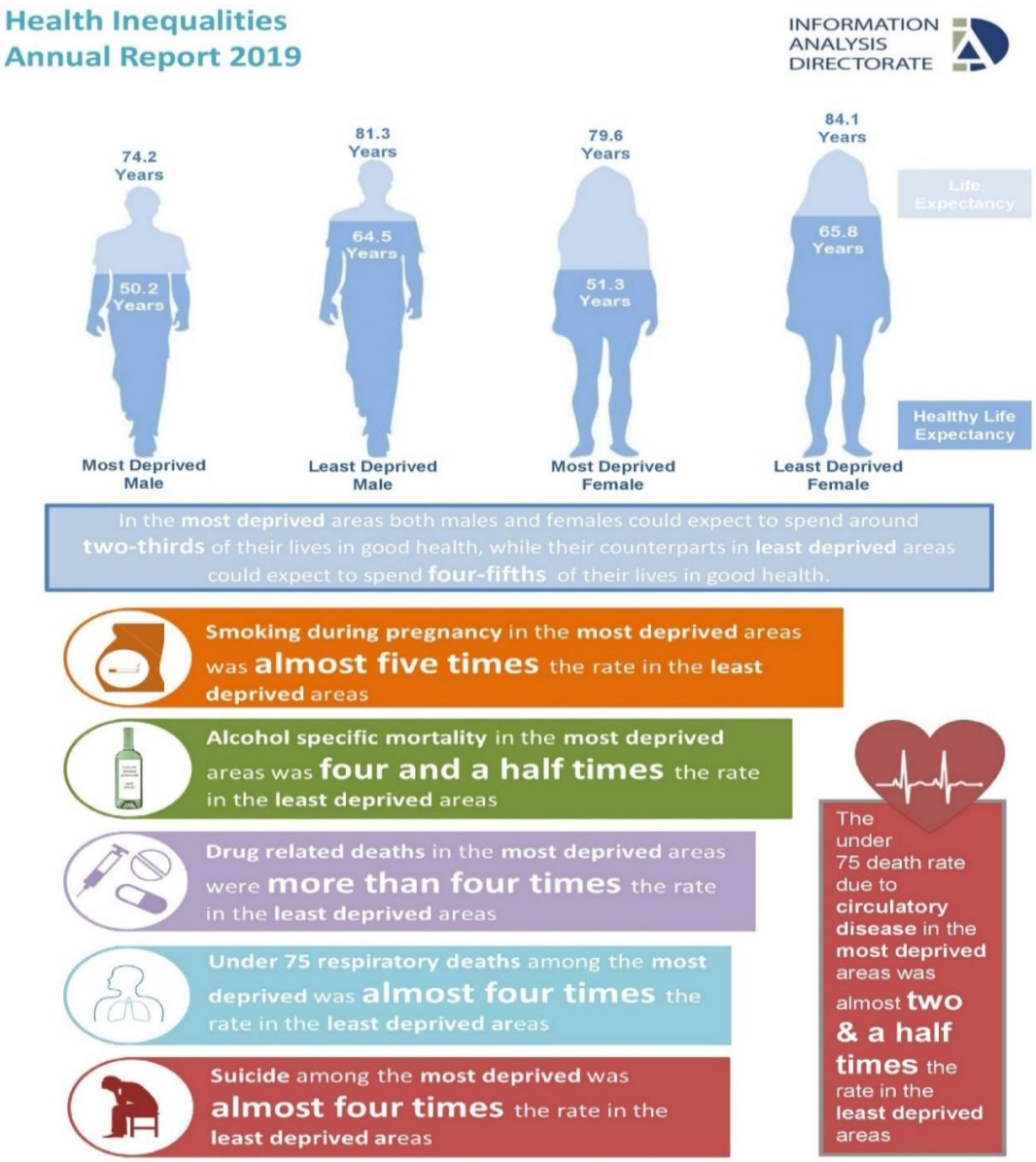
The quality of one's life, i.e., life satisfaction, a state of positive wellbeing and an ability to participate in or enjoy life's journey is often not factored into health equation. Current measures used by policymakers are often not a true reflection of the state of a population's health (Jenkinson, 2019).

Access to health support

A significant contributory factor to the health of the population is of course access to health and care services and logically one would think that the need for medical and health support would be used by those that need it most, however that does not appear to be the case and an '*inverse care law*' described by Hart exists. Those who most need medical and health care are least likely to receive it. On the other hand, those with least need of health care tend to use health services more, and more effectively! (Hart, 1971).

Concern about fairness provides an introduction into a deeper view around where health inequalities have arisen from. (Marmot, 2006).

Scale of the problem



As the Department of Health (NI) figures demonstrate, the level of heath inequalities existing across the region are stark reminders against any complacency (Department of Health NI, 2019)

People living in the poorest parts of Belfast are more likely to die prematurely than in any other area of the UK. Across the UK the mortality rate from avoidable causes is more than three times higher in deprived areas than in the most affluent. (Holder, 2018)

Our Population Health and Place Based Approach

A definition of place in health

For us, 'place' has three complementary meanings:

- **an actual place** – often defined by geographical boundaries. In our case, this is West Belfast
- **a type of place** – the characteristics of a setting. Focussing our efforts on areas which have high levels of deprivation.
- **the context of place** –the environment in which we live in can create both assets and risks for our health.

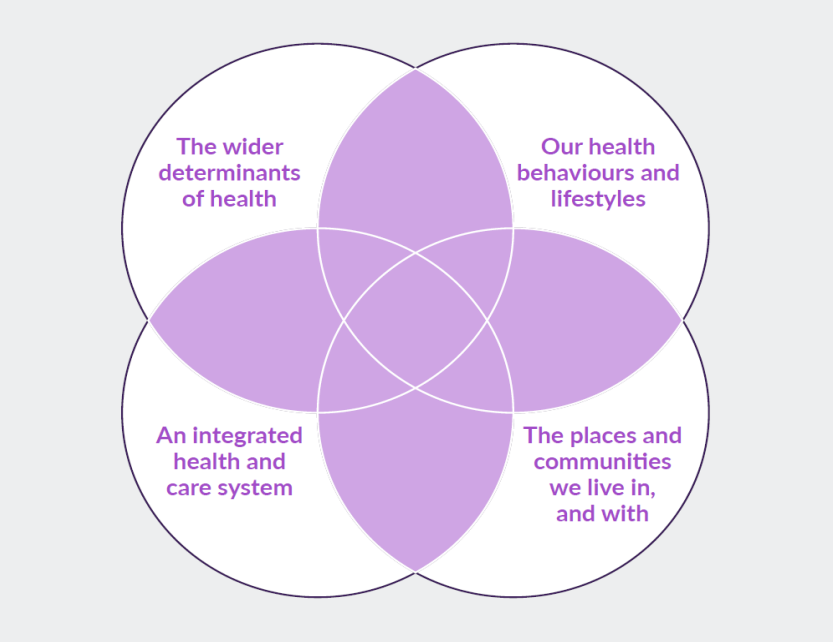
Our place is West Belfast. We want to take a more focused approach – engaging with the specificity of our area, its assets and challenges – to draw richer insights on complex health issues.

Focusing on a specific geography allows us to layer and coordinate projects with many partners, across different sectors. By doing this, we can make an even more significant impact in improving health.

Population Health is an approach aimed at improving the health of an entire population. In our case it is about improving the physical and mental health outcomes and wellbeing of people across West Belfast, while reducing health inequalities.

It should include action to (i)reduce the occurrence of ill health (prevention), (ii) action to deliver appropriate health and care services and (iii) action on the wider determinants of health (support and recovery).

It requires working with communities and partner agencies in a collective place based and whole system approach. In West Belfast we believe that a Population health approach is about creating a collective sense of responsibility across many organisations and individuals, in addition to health specialists.



This is not to confuse this with the phrase 'population health management' also widely used and often heard, with a specific meaning that is narrower in focus than population health. Population health management refers to ways of bringing together health-related data to identify a specific population that health services may then prioritise their work.

Advantages of a place-based approach to improving health

Focusing on place is an important part of improving people's health. We believe the best approach to place-based health takes plenty of time to understand our area and our communities, are ambitious in our goals and involve many different partners in their solutions.

At our best, a place-based approach can help to:

- Avoid dilution of efforts and energy by offering a defined area to focus on
- Really understand a health issue and its impact by looking at how it unfolds in a real setting
- Build strong relationships with everyone needed to create change
- Create impact well beyond a specific geography by sharing lessons with others in similar places elsewhere

Our place-based, programmatic model allows us to dive deep and focus on the health of people in our local area – and to test, learn and share what we find with others in similar places elsewhere.

More on how we take our approach

Driving a whole-system solution to improving health. This involves working purposefully and in partnership with many other actors – from local residents to government bodies, community organisations and the private sector. We look not only to drive better health locally but also to build evidence on how to tackle complex health issues across the city.

No One Left Behind

A place based and population focus would look across a West Belfast age range (a 'Life Course')

- A life course approach emphasises looking back across an individual's or a cohort's life experiences or across generations for clues to current patterns of health and disease, whilst recognising that both past, present and future experiences are shaped by the wider social, economic and cultural context.

- There is growing evidence suggests that there are critical periods of growth and development, not just in utero and early infancy but also during childhood and adolescence, when environmental exposures do more damage to health and long-term health potential than they would at other times.

- There is also evidence of sensitive developmental stages in childhood and adolescence when social and cognitive skills, habits, coping strategies, attitudes, and values are more easily acquired

than at later ages. These abilities and skills strongly influence life course trajectories with implications for health in later life

- Cumulative effects on later health may occur not only across an individual's life but also across generations.

  (WHO and the International Longevity Centre, 2000)

This would be a specific call to action to achieve a community-centred approach to health and wellbeing, including the need to:

- develop a whole-system approach across sectors
- ensure genuine co-design and co-delivery
- map and mobilise local assets
- measure community outcomes that matter
- integrate community-centred, asset-based approaches as part of place-based commissioning and strategic planning

Positive health outcomes can only be achieved by addressing the factors that protect and create health and wellbeing, and many of these are at a community level.

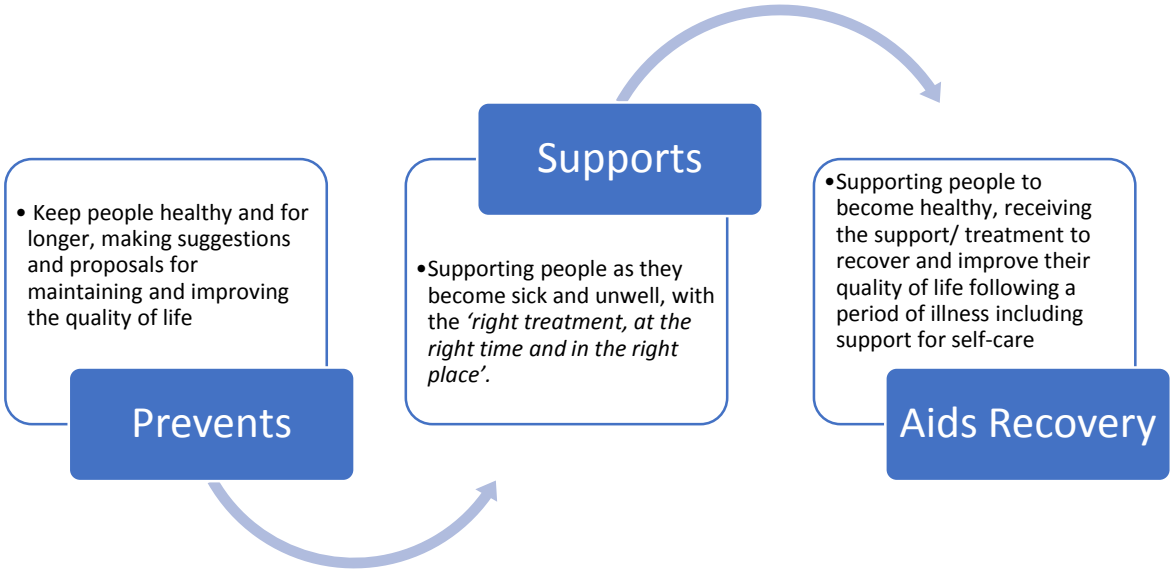
A Vision

Development of a Building Resilience and Embedding Wellbeing Framework for the West Belfast area based on a population health approach to improve the quality of life and eliminate health inequalities.

Core Outcomes:

1. **Building Resilience**
2. **Embedding Wellbeing**
3. **Tackling Inequalities**
4. **Improving the Quality of Life**

We will be directed by a set of principles and proofing tools which guide the development of public and community health initiatives and services. **To do that we must design an approach which**



We will throughout this approach adopt a localised pathway approach to population health planning which seeks to begin with a process that focusses on **supporting** people (of all ages) into 3 key stages:

1. **A Prevention Stage:**

Keeping people healthy and for longer, making suggestions and proposals for maintaining and improving the quality of life. Developing strong health and wellbeing 'literacy' across the population at the earliest possible point.

Specifically, it is important to understand the key areas which facilitate good and mitigate against poor health by understanding key risk factors throughout our life course.

Direct Health Impact

POSITIVE		NEGITAVE
Increased physical activity	⟷	Sedentary lifestyle
Reduced or Non-Smoker	⟷	**Smoker**
Balanced Diet/ Nutrition	⟷	Poor Diet/ Nutrition
Positive mental health	⟷	Poor mental health
Healthier Lifestyle	⟷	Drug & alcohol dependency/ abuse

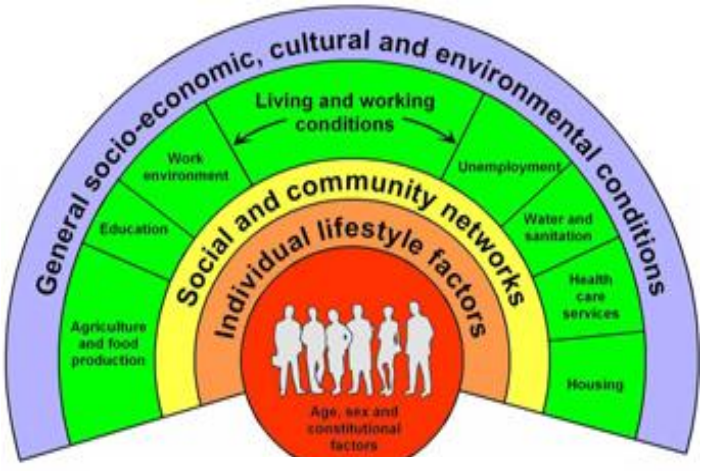
Wider Health Determinants

Studies have found that some people define health as the absence of illness (Williams, 1983; Hughner & Kleine, 2004). There are concerns that whilst the goal of living longer is being achieved for most of the populace, growing disparities and a poorer quality of life have many other factors not being addressed (Davis, 2017; Power, 2019).

The World Health Organization (WHO) in its formal adopted constitution in 1948 contained a definition of health as *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*" (WHO, 2019).

The determinants of both good and what contributes to ill health are a broad ranging set of influences and stretch across social, economic and environmental factors, often interdependent and interrelated.

These social health factors have been explored by researchers using several



Source: Dahlgren and Whitehead 1991

models, but the most widely used is the Dahlgren-Whitehead 'rainbow model'. (Dahlgren, 1991)

On both a positive and a negative note, it places health gains commensurate to economic, environmental and social determinants and the challenges of doing that in a way that moves responsibility, planning and around other factors beyond health, to other areas of government.

It also places a greater responsibility on people and communities to take responsibility for contributory lifestyle factors. The social model of health places emphasis on prevention and long-term attitudinal change, to drive down some of the core statistics in the context of health inequalities, not short-term gain, at times so demanded by government and civic society.

Evidence base for Social Model of Health

Where interventions aimed at reducing health inequalities have been developed and evaluated, they tend to focus on modifying individual lifestyle factors without tackling wider systemic changes required. This may be indicative of differences in the respective evidence bases; with evidence on tackling the wider social determinants being less apparent and less accessible to policy makers and practitioners (Bambra *et al*, 2010; Power, 2019).

There is equally a challenge in applying what has been proven to work and scaling up and across populations of interest. In some cases, research exists, but its impact is not clear (Hunter et al, 2011). The existing research relates the need to understand sources of inequalities in health, how they interrelate, how they are facilitated, and how they are constructed over an individual's life course (Bambra *et al*, 2010).

2. A Support Stage:

Supporting people as they become sick and unwell, with the *'right treatment, at the right time and in the right place'.* The **organisation and access of appropriate treatment/ interventions** will therefore be crucial to the implementation of this plan and will **require** support for a **locality driven, collaborative and integrated planning process**. Support therefore for the development principles laid in a later section of this report are fundamental to success.

Supporting people to understand what support is required and how they access that support is also fundamental; this can range from support for self-care, through to specific support across the spectrum of illness and the key risk factors to prevent further deterioration or help alleviate pain and maintaining a quality of life. A person understanding therefore of what help is needed and crucially how and where to access that support is fundamental to this approach.

3. A Recovery Stage:

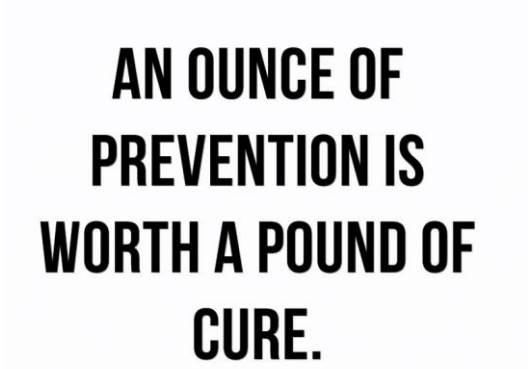
Supporting people to become healthy, receiving the support/ treatment to recover and improve their quality of life following a period of illness including support for self-care.

The strategic focus of this plan will gauge the effectiveness of each through a process of:

- Being a watchdog and scrutiny agent for improvement and positive change
    - Through a range of health and social care interventions from community, family practitioners, primary and secondary care
    - Quality indicators

- Improving access by a more effective patient, public involvement engagement and build community capacity for self-care at both and individual and community level.
    - Service improvement, redesign and appropriate access to support
    - Integrated working and collaboration across a whole community system

- Establishment of a pro-active prevention campaign
    - Supporting community led initiatives
    - Supporting best practice and effective models of delivery
    - Supporting collaborative approaches which maximise impact



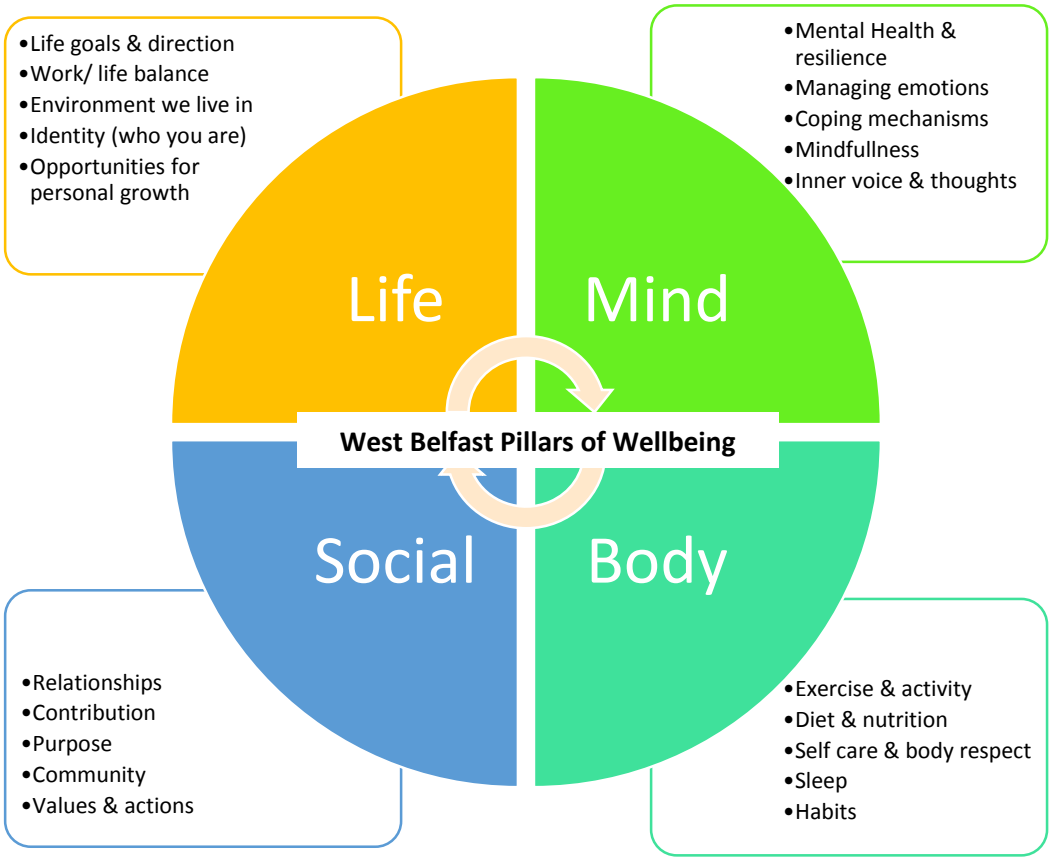
Henry de Bracton

We will outline throughout this approach and response to current planning and delivery as it relates to the life course e.g., early years, children of school age, adolescents/ young people, Adulthood and later into older age and make recommendations for improved access and support for each.

Additionally, we will attempt to provide a West Belfast future proof planning and policy development principle which reflects on the pathway, focusing on preventing illness where possible.

A West Belfast plan needs to articulate and be clear about its links with HSC secondary and primary care services to ensure rapid and effective responses, it is no longer good enough to separate completely community and statutory approaches.

Embedding Wellbeing into a West Belfast Population Planning Approach



What does this all mean?

It means… Integrating the concept of wellbeing as our collective purpose for West Belfast into a mission statement for all public services and community services.

How will we make that happen?

- We will lead a society-wide conversation on wellbeing which feeds into the development of a Wellbeing Framework to guide the work in West Belfast

- Agree a set of strategic commitments and outcomes (a Wellbeing Framework) and place this at the core of our approach

- Set out, through the future programmes the commitments required to achieve the Wellbeing Framework, including a whole-of planning/ operational culture.

- Develop a training and capacity-building programme for all involved/ responsible for implementation.

- Embed the Wellbeing Framework by linking it to collaborative budget processes and informing the allocation process.

- Work with local government to agree a new relationship to fully integrate and monitor local outcomes within the context of the Wellbeing Framework.

- Lay a bi-annual report before the West Belfast Community for debate on the progress made by the plan towards outcomes described in the Wellbeing Framework.

- Convene a Standing Advisory Group to provide ongoing technical support, advise on capacity-building activities and provide external review of the implementation of the Wellbeing Framework.

Development Principles and Future Proofing

A Co-produced planning process

"Our vision for co-production ……. is that all people are valued and supported to meaningfully participate in shaping and delivering services, building and strengthening their communities, and creating change"

(Scottish Co-production Network)

West Belfast Co-Production – What does it look like?

- Involvement in identification of needs locally and all stages
- Identification of local outcomes by local communities/ people, influenced and supported by citywide planning processes
- Involvement in the development of design
- Involvement in the implementation and delivery of appropriate responses
- Involvement in the review/ evaluation and subsequent forward planning processes
- An accountability and scrutiny process at all these levels above, not just on community delivery but the degree of statutory adherence to the development principles laid out earlier in this report. A locality focused outcomes-based approach which actively includes participation at the beginning, during and review/ forward planning part of the planning processes

Key issues that need to be considered in a West Belfast wide coproduction approach:

- Investment in building local community capacity to engage and be involved
- Investment in local community infrastructure to play its part in identification and delivery of better local outcomes
- Building skills and knowledge at local level
- Investing in developing social capital (investing in people)
- Building local leadership (as part of a broader citywide investment in the Learning and Healthy Cities approaches and key policies e.g., Programme for Government and Regional/ Citywide Inclusive Growth/ Resilience strategies)

Specifically, there are key challenges to overcome in a West Belfast approach;

- Acknowledging of the value (including financial and on the public purse) of community development approaches and its role in a pathway approach to achieving our outcomes.

- Reshaping of the tendering and procurement of public services which includes specific inclusion of the value of locality outcome / place settings, in our case West Belfast.

An Integrated Approach:

A major challenge to implementing a Coproduction approach in West Belfast is Inter-agency and community integration and communication. To that end we believe that there needs to be an integrated approach which adheres to the following;

- Every area has the potential to achieve more through the effective use of all the skills, knowledge and assets available within and contributing to communities including the community and public sectors.
- An asset-based approach where the emphasis is on people and communities' assets, alongside their needs.
- At its core, it starts with the individual person and place seeking to identify and build upon existing strengths, rather than impose an external framework or preconceptions of what is required to facilitate change.
- A whole community and systems wide utilisation of assets and resources to an agreed purpose

It is clear from research (and previous results) that no single approach can work to tackle endemic inequalities and to achieve the objectives of a better quality of life for all. What influences our results are a combination of factors and effects that determine ill health and a combination of responses that are required to reverse the problems.

An Integrated approach within health and Social Care is often referred to as the key to unlock the health inequalities door but too often we see *'integrated silos'* within a very complex (often unnecessarily so) health system and in fact misses the core message behind integrated working, collective planning, action and the impact of wider determinants of health.

A checklist?

- Reframe the current health and public service narrative from dependants to assets: bring together local people to co-produce an area-wide vision of how an asset-based approach might look in practice.
- Agree and adopt the building blocks of a whole-system outcomes model to begin to change embedded organisational cultures, an asset-based approach recognises the potential of people's strengths and resilience.
- Connect people to each other and to wider community assets: bring people together through local networks e.g., Healthy Living Centres/ Social Prescribing, Good Morning

West Belfast, West Belfast multi-disciplinary team, and the Connected Community Care Hub.

- Grow and mobilise community assets: create the right environment for an asset-based approach to succeed by engaging commissioners, supporting the community sector, and building partnerships.

- Develop evidence and simple measures which go beyond proxy approaches, such as reduced hospital admissions or delayed transfers of care: this will help to articulate the broader benefits of an asset-based approach to the system and communities, and disseminate good practice and learning

(SCIE – Social Care Institute for Excellence)

Empowers People and Communities

We need to invest in developing social capital and building stronger sustainable communities.

Developing Social Capital

Belfast Healthy Cities in a discussion document produced in 2011 draws out the value of developing social capital in relation to the impact on regeneration and the need to build sustainable and healthy communities (Rocco, 2012; Cabinet Office, 2002)

Communities and areas in which there are health (and other) inequalities are more likely to have lower levels of social capital and interaction between and across its boundaries, therefore the proposed value of building social capital takes on a new-found relevance (OECD, 2001)

"networks together with shared norms, values and understandings that facilitate co-operation within or among groups"

Schuller et al, (2004) describes learning as a process which enhances social capital, by helping develop social skills, extending social networks, and promoting shared norms and tolerance of others. It is also informing policy and intervention options aimed at reducing health inequalities, particularly through efforts and investment in building social capital in ways that can generate health benefits in disadvantaged communities. (Department for Health, 1998)

Building Stronger Communities by investing in people and communities focussing on two distinct elements:

1. the level of community capacity and

2. the level of capacity building support.

To gain a comprehensive understanding of how strong a community is, it is necessary to assess the range, extent and effectiveness of community activity and how the public sector support this to happen.

Community capacity we understand as having four key elements:

- Organisation – local groups, organisations and networks that are well managed, accountable to the community and effective in improving community life.

- Skills – the intelligence, understanding, skills and learning that underpin effective action by communities

- Equality – the underpinning value that all actions involve all groups and interests in a community, and that the benefits are experienced by all

- Involvement – this includes the way groups and organisations involve community members, as well as their involvement with other bodies and their influence with them

These four elements can be understood as the characteristics of our community that has the capacity to develop and engage, and they are also the areas in which investment and action can be made by the various agencies concerned to build community capacity.

It follows therefore that capacity building support can be understood as having the following key elements:

Building organisation

- the nature, relevance and availability of community development support from statutory sources or from any type of community-based support service, such as a development trust, a community forum, a neighbourhood council or similar 'anchor' for community development.

Building skills

- what is available in terms of training and development support and access to specialist expertise which should cover organisational, financial and management skills as well

as leadership skills for community change such as assessment, planning, organising, alliance building, negotiating and campaigning.

Building equality

- to what extent public bodies and partnerships target their attention and resources on those with least capacity.

Challenges and Opportunities

Policy environment

The biggest challenge facing the successful delivery of a population-based approach in West Belfast will be in persuading policy makers and others to plan and work in this way. It will require effort from across a range of arenas to think beyond their existing processes and create new methods of engagement and development. The approach being suggested is not a new concept. Indeed, whilst evidence in this paper illustrates the breadth of support for this approach, equally it illustrates that even with so many voices agreeing it will work, government and others continue to hold onto their traditional working arrangements.

Globally- United Nations and Sustainable Development Goals

Many countries face similar '*wicked problems*'. The United Nations contains a UN charter which guides the work of the organisation and its members with clear principles and goals to guide and to inform national and local responses, all with a desire to *'leave no one behind'.* The UN has adopted a set of 17 Sustainable Development Goals (SDG's) to achieve its aims to eradicate poverty, encompassing the social, economic and environmental dimensions of development to do so. (United Nations, 2019**)**

The UN SDG's are clearly targeted to underdeveloped countries of the globe, many however are relevant to Belfast's efforts and subsequently West Belfast's efforts including.

1: No Poverty
3: Good Health and Well-being
10: Reduced Inequality
11: Sustainable Cities and Communities
17: Partnerships to achieve the Goal

Globally - World Health Organisation (WHO)

> ***"WHO is the directing and coordinating authority for health within the United Nations governance system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends."***

WHO operates in an increasingly complex and rapidly changing landscape and just as in other discussion of this research on a series of interconnected and interdependent challenges that goes beyond public health and into wider determinants that influence health outcomes.

Regionally/ Locally - Belfast Region City Deal (BRCD)

A City Deal for the Belfast 'region' is an agreement between the Westminster government and 5 surrounding Council areas and other key partners including the 2 main Universities certain powers and freedom to:

- take charge and responsibility for decisions that affect their area
- do what they think is best to help businesses grow
- create economic growth
- decide how public money should be spent

The BRCD sets out a plan to deliver sustainability and introduce inclusive growth across the stubborn areas refusing to let go of the inequalities which plague them. Inclusive growth is a term that refers to economic development that is designed to bring prosperity to the maximum number of people and to the widest possible geographical area.

City Deals are bespoke packages and thus allow for projects to be designed specifically for areas of deprivation or in need of investment. The agreed programme being developed will, it is hoped, address a number of key barriers to inclusive growth by taking measures to tackle economic inactivity and deprivation, address skills gaps and inequalities by investment in additional 'world-class' visitor experiences and developing the physical and digital infrastructure. (Belfast City Council, 2019). The BRCD is described by the sponsors as '*connecting people to opportunity*'. The deal aims to create 20,000 new jobs and is underpinned by an employability and skills investment in areas of deprivation to *'achieve a balanced spread of benefits across the region'* (Belfast City Council, 2019).

BRCD commits to:

"a positive impact on the most deprived communities and a balanced spread of benefits across the region"

The Belfast Agenda 2015-2035

As part of the establishment of community planning, Belfast City Council and their partners have published their first community plan; the Belfast Agenda – Your Future City (2017) and presents the vision for the city's development until the year 2035. An *'ambitious plan to make …. hopes and dreams come true*', it does however acknowledge the challenges for the city against the backdrop of a growing inequalities gap across health and education. The city has pledged to work towards *'inclusive growth'* and *'leave no one behind'*. (Belfast City Council, 2017)

The community plan has mapped out the following in relation to potential impact on tackling health inequalities:

- effective delivery of public services
- long term outcomes to improve the quality of life for all.
- linkages to regional Departmental policy and outcomes
- sets out the challenges and opportunities the city faces
- outcomes, indicators and measures to address these.
- long-term plan of action with stretch goals
- outlines the collaboration required to make it happen

(Belfast City Council, 2017)

Specifically, this is reflected in the outworking of 6 key areas of development for the city and of course West Belfast

- Living Here Board,
- Working and Learning Board
- City Growth Board
- Inclusive Growth Strategy
- Development of a Resilience strategy for the city.
- Belfast a Learning City (endorsed by Belfast City Council and a member of the UNESCO Global network of Learning Cities

There are also other key area of development currently in play and which need to be aligned with West Belfast planning including;

- Belfast a Caring and Compassionate City
- Belfast Healthy Cities Phase VII (2019-2024) World Health Organization (WHO) European Healthy Cities Network
- Making Life Better Public Health Strategy 2012 - 2023
- Draft Programme for Government (PfG) 2016 – 2021
- Health and Wellbeing 2026 **-** Delivering Together
- Mental Health Strategy/ action plan 2021 - 2031
- An antipoverty plan led through the Neighbourhood Renewal forum
- New Decade New Approach" agreement (January 2020)

- Developing a Wellbeing framework across the North of Ireland/ Community Planning Partnerships (Carnegie UK Trust, 2017)

Organisational Challenges

Both Regionally via the Draft Programme for Government (2016-2021) and Citywide via the Belfast Agenda an Outcomes Based Accountability process has been adopted (aka outcomes-based results!)

Mark Friedman at the Fiscal Policy Studies Institute in New Mexico has pioneered the development of this approach and outlines a common language to understand and a process of working back from agreed outcomes;

- Outcomes: A condition of wellbeing for children, adults, families or communities;
- Indicator: A measure which helps quantify the achievement of an outcome;
- Baselines: What the measures show about where we have been and where we are headed;
- Turning the curve: What success looks like if we do better than the baseline;
- Strategies: What works to improve these conditions.

(Friedman, 2009)

OBA Organisational Challenges

There are related challenges for organisations in tackling inequalities and moving towards an outcomes-based accountability approach. Large organisations and internal cohesion are a factor and the need to be specific about roles and responsibilities, almost down to the detail of individual duty. Organisational change and new direction from government and demands from the general public where factors within organisational and policy challenges and the development of relationships with partners in a collaborative approach. Navigating change in a crowded organisational and policy marketplace e.g., Belfast (and locally in West Belfast) will mean making tough decisions, so therefore how decisions are to be made will be crucial.

Described as the *"internal and external challenges"* the management of these was a long-term process. They need time to grow and mature organisations, this is particularly evident in the restructuring of health and social care and the revamp of local government with the introduction of community planning in particular. It was also felt that community buy-in and strong top down endorsement and leadership where key factors.

Policy into Practice

The added concept of sharing outcomes brought by the PfG introduced challenges and opportunities which has both internal and external consequences for use of personnel and

other resources in a system used to individual organisational planning procedures. This placed, pressure to get it right and a renewed focus on the setting of long-term priorities and planning across organisational lines has been added to the planning blend.

There is organisational tension between core business and new policy direction although it is a process of agreeing to blend the two together A key issue would be the subject of accountability and responsibility from a statutory perspective, relevant when discussing the use of public funds. Key organisational challenges arising from this could be:

- Organisation and sectoral cohesion
- Silo planning
- Focus on quantity rather than quality
- Short term planning/ financial planning
- Financial constraints

Currently agencies are developing new approaches coming out of the Covid 19 crisis and this will have an impact on current service delivery models, it will bring a range of significant issues for which solutions will need to be provided**:**

  - The outworking from central to local government of an Outcomes Based Accountability (OBA) approach
  - New definition of vulnerability identified during Covid 19 i.e., beyond medical model of diagnosis

- New arenas of working including;

  - GP Federation/ development of Multi-Disciplinary Teams
  - Integrated Care Partnerships
  - Connected Community Care Hub
  - Social Prescribing

Underpinning all of this is a hope for newfound respect for the value of locality and a sustained effort to revamp and rebuild communities. Central to this will be the need to create a stable community service workforce which, in its current construct, is without secure terms and conditions for its workforce.

Developing a 'team West Belfast' approach

A team effort

The power of locality emerged as one of the key lessons from the Covid 19 response. In West Belfast the local assets were mobilised and used to great effect in a collaborative effort across community, voluntary and statutory services and providers. By being responsive, connecting the various resources and teams, locality needs were met in a timely and comprehensive fashion that no doubt saved lives.

Responding to the Covid threat created a unity of purpose, the common goal of keeping people safe and preventing the spread of the infection placed a focus on a population health approach that ensured the welfare needs of the community at large were met during the period of lockdown/shielding.

Mobilising local infrastructure collectively in a crisis response, utilising existing linkages and relationships as well as the creation of new assets such as the Belfast Trust Coordination Centre, and key area contacts group enhanced what we achieved. When needed, a flexing of approach was put in place and services adopted and changed to meet evolving need in a safe and effective manner.

Identifying and anticipating need, putting measures in place around food supplies, utilities, a medication collection and delivery service, and emotional support contributed greatly to the effectiveness of the response.

The Coordination function created a bridge and facilitated the connections between community and health infrastructure and was invaluable to the effectiveness of the response.

Engagement and info sharing via the West Belfast Health Forum and other meetings such as sub-groups and specific meetings as need arose proved to be beneficial as was the use of technology and the support from Project Echo through the Health and Social Care Board.

Locality approaches via West Belfast's 5 neighbourhood renewal areas ensured that local intelligence was maximised and people in need were reached.

While all this is extremely positive there were challenges around information, data sharing, duplication of effort, engagement on some specific interventions, contingency planning and expectation and involvement of some key agencies. There were also some issues around timescales and getting services and interventions in place quickly.

The Covid response has provided a template for an integrated team focused upon meeting the health and wellbeing needs of West Belfast.

There are a number component parts already in place that could form the core of an area-based team and cover our array of interests detailed in this plan and help to make it work:

- West Belfast Partnership Health and Wellbeing Coordinator
- Belfast Trust Health Improvement and Community Development Teams
- Connected Community Care Team
- Trust/ GP Federations Multi-Disciplinary Team
- Community and Voluntary Providers (for example and there are more; Healthy Living Centres/ Social Prescribing, Good Morning Projects, Social Prescribers, Community Wellbeing Alliance, 5 Neighbourhood Renewal Partnerships, Surestarts… the list goes on but is its clear West Belfast has many assets, our challenge is to focus on our collective responsibilities)

Engagement is also needed with the Talking Therapies Hub and Family Support Hubs throughout West Belfast. The Neighbourhood Renewal Forum can identify assets in each of the 5 NR areas throughout West Belfast.

Having integration and coordination of all these assets working towards delivery of the framework would have a significant impact on the health and wellbeing needs of the West Belfast population.

Proposed priority work areas

1. Building good mental health and emotional resilience

Development of a medium to long term localised mental health/well-being plan that has connectivity into broader mental health, antipoverty/tackling inequalities government policy must be a key outcome and needs to be the primary focus of a West Belfast approach.

We aim to develop a coherent approach to supporting and promoting positive mental health to deal with our mental health challenges. This will include:

- Choosing priorities in a West Belfast mental health action plan
- Identifying an appropriate and accessible care pathway and create a strong lobby for change
- Supporting moves away from 'silo' working
- Providing a strong network for improved and timely crisis intervention but also balancing this with a powerful lobby for positive mental health
- Focus on self-care
- Detailing the value of community interventions including the uniqueness of using communities as assets in a mental health action plan

To do this we need to exploit the experience of others in moving forward and learn from their experiences in relation to what worked and what did not, including the work and engagement process of the West Belfast Drugs Panel and the report published in 2018, as well as current efforts across North Belfast through an 'Appreciative Inquiry' to build a Healthier area.

It is clear that to do so we must have a serious and effectual influence on future commissioning processes and the development principles detailed in this report must be applied to meet local people's needs, their future focus and investment in West Belfast. This is no starker than in the arenas detailed in this report of mental health, reducing social isolation and loneliness, and embedding a wellbeing approach to preventative health for West Belfast citizens. A whole system approach to achieving our outcomes is required and a forward-thinking integrated planning process which utilises current and future opportunities, focusses on being needs led, is co-produced and embeds results-based accountability mechanisms.

Challenges for West Belfast

Deprivation & Covid-19 Impact

The Department for Health recently published research, comparing the most and least deprived areas for covid-19 infection rates and hospital admissions up to 26 May 2020.

It found that the infection rate in the 10% most deprived areas - 379 cases per 100,000 population - was a fifth higher than the rate in the 10% least deprived areas - 317 cases per 100,000.

"This report makes for tough reading, with it being incredibly clear of the link between deprivation and health inequalities. It's unacceptable that healthcare is a postcode lottery in Northern Ireland, with where you live and how much you earn having a huge impact upon the quality of care you receive and the likeliness of you developing an illness"

Joseph Carter, Head of Asthma UK & British Lung Foundation NI

West Belfast has long been home to some of the most deprived electoral wards in the North of Ireland and the impact of Covid-19 has undoubtedly played its role in exacerbating this further. Hundreds of local people lost their jobs during the crisis with more job losses anticipated in line with the phasing out of the government furlough scheme. Harder times are set to affect residents for many years to come.

"*Over many years, countless reports and research has continued to present the view that West Belfast needs consistent investment that addresses poverty, conflict/trauma and all their impacts, especially poor mental health, drug and alcohol abuse and addiction. The area needs collective political will for an anti-poverty plan aligned with appropriate, long term funding (minimum 10 to 15 years)".* (West Belfast Panel of Enquiry into Impact of Drugs report, 2018)

Our West Belfast population plan must articulate that future government and statutory policy has to address root causes of poverty and inequality. Equally, the plan must connect and align with government and statutory policy (and vice-versa) and set out a robust framework for monitoring local people's health and wellbeing.

Mental Health & Wellbeing

One of the biggest challenges will be in getting mental health services prioritised and adequately resourced to meet needs. Investment in mental health service provision has been lacking for many years. In October 2019, Chief Medical Officer, Dr Michael McBride highlighted that "*Emotional health and wellbeing is equally as important as physical health and wellbeing*".

Under resourcing in mental health services plays out locally on many occasions. For example, referrals to Belfast Trust operated Mental Health Hub have been significantly higher than resource levels can cope with since its first year of operation, but budget allocation to these services has increased by very little and we are now a number of years down the line with this programme.

Covid-19 is set to bring a deepening and widening of existing needs. Positively, the pandemic has illustrated that things can happen very quickly within government, statutory and community sectors if the will and impetus is there. It is imperative that all recovery planning is driven by the same spirit and genuine willingness to be adaptive and agile regarding traditional working practices and budgets. However, more value and investment in locality-based services is key to West Belfast's recovery post Covid-19.

In February 2020, Minister for Health, Robin Swann reaffirmed his commitments to prioritise mental health, highlighting the need for connected policy and a cohesive approach across people and sectors. "*As the Protect Life 2 Strategy recognises, we have much to learn from those with lived experience and it is right that those experiences continue to inform policy right across government and help shape the services we provide … I underlined that suicide prevention, mental well-being and mental health services are a top priority for me as Minister…. I welcome support from Executive colleagues, as demonstrated by the formation of a new Executive working group on mental well-being, resilience and suicide prevention. We now need to translate that joint commitment into action…. Drug and alcohol misuse represents another serious public health concern, inter-related with suicide prevention and mental health. I am committed to bringing forward a new Drug and Alcohol Strategy in the near future*".

In June 2020, Professor Siobhan O'Neill was appointed as the New (interim) Mental Health Champion. In outlining her approach Siobhan has said that "*mental health needs to be a key priority for Northern Ireland as we move through this pandemic and beyond …I am delighted to have the opportunity to ensure that the voices of those who struggle with their mental health are heard, and that they influence policy and practice across Government departments*".

What We Already Know

At the time of publication, the Department of Health's **Protect Life 2 Suicide Prevention Strategy** estimates lives lost to suicide are as high as five a week across the North of Ireland; the strategy has been devised to reduce this by ten per cent in five years, citing early intervention among the ways to do this. The document contains 10 objectives and 44 actions and focuses largely on tackling the incidence of suicide in deprived areas including, of course, West Belfast.

"The impact of suicide is not just with the individuals or their families, it's complete communities" said David Babbington from the organisation Action Mental Health at the time of the strategy's publication.

Prevention involves a range of measures to achieve 'the right service, at the right time in the right place'. We all know this will require a serious input of resource to resolve problems. We do not believe any short-term input will eradicate the scourge of suicide or the range of issues people face but rather the long-term goal of building strong and sustainable communities is what West Belfast needs.

Clearly, lack of adequate investment in mental health services has resulted in a focus on prioritising interventions to address existing needs, with little left in the coffers to build programmes that achieve more widespread and lasting prevention. Stakeholders from across arenas speak to prevention being key to protect against further decline of mental ill health and to building a population with greater levels of resilience.

Alcohol/drug addiction is a growing problem across many communities, not least West Belfast. The need to ensure **strong links between mental health and substance misuse/addiction** is clear. Many agree but very little action has taken place to date. In their 2018 report, the West Belfast Panel of Enquiry into the impact of drugs in the area said "One combined strategy is required incorporating mental health, trauma and drugs/alcohol services (statutory and community). The strategy needs to ensure these service areas work coherently together. This will involve a re-design of current service delivery models".

Levels of stress and anxiety increasing across the entire West Belfast population, most worryingly in younger generations with pressures on services building exponentially. In September 2018, the Commissioner for **Children and Young People** said, "The system is under pressure and must reform urgently to respond to the scale of need and complexity of issues our children and young people have, to support their families and to allow the professionals working within the system to care for our children effectively." Further, in February 2020, the Irish News reported "a "significant rise" in the number of children referred for specialist mental assessments has led to almost 350 young patients being placed on waiting lists. Figures seen by The Irish News also reveal Child and Adolescent Mental Health Services (CAMHs) in the Belfast trust have the second highest referral rate in UK - and the overall highest acceptance rate in the entire NHS. There are 347 patients on waiting lists for 'Step 3' CAMHs in the trust, which involves assessment and treatment of mental health illnesses - with some facing delays of more than seven months despite a nine-week target. The development comes 13 years after a landmark independent review into a north Belfast teenager's suicide recommended an overhaul of children's services".

Spectrum of Mental Health & Wellbeing Issues in West Belfast

Poor Resilience / isolation	Generalised Issues	Chronic Illness	Addictions	Disorders	Trauma	Self harm / Suicidal Ideation	Death
•***Lack of***: •Awareness •Know how & coping skills •Self management of mild to moderate pain •family resilience (often generational) •support networks •social connections	•Anxiety •Low Mood •Stress •Depression	•Clinical Depression	•Substances •Gambling •Gaming etc	•Personality disorders such as paranoid, schzoid, anti-social, borderline etc •Body •Eating	•PTS •PTSD	•Suicide attempts •Hurting self to cope	•Suicide •Overdose

Historic environmental factors:

Systemic Poverty, Impact of Conflict

Violence, family breakdown,

Under resourced mental health services

Silo working

Current environmental factors:

Covid-19

Welfare Reform

Waiting lists / service gaps

What Covid-19 Presented & Amplified

The following reflects a range of concerns raised by many local stakeholders during the covid-19 outbreak regarding the local population's mental health and wellbeing:

- **Economic impact**: Loss of employment and lifestyle for those made unemployed during the crisis or who have experienced dramatic decreases to their income. West Belfast faced many economic challenges prior to Covid-19. At the time of writing this strategic plan, unemployment has already increased and is set to increase further as the full economic impact of the crisis becomes more apparent. This has obvious implications for the mental health and wellbeing of the local population.

- **Already over-stretched service provision**: Pre Covid-19, service capacity was significantly stretched. Additional needs will stretch provision further and without increased resources many providers will struggle to cope with demand

- **Physical health:** Many weeks of social isolation at home has resulted in more sedentary lifestyles during the crisis. Deterioration in physical health has a strong correlation with deteriorating mental health and wellbeing

- **Post-Traumatic Stress Disorder:** Prior to Covid-19, it was estimated that comparatively higher numbers of local people had a mental ill health issue directly related to conflict/violence (PTS or PTSD) than neighbours in other parts of the city. Counsellors working with clients from West Belfast during the crisis have been reporting a resurfacing of previous trauma

- **Bereavement:** needs exist for those who suffered the death of a loved one during the crisis. The impact of restrictions around burials and the lack of contact leading up to death means more difficult bereavement processes for those affected and there is a clear need to add capacity to bereavement trauma services to address this.

- **Depression, mental ill health, anxiety & stress**: Numbers of local people presenting with symptoms of depression, mental ill health, stress and anxiety were unprecedented prior to the pandemic. Undoubtedly, more needs will emerge as the Covid-19 lockdown period slackens. Likely considerable numbers of people suffering from these difficulties pre Covid-19 will experience them more intensely as a result

- **Service delivery methods:** Social distancing rules during Covid severely affected those services who operated face to face delivery models. Whilst many adapted what they did moving quickly to telephone and technology driven supports, key challenges have emerged; local people's access to adequate broadband services and costs of hardware

such as PCs, laptops, electronic tablets etc. Telephone counselling being reported locally as not as effective or popular as face to face methods by mainly older generations (dangers of missing risk e.g., body language and is more personal, private)

- **Referrals to Services**: decreased during the crisis, including those within mental health. This must not be taken as an indication of a decreasing level of needs but is a reflection on a withdrawal of local people from treatments and services to support the efforts of the health service in addressing the pandemic.

- **Increases in suicide and self-harm:** Recent events would indicate suicide in West Belfast is starting to creep up to levels pre Covid-19. There is agreement across the board in the aftermath of a traumatic life event, rises in suicide are a common feature. West Belfast has been majorly affected by suicide in past largely due to systemic poverty, impact of the conflict and health inequalities. It is fair to presume this will unfortunately be the case again as the community emerges from the current crisis.

- **Funding contracts which are adaptable/ flexible** - Current contracts across the community, regardless of funder, reflect needs pre Covid-19. Given the impact the crisis will have on mental health and wellbeing and the fact that social distancing regulations will need to be adhered to for some time, increasingly difficult for many service providers to meet targets in the way many contracts currently structured. Adapting funding contracts to facilitate new methods of working will better support local people.

  Local counselling and mental health services adapted quickly to the crisis moving to telephone and/or online formats and a degree of new thinking in allowing services to be flexible should be a key feature of service design. For example, many services currently having to prioritise Covid-19 related issues over the mental ill health issues most people have been referred for. Eight sessions per client are currently facilitated under contract arrangements; this needs to increase to facilitate up to 12 sessions for those local people where local service providers feel this is appropriate.

- Many local service providers keen to increase the methods in which they can provide support safely but concerned they may not have **adequate health and safety precautions** in place for local people and staff. Clear advice and guidance from government and statutory agencies would support efforts here.

- **Transitioning those people with shielding packages** out of isolation will be challenging and will require a gradual phasing out rather than instant withdrawal of support.

- There are concerns regarding children's mental health, especially those children who were vulnerable prior to Covid-19 (e.g., **'looked after children'** and those with additional education needs). Alarmingly, recent statistics indicate up to a 50% increase of children being 'looked after' or in statutory care during the Covid-19 period to date.

- Incidences of **domestic violence** began to increase during the crisis. Major concerns from agencies such as Women's Aid that lot of violence being unreported due and a dramatic increase in the vulnerability of victims.

Opportunities & Challenges

West Belfast Multi-disciplinary team (MDT) will consist of First Contact Physiotherapists, Social Workers and Mental Health Practitioners working alongside the existing practice team to provide enhanced access to health and social care services within a primary care setting. MDTs will also have enhanced numbers of Health Visitors and District Nurses, allowing them to spend more time with patients.

The Department of Health (2019) describes their role:

"MDTs will see GP practices focus not just on managing ill-health, but also on the physical, mental and social wellbeing of communities. There will be an increased focus on prevention and early intervention initiatives, with the aim of ensuring that patient's needs are met at the earliest possible opportunity, reducing the need for onward referrals into secondary care services. GPs in MDT practices will also see their time utilised more effectively. By ensuring that patients see the most appropriate professional within the primary care setting, GPs can focus on those patients who most urgently require their care"

Current conversations are attempting to embed this new approach into a West Belfast population planning process. Approaches like this are key if a whole system, fully integrated population plan for the area is to be achieved. Moving forward, it will be important to establish the degree to which current structures across statutory, community and voluntary sectors can adapt to facilitate this.

Positively, there are many examples of excellent **partnership working** across all sectors and communities during the Covid crisis. There are opportunities to build and grow these relationships and forge new relationships that enable better working across sectors which maximise resources and the impact of services on people in West Belfast.

Sharing best practice should be a key feature of new working arrangements and more.

Clear accessible referral pathways cohesively communicated across community, voluntary and statutory mental health services will enhance the impact of all services but present challenges when it comes to operational customs and practices.

Prioritising need of local people across all sectors and achieving a coordinated approach to responding to these referrals will require commitment and effort from all.

Supporting and developing the workforce

- **Supporting staff in <u>all</u> sectors**: Little consideration was given at the start of the crisis for support staff across sectors to deal with its impact i.e., keeping personally well whilst caring for their own families, working longer hours and dealing with increased workloads. **Compassion fatigue** is affecting support staff across services. A real need exists to put adequate supports in place including training and clinical supervision (as well as adequate time off and the opportunity of psychological support where this is necessary).

- **Adequate and appropriate training and development** for staff across sectors has never been more important and needs to include community service providers. It is likely community-based services will continue to have to provide 'holding positions' for those local people who require statutory service supports with long waiting list times. Further, all service provision from those targeting children right through to older people' s services, will now need to work with increased health and wellbeing demands. Specific training will be required to support them to appropriately do so.

- **Inclusion of Community and Voluntary Sectors in Workforce Review** - We recommend the workforce review measures contained in the new action plan (Department of Health. May 2020) should be expanded to include community and voluntary assets to appropriately underpin a whole system approach to the challenges of mental health throughout the next decade.

Response/ Recovery and Rebuilding

It is our intention that a longer-term population-based framework incorporates **clear steps of recovery** from the Covid crisis. Belfast City Council in its considered response refers to three phases; response (current), recovery and rebuilding with indicative timescales associated to each. A local response plan must focus on specific issues with a balance on meeting immediate crisis responses on areas such as suicide and self-harm but also a pro-active focus on embedding wellbeing and building resilience as a preventative measure against poor mental health. Short-medium term planning needs to address the fall-out from the pandemic and potential second wave needs, learning lessons from what has already taken place.

Prioritising needs and managing expectations: It is hoped that additional resources will be found within government so that mental health services can be better invested in, but it is highly likely the new strategy will rely heavily on rethinking existing budgets and finding more

efficient ways of delivering services. Whilst West Belfast certainly needs far greater investment in mental health services, our population plan must be steeped in the reality that only a proportion of what is actually needed will be available.

West Belfast does not operate in isolation and we need to be aware of Belfast and regional developments. Further, key individuals across government and statutory sectors will need to be persuaded to buy into a population approach for West Belfast. In this context, it will be important to amplify our cause in mainstream conversations and to use existing structures to do so, such as:

- Suicide awareness/ response groups,
- Belfast Protect Life Implementation Group,
- Belfast Trust Communities of Interest network
- GP Federation
- Localised groupings

The **Public engagement programme** outlined in this strategic plan must have specific engagement processes for mental health (as well as its other key thematic areas). To this end, we propose a major **West Belfast Mental Health conference**.

'Building Healthy and Resilient Communities – A West Belfast Perspective on the challenges of encouraging positive mental health and emotional well-being.'

<u>Purpose of event:</u>

- Understanding language
- Creation of firm understanding of the challenges of:
    - mental ill health and
    - actively building health and wellbeing across our communities.
- Inputting to the creation of a mental health strategy in a new Programme for Government/ Assembly. Crosscutting interdepartmental outcomes from regional planning and specific policy interventions e.g., Making Life Better, Neighbourhood renewal, Antipoverty to local (including citywide in Belfast via Community Planning, Resilience and Inclusive Growth strategies currently being implemented)
- Developing an understanding of the complexity of the issues:
    - Personal and community impact of poor mental health and suicide and self-harm (i.e., not necessarily the same thing)
- Covid and Deprivation impact
- Legacy of conflict

The way forward……

- Building strong and sustainable communities using a population approach
  - From crisis intervention……access to support at the right time
  - to long term Mental Health planning and embedding wellbeing (strategic connections and integrated planning)
  - Targeted approaches: Tackling deprivation and Anti-poverty approaches

The conference should hear from a range of people including political, academic, to people affecting by the issues with a mixture of café style and panel discussion

A conference will not solve the crisis in our community and should not be seen as that. The campaign to embed West Belfast's population plan and principle of local people having access to a health sector that provides 'the right services at the right time' will require a range of longer-term efforts. It is intended however; the conference will help build pressure on the public sector in particular to organise and adjust their short to long term planning accordingly.

2. Reducing social Isolation and loneliness

The terms loneliness and isolation are often used together. While social isolation is an objective state – defined in terms of the quantity of social relationships and contacts – loneliness is a subjective experience. Loneliness is a negative emotion associated with a perceived gap between the quality and quantity of relationships that we have and those we want.

This means that people can be isolated without feeling lonely and they can also feel lonely without being isolated. However, there is a strong correlation between the two concepts. Evidence reviews, and policy frameworks often combine findings and recommendations on both terms.

Social isolation can affect anyone, although certain groups in the population are at increased vulnerability to social isolation. Older people are significantly more likely to suffer from social isolation with contributing factors being 'loss of friends and family, loss of mobility or loss of income'.

Other population groups at risk include carers, refugees and those with mental health problems.

Previous work has suggested that an individual's vulnerability to social isolation and loneliness may be associated with the following socio-demographic characteristics:

- Being aged 75 or older
- Living in single person households
- Being poorly educated
- Having a low household annual income
- Not having access to a car and
- Living in areas of higher social deprivation

When these factors were compiled into an isolation index and mapped for Belfast, it appears that older adults living within some of the most socially deprived neighbourhoods in inner city Belfast are at the greatest risk of becoming socially isolated. (Belfast Healthy Ageing Strategic Partnership, Queens University, 2016)

However, social isolation and loneliness are not just found in deprived, inner city neighbourhoods but can include those areas that have higher average household incomes and car-ownership levels.

- Social isolation can have a considerable negative impact on health and wellbeing and reducing it can reduce the demand for health and social care interventions.

- Social isolation is associated with a range of negative health outcomes including increased risk of dementia, high blood pressure, stress levels, poorer immunity and death.

- Research has shown that having well-connected strong social relationships can have an impact on survival comparable with well-established risk factors for mortality such as smoking, obesity and physical inactivity.

Identification of at risk and vulnerable people

- Being widowed
- Having an attitude which thinks little can be done to change life
- Rarely/never meeting friends or relatives (who are not living with individual)
- Never talking to neighbours or talking to neighbours less than once a month
- Being visually impaired
- Being hard of hearing
- Having anxiety or depression
- A one-person household
- Being a lone parent with dependent/ non-dependent children
- People in the household not having English as a main language
- A Household without private transport
- Being an unpaid carer within the household

Loneliness

Belfast is the largest city across the North of Ireland with a population of 338,907 growing to 670,000 in the wider metropolitan area. There are 285,000 older people over the age of 65 living in the North. This figure is predicted to grow to 608,493 for 60+ by 2039.

53% of 65+ have never accessed the internet. 4.5% live in communal establishments and 78,101 live alone. (Campaign to End Loneliness, 2019)

Health risks

- Loneliness, living alone and poor social connections are as bad for your health as smoking 15 cigarettes a day. (Holt-Lunstad, 2010)

- Loneliness is worse for you than obesity. (Holt-Lunstad, 2010)

- Lonely people are more likely to suffer from dementia, heart disease and depression. (Valtorta et al, 2016; James et al, 2011; Cacioppo et al, 2006)

- Loneliness is likely to increase your risk of death by 29% (Holt-Lunstad, 2015)

Loneliness and older people

- There are 1.2 million chronically lonely older people in the UK (Age UK, 2016)

- Half a million older people go at least five or six days a week without seeing or speaking to anyone at all (Age UK, 2016).

- Over half (51%) of all people aged 75 and over live alone (Office for National Statistics, 2010)

- Two fifths all older people (about 3.9 million) say the television is their main company (Age UK, 2014)

Loneliness and families

- A survey by Action for Children found that 43% of 17 – 25 year olds who used their service had experienced problems with loneliness, and that of this same group less than half said they felt loved (Campaign to End Loneliness, 2020).

- Action for Children have also reported 24% of parents surveyed said they were always or often lonely. (Campaign to End Loneliness, 2020)

Loneliness and disabled people

- Research by Sense has shown that up to 50% of disabled people will be lonely on any given day. (Sense, 2018)

- Lack of social networks and support, and chronic loneliness, produces long-term damage to physiological health via raised stress hormones, poorer immune function and cardiovascular health. Loneliness also makes it harder to self-regulate behaviour and build willpower and resilience over time, leading to engagement in unhealthy behaviours (Cacioppo & Patrick, Kings Fund, 2009)

Loneliness and Economics

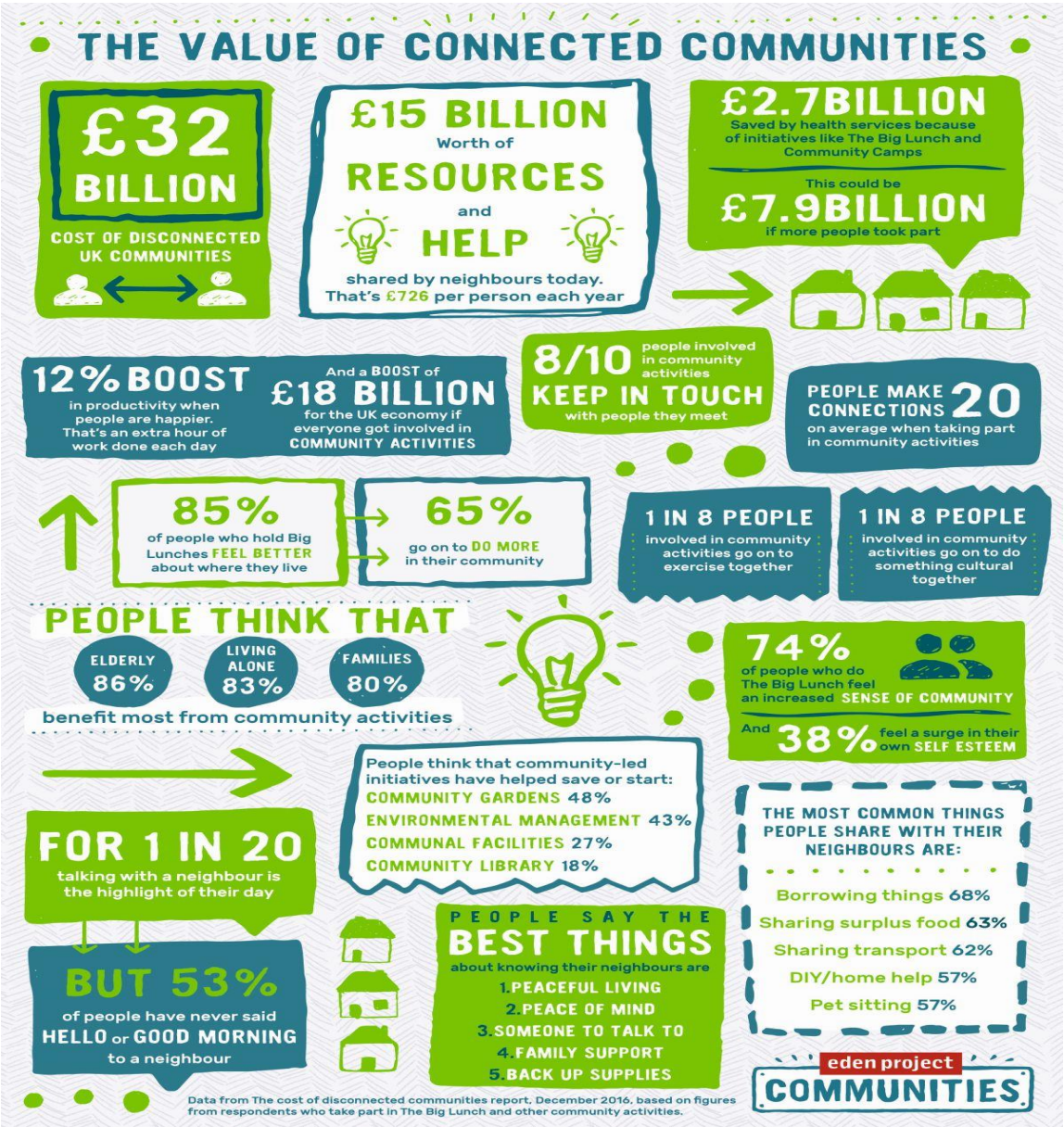
In a 2016 the Eden Project launched a report **'The Cost of Disconnected Communities'** found that disconnected communities could be costing the UK economy £32 billion every year. The research, commissioned by Eden Project initiative The Big Lunch and funded by the Big Lottery, revealed the annual cost to public services of social isolation and disconnected communities, including:

Demand on health services: £5.2 billion (equal to the cost of building 70 new Specialist Emergency Care hospitals)
Disconnected communities are also linked to a loss of productivity, with a net cost to the economy of nearly £12 billion every year.

The research, which was carried out by economics consultancy the Centre for Economics and Business Research (Cebr) calculated 'neighbourliness' already delivered substantial economic benefits to UK society, representing an annual saving of £23.8 billion in total.

- The saving comes from sharing between neighbours, an increase in social connection and reductions in the demands on public services such as healthcare, social care, welfare and the environment.

It also includes the productivity benefits associated with a happier and healthier workforce: a net gain to the economy of £6.4 billion, which is equivalent to 0.34% of UK GDP in 2015.



Eden Project. 2016

1. Raise Awareness and Prevention activities

What we know

Social isolation and its links to lack of regular contact with others, means that those who will be most isolated will have little or no contact with services, therefore creative solutions are needed to identify those who would benefit most from initiatives.

The general level awareness of the health risks associated with being socially isolated is low.

Current and emerging work

- Healthy Ageing Strategic Partnership (HASP)
- West Belfast focus on social isolation
- Belfast – An Age Friendly City
- Social isolation maps (HASP and Queens University)
- Making Every Contact?

  'Making Every Contact Count', is a scheme whereby public health and health improvement skills and knowledge are applied by the wider workforce to enable people to modify unhealthy behaviours through making lifestyle changes.
- Good Morning West Belfast
- Social Prescribing (Healthy Living Centres and Connected Community Care Hub)
    - Reablement
    - Dementia Friendly
- Pharmacy First
- Multi-Disciplinary Team (MDT's development)

What we aim to do

Training on social isolation to have a positive impact in terms of increasing awareness of services available and the signs to look out for, when working with populations at risk

Improving awareness of social isolation via training among frontline professionals that include health professionals, social care workers, community safety wardens, housing officers, community development workers and floating support staff.

- The increased knowledge will help them to have an increased awareness of the risks of social isolation and knowledge of how to address it.

There is a low level of awareness of the activities/support that are available across West Belfast.

- This includes activities and support delivered by Belfast Trust/ Belfast Council and by community and voluntary organisations.

- Public health interventions designed to address other key health challenges can also impact loneliness and social isolation.

We must ensure that social isolation is embedded in any relevant future strategies.

We will utilise the opportunity from public health programmes to target raising awareness for social isolation and signpost people to support and activities.

Examples of programmes include;

- health checks,
- stop smoking support,
- substance misuse support

2. Action to support individuals

What we know

A **befriending scheme** (e.g., Good Morning West Belfast) is an intervention that introduces an individual to one or more individuals with the aim of increasing additional social support through the development of sustaining an emotion-focused relationship over time.

Such schemes have been shown to have a positive impact on reducing social isolation and loneliness.

Economic analysis has shown that befriending schemes can be cost effective due the reduced need for treatment and support in for example mental health needs.

Social prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sectors. It can be successful in terms of outcomes by increasing self-esteem, encouraging self-care, reducing the frequency of GP practice appointments and bridging the gap between primary health care and the community and sectors.

Simple but effective means of communication, simple initiatives have been proven to be effective, particularly when done alongside trusted members of the community such as community or residents associations.

For some people, social isolation is related to having a mental health condition such as depression, anxiety or other mental health problems.

Obviously, some of this has been directly affected by covid 19 restrictions placed on service developments through shielding and social distancing measures and clearly this will impact on our ability to move forward.

However **Psychological therapies**, such as cognitive behavioural therapy, may be effective for older people experiencing social isolation, in improving their wellbeing and helping them address some of the barriers to reengaging. (Lenadoon Counselling)

At some point returning to delivering **targeted home visits** to people at risk of social isolation and previously have been successful in connecting people to local resources, maximising their income, and referring them to befriending services, tea/coffee clubs, social and leisure networks, lifestyle and confidence building and educational initiatives.

One potential route is the development of Learning Neighbourhood (Cork Learning City 2018) and being considered under Belfast own Learning City efforts. This could be linked to a collective approach combining a revamp of neighbourhood renewal under a new anti-poverty approach and aligned with Belfast s and Age Friendly/ Resilience and Community Planning development. The important issues is to grasp the opportunity to connect our efforts across policy and planning lines for the benefit of our population.

Individuals need tailored responses to address their social isolation through social prescribing. One-size-fits-all solutions are unlikely to bring results.
For example, generally, socially isolated men are best engaged through specific activities related to long-standing interests, such as sport and men's sheds and respond less well to loosely defined social gatherings, which are of more interest to women. The challenge during and post covid 19 remains a challenge in this respect.

Other initiatives to be taken into account;

- Making Every Contact?

  'Making Every Contact Count', is a scheme whereby public health and health improvement skills and knowledge are applied by the wider workforce to enable people to modify unhealthy behaviours through making lifestyle changes.

- Good Morning West Belfast
- SCA Ltd
- Social Prescribing (HLC's and Connected Care Hub)
- Reablement
- Dementia Friendly West Belfast
- Pharmacy First initiative
- MDT's development
- Frailty development through the West Belfast Integrated Service Partnership

What we aim to do

We will ensure that there is appropriate capacity of befriending schemes commissioned across West Belfast.

We will also consider the most effective ways of using innovative methods of befriending such as 'virtual befriending' using technology during the current crisis and as we move into a post covid period

- We will work with partners (Trust DfC, BCC and others) to ensure that a wide range of high-quality services emanating across key West Belfast learning hubs inclusive of leisure centres, libraries and both community and statutory education organisations.

We will promote a **social prescribing** approach in West Belfast involving HLC's and the Connected Care Hub.

- This will support people to know what is happening in their community and become more involved in the activities that interest them. We will however need to add capacity at the delivery end of this

- The voluntary and community sectors will be supported to build referral partnerships with frontline staff (GPs, community nurses), fire services and social workers.

Reducing social isolation will be built in to care pathways for a range of different conditions. This will ensure that people are referred or signposted to relevant agencies for appropriate support such as befriending.

Individuals within local communities will be encouraged to take responsibility for identifying, 'reaching out' and supporting potentially isolated people within their own area. In order to achieve this, statutory, voluntary and community organisations will work in partnership to build greater community capacity and better social outcomes for risk populations.

It is important that people have access to mental health services, as a means of addressing the causes and consequences of social isolation. This should involve targeted services to ensure that people at risk are able to access and benefit from them (e.g., Lenadoon Counselling). Services should be developed in partnership with relevant community organisations (MDT's and connected care hub)

Evaluation is a key component of any future programmes in West Belfast. Self-reporting is regarded as the best means of measuring social isolation. Measurements using valid scales such as De Jong Gierveld Scale will be utilised.

3. Prevention – Learning for Health

The opportunity exists to develop work undertaken by Belfast City Council and other partners under the ***'Belfast a Learning City'*** banner connecting (as they do in people's lives) the worlds of Health and Education. This approach can be focussed on a number of key areas of development including the development of learning communities and viewing learning as tools to tackle inequalities. Complimenting the work and development of the West Belfast Partnership Board's Education initiatives there is an opportunity to advance a 'Learning for Health' prevention approach which incorporates the vision and principles outlined in this report.

Developing Health Outcomes and Learning

Evidence from an OECD review of international literature argues that there is a strong positive relationship exists between education and health outcomes whether measured by death rates (mortality), illness (morbidity), health behaviours or health knowledge. (OECD, 2006)**.** One study published in 2006 across 22 European countries found that overall, people with low education were more likely to report poor general health and disability limiting illness. (Von dem Knesebeck et al, 2006)

Health Literacy

The World Health Organization (2013) defines health literacy *as;*

> ***'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'.***

Weiss (2007) articulates that "*… literacy is a stronger predictor of an individual's health status than income, employment status, education level and racial or ethnic group***"**

Healthy behaviours

Subsequently those who achieve a higher level of educational attainment are more likely to engage in healthy behaviours and less likely to adopt unhealthy habits. Limited health education (i.e., health literacy) therefore is associated with increased health risks leading to increased higher rates of disease and illness and increased use of health care services. (Institute of Public Health in Ireland, 2008**)**

Value of an adopted Learning approach

The value of learning on the health of the population is not in doubt however there is not enough research as to the specific impact of forms of learning in reducing or eradicating health inequalities and more work needs to be done on this front. Additional focussed research is required and a specific measurable set of indicators which not only measure life expectancy and the gap between poorer and more well of communities and people but also the quality of life.

The use of research and its value in a more proactive could help to add to the quality of the collective approach and in almost all the Learning City approaches across the globe academia is to the forefront of efforts.

There is a need to link policy to practice by researching not just programmes, services and activity but the thought processes and planning challenges behind them.

Role of Education and Learning

The value of informal learning and the development of soft skills had an economic value in both attaining employment but also contributing to the quality of employment and the impact on a person's mental health. Beyond the impact of learning on employment prospects there is an acknowledgment of the value of learning to build resilience in individuals and across communities, with the public health campaign 'Take 5' cited and one of its concentrations was learning and its value on positive mental health.

Challenges

The issue of policy alignment and *"fit"* in this regard is crucial as policy tends to be along individual organisation lines of responsibility. A broad ranging discussion around current and potential connections ensued focusing on the key elements of a learning spectrum and their linkage to current developments, these included the development of a resilience plan for the city, a good relations strategy and strong linkage to key and emerging themes like inclusive growth and sustainable communities as demonstrated through the Belfast Region City Deal. It is clear that Learning efforts needed to be more closely aligned to the thinking and infrastructure of the community planning process and a need to build relationship across that spectrum of partnership policy and membership.

Wider determinants of health

What makes you ill, and what keeps you healthy may seem like a relatively straightforward statement to make but as always, the *'devil is in the detail'* behind the statement and it has fuelled much debate and response on a global scale, but it is clear across the research that there is a broad understanding of wellbeing and ill health is affected beyond the normal treatment process including the impact of housing, employment, environment and other

social and economic factors. (Dahlgren, 1991), most commonly referred to as the wider determinants of health and are a '*lifelong and life wide'* experience (Delors, 1996).

Health inequalities

The lack of a resolution to these major challenges despite repeated and determined efforts begs the question *'do we really understand the problem'?* Just as complex as the factors which contribute to the inequalities are the myriad of responses to '*fix*' the wicked problems by a conglomerate of responses, programmes and activity. On paper a myriad of strategies and policies appear to be bountiful, the language appears coherent from a global, national, regional, city, right down to a locality level a pandoras box of efforts to resolve the problem but those stubborn inequalities refuse to go away.

A spectrum of learning and their impact on health inequalities and the potential of the learning city approach in West Belfast?

It is clear that learning in all its forms; from personal development to the impact of lifeskills, social cohesion, enhancing employability and preparation for later life that learning is valued and can contribute to the quality of life, if not always measured in terms of impact and combined for maximum effect by those who design and implement *'joined up thinking'*. Health literacy is understanding access to appropriate support services and how to live healthier lifestyles equipping the person and communities with the skills to live healthier is an important area of learning not well integrated across the formal education system.

The use of the term *'added value'* does not mean necessarily added workload rather a manner of linking or refocusing efforts to a common outcome, making each partner input relevant to their current priorities and plans, a win-win scenario. The policy research and in the eyes of respondents showed that Learning, as described by Belfast a Learning City, provided a linkage across key policies and initiatives of the challenges Belfast faces including the inclusive growth element of the Belfast Region City Deal (Belfast City Council, 2019).

The development of a shared society recognising the challenges presented by the past but also open to new and emerging communities across the city, connected to Belfast City Council's Good Relations vision of a *"21st Century Learning City"*. A strong bond could be developed between the Learning City approach and the efforts both local and citywide to build a resilient city and communities, particularly emphasised in those areas blighted by health inequalities and a clear strong input to a '*working and learning'* thematic of community planning in the Belfast Agenda.

It is clear though that it is not simply good enough to link strategies and policy on a page but there must be working application of this connectivity guided by a strong governance instruction and leadership direction and that volume of activity, new initiatives should not be allowed to mask deep and underlying structural issues, we hope that the proposed vision and development principles contained across this report help to do just that.

Leadership: Collaborative Approaches and Organisational Consequences

The issue of leadership almost became like a golden thread throughout 'A Learning Spectrum as Tools to Tackling Health Inequalities' research with repeated references to both good and poor examples of leadership input. The leadership input to be clear was initially predicated on the assumptions that head of organisations, where ultimately responsible for their organisational involvement. The issues raised around leadership stretched from strategic development, decision making, policy formulation and implementation, organisational structure and culture, internal cohesion and external collaboration. It is not difficult to understand when there are debates of leadership therefore it is not only an issue of individual leaders' style and ability, but a consideration of organisational culture, processes and developments understand the challenges of collaboration. Leaders do have a direct input to formulating strategic development and part of that task is to develop collaborative efforts including crucially a culture of cooperation, which stretch across policy, operational and budgetary lines of responsibility, providing strong support for the agreed process to achieve shared outcomes.

Tight financial environment

There is abroad sense of agreement that the short term, results driven financial processes the region endures inhibits a longer-term approach to tackling health inequalities. The culture and in some cases demand for immediate *'here and now'* progress places pressure on decision makers to do *"the right thing",* many organisations having become risk averse and taking the path of least resistance and *'flak free'.* The value of collaboration to current and existing workload and efforts sometimes is seen extra or added labour, raising the challenge of making tackling health inequalities core business. This raised challenges for both internal and external cohesion particularly in tight Departmental financial and vertical budgeting lines.

Locus of Control

A Learning Spectrum as Tools to Tackling Health Inequalities research highlighted the issue around leadership extended to the concept of the *'locus of control'*. The UN determined that the influence of the person as being at the centre of decision making. The research further highlighted respondents viewed the development of social capital and investing in people and communities as vital to collaborative efforts to succeed and that they should be viewed as assets in a new approach to engagement and partnership development. (Power, 2019) In practice this has not always been the case, with community leaders (at times) viewed as obstacles to overcome rather than opportunities to make smarter decisions when deciding priorities about what needs to happen at a locality level. It was felt this would require a political will to build this new approach a founding principle of UNESCO learning cities.

In the context of an outcomes-based planning approach being advocated within this strategic plan many of the issues that have arisen require regional, city to local translation that moves beyond mere information dissemination to active participation. Regional focus on quality and design needs to take on board the implementation consequences and challenges at the level where impact is felt. Much learning can be gleaned from the experiences in Scotland, where the introduction of additional legislation supported a strengthening of collaborative efforts and a real opportunity to shift *'locus of control'* back to the people and communities.

Key issues exist with the collective use of data usage (rules allowing) and its potential impact of sharing across agency and community lines to tailor *'wider determinant'* solutions to meet local need and introduce personalised planning, an interesting concept when looking at endemic health inequalities.

Measuring value

The focus on leadership and the mantra of measurement of effort takes many forms; measurements of activity, programmes and services to ensure effectiveness and value for money but also taking in the quality of engagement and relationships, the structural and organisational change required to shape both internal and external cohesion and policy, development and implementation. Add an outcome-based approach and a longer-term planning process and the challenges of sharing responsibility across agency and sectoral lines and a framework for identifying *"what's needs to be done, how well are we doing, and did it make a difference?"* are key issues. There are limitations to the research available on tackling health inequalities and direct efforts to reduce them. Some value has been placed on the energies of learning in that process, but this too is limited beyond the value of learning to gain employment. Of course, what is to be measured needs to be agreed.

Social Capital

Each of the contributors to this research raised the importance of this subject but it is also fair that the level and quality of engagement varies across almost every strategy, policy and implementation process that exists, the focus on people getting lost in translation.

It is also true that building and investing in local communities must include its people and its leaders and that this process and the issue of leadership development and capacity building should be considered. It is clear social capital can also bring social cohesion and harmony particularly in communities with challenges and difficulties as described by the then Chief Medical Officer for Scotland Harry Burns when he described "fragmented communities, devoid of social capital".

Capital Investment

Throughout the thread of this strategic plan, we have sought to examine 4 core questions to build Resilience and Embed Wellbeing in West Belfast;

- What do we mean by Resilience and Embedding Wellbeing?
- What does this mean for the West Belfast population (individually and collectively)
- What support and help is required for the West Belfast population to achieve this vision? (matching what we have - and do - against what is required - and what needs done - to get there).
- What can be done to reshape our approach and utilise our assets to work more effectively in our favour

Primary and community care services are a key element in the delivery of health and social care across the Region. They provide approximately 85% of all health and social care treatments. (Belfast Local Commissioning Group, 2016.)

Transforming Your Care (2012)

A Review of Health and Social Care in Northern Ireland was commissioned by the then Minister for Health, Edwin Poots MLA in June 2011. In December 2011 the Review Group reported with the publication of the "Transforming Your Care". The report set out **99 recommendations for the future shape of health and social care services.**

Transforming Your Care (TYC) identified the demands facing health and social care and the need to change the models of service delivery to meet the challenge.

Local Commissioning Groups (LCG's) of the Health and Social Care Board were asked to develop **'Population Plans'** to set out how the recommendations in where Transforming Your Care would be implemented in their local areas. Each **GP practice** was to be placed within a specified '**Hub and Spoke'** arrangement in which they would be associated with **related community services** provided by Trusts.

TYC proposed a **"shift"** in the focus of delivering health and social care from hospital to community settings, providing care closer to home and at home where appropriate. It also proposed a greater emphasis on the promotion of health improvement and healthier lifestyles, protection of ill health, supported self-care and support for people to be able to live as independently as possible.

It was acknowledged in TYC that an integrated approach would require a new service model based on the closer working, including co-location, of Trust and GP-led primary care services. The development of more integrated teams and innovative management approaches as well as the removal of barriers to multi-disciplinary and multi-sectoral working in health and social care delivery where key objectives of the Department of Health's (DoH) Quality 2020 Strategy.

Both the recent establishment of a West Belfast Multidisciplinary Team (MDT) in 2019 under the auspices of the Belfast HSC Trust and the West Belfast GP Federation and the ongoing

development of the Belfast Connected Community Care Hub are welcome developments but has again raised the debate about access to and where services are located and the capacity of the local infrastructure to deliver on West Belfast needs

TYC also recognised an imperative to change the way in which health and social care services where delivered and to do so required the provision of appropriate physical infrastructure.

Demographic growth, particularly the increase in the number of older people which will continue to place increasing pressure on local primary care providers as their needs increase with age.

Delivering Together (2016)

The strategy and action plan set out in Health and Wellbeing 2026: Delivering Together builds on the foundations laid by Transforming Your Care and other programmes of change, as well as the report of Professor Bengoa's Expert Panel Systems not Structures in 2016 (https://www.health-ni.gov.uk/sites/default/files/publications/health/expert-panel-full-report.pdf)

As the then Health Minister Michelle O'Neill set out when she launched Delivering Together in October 2016, this remains the single roadmap for the future transformation of health and social care services, and therefore has integrated ongoing activity and initiatives which started under Transforming Your Care.

Analysis of the existing infrastructure had identified a need for significant investment in facilities, many of which are no longer fit for purpose. A lack of capital investment in GP practice premises and local Trust-owned health centres in recent years significantly limits the ability to develop and implement changes in service delivery.

The vision of the hub and spoke model was encapsulated by the HSCB in 2013. (http://www.transformingyourcare.hscni.net/introduction-to-primary-care-infrastructure/**).**

""Our vision is for the new hub facilities to provide accommodation for GP services, deliver selected outpatient and diagnostic services, and to enable our multi-disciplinary teams to work together in the delivery of a quality service that provides safe and effective outcomes for the patient……Many care services that currently require a hospital visit will be available locally at the hub, such as:

- *outpatient assessments for long term condition clinics;*
- *minor surgery; and*
- *diagnostics (such as x-ray and ultrasound).*

The service model will be established in such a way as to enable GPs throughout the area to access the wider range of services within the hub, again reducing the need for patients to travel outside of their locality to access key services in line with Transforming Your Care."

What is the size/ nature of our physical estate?

- Belfast HSC Trust sites (Albert St, Whiterock, Ballyowen and Beechall)
- South Eastern HSC Trust (Stewartstown Rd Health Centre)
- GP surgeries (18 GP practices located across West Belfast)
    - 40% of GP in West Belfast are in surgeries unfit and unsuitable for access to modern GP and family support services (HSCB Primary Care Infrastructure report. 2014)
- Community Pharmacies
- Community settings (healthy living centres and various community settings of different sizes across 5 Neighbourhood Renewal areas delivering a range of health programming and services)

What do these assets our "estate" currently do/ provide matched against our collective approach?

- Services, programmes and activities provided on each site

Does our "estate" provide the access to the support required for the West Belfast population?

- What services, programmes and activities are 'local', West Belfast wide, city or even Northern wide e.g., RVH is a regional hospital?

- Do the sites provide an appropriate access for the local population to meet their needs?

  NB. Of course, buildings are also used to house and provide a base for Health service staff who provide outreach and community services offsite

It is clear that we need a comprehensive utilisation survey to determine not only what exists on each site but the collective impact of such matched against access and effectiveness of outcome that we seek to achieve.

Capital investment

Significantly local communities have long campaigned for additional capital investment on a number of sites which would seek to connect and improve access for local people to the support services they require and provide staff with not only appropriate and well-resourced sites to work from, in our view these capital investment proposals provide opportunity to reviews the nature of the entire health family estate and provide a more effective use of physical resources. The connectivity of physical and human resources provides a genuine

opportunity to integrate our efforts and achieve our vision and outcomes outlined throughout this plan.

A number of local sites including the Maureen Sheehan, Whiterock and Ballyowen Health Centres as well as full utilisation of the Wellbeing and Treatment Centre 'hub' at Beechall where identified by a Primary Care Infrastructure Development programme established by the Health and Social Care Board after the publication of TYC (Belfast LCG, 2016)

Additionally, there has been a strong case made for the development of a new community health facility in the Colin area. (https://www.belfastlive.co.uk/news/health/west-belfast-community-health-hub-12466325).

Experiences during the covid response including those made to transform the Beechall site in to a covid 19 centre show that changes can be made and for the right reasons.

In the same manner that the plan is largely an examination of our human and financial resources we need a fundamental review of our capital/ physical assets in the context of achieving our vision and outcomes outlined throughout this draft plan. This review should be carried out within the confines of this plan and part of a population health planning approach by our partners across Health and Social Care and within the Community Planning broader arena inclusive of a range of partners to look beyond the limitations of health and social care capital/ financial restrictions as part of the city's commitment to wellbeing.

Recommendations

- Focusing on engagement across the lifecourse the West Belfast Partnership Board Strategic Health Group should lead a society-wide conversation on Health and wellbeing on behalf of the West Belfast community, which feeds into the development of a Wellbeing Framework to guide the work in West Belfast

- Agree a set of strategic commitments and outcomes using a population health and placed based approach to West Belfast which seeks to Build Resilience and Embed Wellbeing in an **overarching** West Belfast Strategic Health and Wellbeing Framework

- Set out, through the future programmes the commitments required to achieve the West Belfast Strategic Health and Wellbeing Framework, including a whole planning operational culture and collaborative budgeting/resource allocation process embedded in outcomes accountability

- Co-design a leadership development programme focused on the value of locality and city-wide planning across key thematic areas including population planning, tackling health inequalities, outcomes-based accountability, collaboration and organisational impact as its core objectives.

- Work with local government to agree a new relationship to fully integrate and monitor local outcomes within the context of the West Belfast Strategic Health and Wellbeing Framework.

- Lay an annual report before the West Belfast Community for debate and accountability on progress made towards achieving the West Belfast Strategic Health and Wellbeing Framework outcomes

- Convene a Standing Advisory Group to provide ongoing technical support, advise on capacity-building activities and provide external review of the implementation of the West Belfast Strategic Health and Wellbeing Framework

West Belfast Engagement Plan

Why Engage?

Developing a whole system approach acknowledges the key role people themselves play in prevention, treatment and recovery. It creates capacity across the local population to build its own health and wellbeing literacy and take action to prevent ill health. To construct a plan which eliminates health inequalities and embeds wellbeing we need to understand those social and environmental factors which impact on an individual's life and how they have how they interrelate, how they are mediated, and how they are constructed over an individual's life history.

In that context, we need to look at engagement not only as a human right for community and individuals and a process of effecting those rights in decisions that affect their lives but additionally importantly as;

- An engagement to ensure ownership, commitment to participate and continued input to effective planning

- An engagement to deliver better outcomes utilising local knowledge creating more effective and practical resolutions

- An engagement that encourages and develops knowledge, skills and confidence promoting self-help approaches and solutions

- Build social capital by developing local capacity and leadership creating local networks of community members. Focusing on an asset-based approach to local communities and people who know what is going on and who are willing to work toward a goal, the more likely a community is to be successful in reaching its goals

- Create several opportunities for discussing concerns. Regular, on-going discussions allow people to express concerns before problems become too big or out of control

Our Values

Underpinning an inclusive engagement strategy, we will adopt values which will value validate inputs to the process.

Dignity and Respect: All inputs will be treated on an equal basis and valued in the spirit in which they are offered, as meaningful contributions to the development of the Building Resilience and Embedding Wellbeing plan.

Openness and Transparency: We will endeavour to ensure that all processes within the engagement exercise will be conducted in an open and transparent manner, regular updates will be provided all views will be recorded and shared.

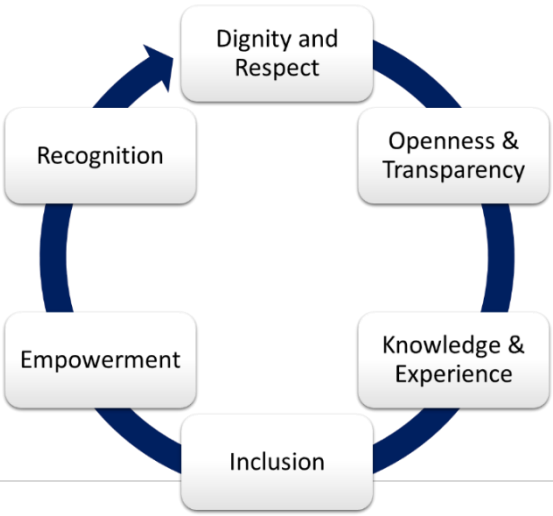
Knowledge and Experience: We recognise everyone has a contribution to make and that knowledge comes from a wide variety of sources built and developed from experiences, these are all needed to develop a plan which not only understands but can make a meaningful contribution to tackling complex inequalities

Inclusion: We will design an engagement process which will seek to include as widely as possible those who have an interest or are affected by inequalities, we will facilitate that in the design, appropriateness, timing and location of our engagement activity.

Empowerment: We will at all stages take the process back to those most effected and to those who have a role to play, this will be a participatory process in which there will be a full collaborative approach involving everyone in the identification, design and delivery of the Learning City plan

Recognition: We recognise that building relationships is key to the success of the engagement process and developing the plan and will focus in fostering these at all levels of input

Our strategy should be informed by the principles outlined below (**adapted from the 'National Community Engagement Standards' published by the Scottish Executive**)



Principles

1. Fairness, equality and inclusion must underpin all aspects of our inclusive engagement processes and should be reflected in both engagement policies and the way that everyone involved participates.

2. Engagement should have clear and agreed purposes, and methods that achieve these purposes.

3. Improving the quality of engagement requires commitment to learning from experience in all arenas, levels and stages of engagement.

4. Skill must be exercised to build communities, to ensure practise of equality principles, to share ownership of the agenda, and to enable all viewpoints to be reflected.

5. As all parties to the engagement possess knowledge based on study, experience, observation and reflection, effective engagement processes will share and use that knowledge.

6. All participants should be given the opportunity to build on their knowledge and skills.

7. Accurate, timely information is crucial for effective engagement.

These principles reflect the importance of equality and recognising the diversity of stakeholders interested in developing West Belfast as a resilient Community and using those strengths as primary tools for tackling inequalities.

We need to establish effective methods for achieving change;

- building on the skills and knowledge of all those involved

- a commitment to continuous improvement to meet the challenges of not only a West Belfast engagement plan but building a framework for implementation and a process for achieving longer term outcomes

Who to Engage?

Building Resilience and Embedding Wellbeing (West Belfast Population Planning) outlines key actions required to develop a West Belfast plan and a correlation between community efforts, public service development including core policy areas outlined throughout this document

(Delivering Together, Belfast Agenda and Community Planning and individual policy areas e.g., 10-year Mental Health Strategy)) these will focus the efforts of the engagement strategy.

Main arenas of engagement

a) A Public Awareness Campaign

Sell the idea/ articulate the vision: Creating a conducive platform for development (Informing) public awareness around a West Belfast plan to Build Resilience and Embed Wellbeing. This public information campaign will take many forms and will include focus on core messages developed through WB health Group and established through previous engagement across the WB community and must be written in the language of ordinary people.

Effectively engaging the local population and those most effected by health inequalities; to date very limited effort has been made to developing a voice for those most disadvantaged. Effective, consistent engagement creates a proper context for the impact health inequality to be heard and a locality based 'bottoms up' approach created.

The public awareness campaign will take the shape with 5 core elements:

1. **Promote simple messages;**

A twin track approach to developing revamping service delivery and reducing risk factors, creating the ability to develop mini campaigns around each key message to bespoke audiences

- Positive Mental Health and Building Resilience
- Reducing Social Isolation and Loneliness
- Developing a Pro-active Prevention approach/ Learning for Health

2. **Strong visual storytelling**

- Key use of visual imagery and digital media displaying an array of positive contributions which add value to the quality of people's lives.

NB. Previous experiences of Belfast Strategic Partnership across its key arenas of engagement including Active Belfast and the mental health awareness campaign 'Take 5' demonstrate that use of visual imagery is more effective than the use of considered printed text for a broad awareness campaign.

- This will include a series of media engagements and focused interviews with key stakeholders in a promotional video.

3. **Physical imagery:**

    - Despite the reach of social and digital media, in today's modern society there is still a need to reach audiences beyond those mediums of communication as we acknowledge there is a 'digital divide'

    - Reaching people 'in the real world' we will design and display a range of physical manifestations of our messages at key vantage points across the West to reach the maximum possible audience.

    - This will also allow us to utilise the range of creative talents West Belfast has to offer through the vibrant culture and arts sector

4. **Strong emphasis on Social Media.**

    - Social media is clearly a widespread and has a wide reach across a diverse range of the population and provides access to key audiences, additionally use of social media provides useful platforms for feedback and responses. Social media campaigns have proved crucially effective against a backdrop of printed media sales reduction and a cheaper media alternative e.g. An Dream Dearg.

    - Social media also provides a range of innovation and creativity to capture public interest in a society where there is a daily bombardment of issues and challenges, we will focus on use of Facebook, Twitter and Instagram to relay good news examples of resilience and wellbeing across our spectrum of influence

5. **A campaign would allow us to focus on a vision coupled with challenge function across communities and civic society to take responsibility.**

Building Resilience and embedding wellbeing is a key vision behind the overall campaign and clearly there is a role for individuals and the public to engage on core issues around self-help as a core component part of the plan. In that context therefore, a core point across the 3 key messages will be around how people can help themselves.

b) Collaborative Leadership and Strategic Planning

A key challenge in advancing the creation of a West Belfast plan to Build Resilience and Embed Wellbeing is that of developing and nurturing '*strong leadership and collaboration*' and to amplify it within mainstream conversations because this is where people will no doubt need

to be persuaded. This has to be a key element of our engagement strategy which seeks to consult and involve key decision makers and influencers in the core development of the plan.

A series of facilitated workshops involving senior decision makers from the arenas of politics, health education and taking place over the period of the engagement process and focussing on the following core challenges relevant to all.

c) Engaging Communities

A range of initiatives will take place including:

- A capacity building programme targeted at hard to reach, seldom heard (and often ignored) communities and initially focused on key section 75 audiences but with room to grow and add. Working with existing advocates and representatives to target and identify specific audiences but also using our public awareness programme to spread know ledge of this approach

- A bespoke training, information and support programme aimed at increasing capacity and knowledge of core interest groups to facilitate engagement on the development of a plan that is inclusive and focused

- Health Literacy approach to gain understanding of challenges and language around key issues

- Understanding specific challenges and barriers for constituent groups and audiences in accessing services and opportunities for support

- Core areas of development including government planning processes and introduction to concepts including outcomes-based accountability, asset-based community development and co-production principles

- Potential indicators and measures of a WB plan that relate to targeted audiences

A series of design clinics exploring the indicators and measures required to expand the core areas of the plan and with invites to targeted audiences across the key areas of development:

1. Groups and organisations involved in the spectrum of emotional resilience and mental health
2. Groups and organisations involved in the spectrum of age friendly, older people and reducing social isolation and loneliness
3. Groups and organisations working on prevention approaches and reducing risk including those using learning to embed wellbeing

The design clinics would be facilitated with key partners from across the spectrum of West Belfast life would allow for expertise in that field or arena to facilitate focused discussion potential indicators and measures on the key areas in question rather than general concepts around the plan.

Additional facilitated workshops will be held in local geographical locations across the West in each of the 5 Neighbourhood Renewal areas which will utilise the community infrastructure to focus on:

- the value of community-led health
- challenges and opportunities for development
- building capacity to deliver
- developing relationships
- outcomes based planning, indicators and measures at a locality level
- and the concept of resilient neighbourhoods (healthy, learning, engaged communities)
- Utilising the annual **Feile an Phobail** as a West Belfast wide platform to reach a range of audiences and interests to gauge feedback and promote input to the planning process.

The Festival is a creative platform which provides an opportunity for providers to display their inputs across the community spectrum and additionally residents an experience of what wellbeing in all its forms can offer and what support is available throughout the year.

d) Collective Planning and Civic Endorsement

Final phase of the engagement process and focusing on the final strand of an agreed WB plan. A key conference introducing the findings of the engagement process and seeking endorsement of a WB plan.

Overall Purpose

The purpose of this engagement strategy is two-fold:

1. To build resilience and to
2. Embed wellbeing in West Belfast planning approaches

The range of activity, programme and approaches outlined target a series of communities of influence required to achieve these 2 goals, they range from decision makers and those to whom the decision is intended to have an impact on.

Measurement of Engagement

Core concepts and principles of engagement have been adopted and the following standards will be used as measurements to validate the success of the engagement process which will lead to an innovative plan.

Involvement: we will identify and involve the people and organisations who have an interest in the focus of the engagement.

- A bespoke series of interventions are planned

Support: we will identify and overcome any barriers to involvement

- A planned series of engagements with targeted audiences across a spectrum of learning and society including section 75 interests are planned
- Flexible arrangements for all activity relating to the engagement process will be considered
- Suitable venues will be considered
- We will develop materials which are accessible use appropriate language wherever possible to all interested parties.

Planning: we will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken

- We will liaise with appropriate advocates and representative structures to ensure this happens

Methods: we will agree and use methods of engagement that are fit for purpose

- We have designed a series of different approaches that can be tailored to meet the needs of different audiences and interested parties and we remain open to new initiatives and ideas
- The process is deigned to be interactive and participative in its nature.

Working Together: We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently

- We have designed a range of interventions but also activity that allows individual input when necessary, but we also believe we have provided a common platform to discuss issues of mutual interest

Sharing Information: we will ensure that necessary information is communicated between the participants.

- We will endeavour to disseminate updates where possible and at regular intervals

Working with Others: we will work effectively with others with an interest in the engagement

Improvement: we will develop actively the skills, knowledge and confidence of all the participants

- We have designed a bespoke series of inputs aimed at building capacity, knowledge and skills which we believe will offer all contributors an opportunity to enhance their understanding of a West Belfast plan and the challenges and opportunities it presents

Feedback: we will feed back the results of the engagement to the wider community and agencies affected

- We have outlined a communication route that will provide regular feedback at various intervals and we will endeavour to be as transparent as possible throughout the process to all interested parties.

Monitoring and Evaluation: we will monitor and evaluate whether the engagement achieves its purposes and meets the national standards for community engagement.

The process as stated is an inclusive attempt at developing a collaborative West Belfast plan, it will seek and make challenges of willing partners to actively involve themselves in the design of the plan.

In that respect we will fully utilise existing opportunities throughout the engagement period which draws key stakeholders together under another pretext and would hope for cooperation from willing partners to that end.

Appendix 1

Contributors

The following individuals and organisations contributed to the range of discussions to get the framework to this point and we hope will continue to contribute to the building of this population planning approach and ultimately to the elimination of health inequalities and a better quality of life for all citizens of West Belfast.

Adrienne Clugston – Ulster Chemists Association

Alan Guthrie – West Belfast Multi-disciplinary Team

Alice McGlone – Belfast City Council

Andrew Steenson – Belfast Health Development Unit

Angela Mervyn – West Belfast Partnership Board

Annie Armstrong – Colin Neighbourhood Partnership

Ben Hanvey – Belfast HSC Trust

Bryan Nelson – Belfast HSC Trust

Ciara McClements - Connected Community Care Hub

Cllr Tina Black – Roden Street Community Development Group

Cllr. Micheal Donnelly – Upper Springfield Neighbourhood Partnership

Cllr. Steven Corr – Belfast Local Commissioning Group

Collette Johnson – West Belfast Multi-disciplinary Team

Daniel Jack – Connected Community Care Hub

Danny Power – Frank Gillen Centre

Darren Gowdy - Connected Community Care Hub

Dolores Atkinson – Belfast a Learning City Initiative

Dr Grainne Bonnar – West Belfast Integrated Care Partnership

Dr. George O Neill – West Belfast GP Federation

Emma McKee – Belfast Local Commissioning Group

Fiona Meenan – Belfast HSC Trust

Geraldine McAteer – West Belfast Partnership Board

Gerry McConville – Falls Community Council

Iain Deboys – Belfast Local Commissioning Group

Jenny Taylor – Integrated Care Partnerships

Jim Girvan – Upper Andersonstown Community Forum

Jim Morgan – Belfast Health Development Unit

Kevin Bailey – West Belfast Partnership Board

Kim Kensett – Public Health Agency

Linda Doherty – Integrated Care Partnerships

Liz McShane – Maureen Sheehan Healthy Living Centre

Lorraine Morrissey – Lenadoon Community Forum

Lynda Vladeanu – South Eastern HSC Trust

Margaret Walker – West Belfast Suicide Awareness Group

Martin Hayes – Health and Social Care Board

MaryEllen Campbell – Good Morning West Belfast

Michelle Toland – West Belfast Multi-disciplinary Team

Niall Enright – Upper Springfield Youth Project

Nichola McCabe – Public Health Agency

Órlaithí Flynn MLA – Sinn Fein

Paul Maskey MP – Sinn Fein

Peter Lynch – Blackie River Community Association

Peter Wright – Community Pharmacist

Richard May – Ardmonagh Family and Community Centre

Rosie McCorley – Top of the Rock Healthy Living Centre

Sinead Malone – Integrated Care Partnerships

Stevie Lavery – Belfast City Council

Terry Maguire – Community Pharmacist

Terry McNeill – Springfield Charitable Association

Terry Quinn – Greater Falls Neighbourhood Partnership

Tim Atwood – SDLP

Yvonne Cowan – Belfast HSC Trust

Appendix 2

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