



Not Just Health

A strategy for the Belfast Health and Social Care Trust
to address **inequalities in health**



Executive summary

**Inequalities in health are unjust
Inequalities impact on all aspect of life, not just health
It is the responsibility of all sectors to work together to address
inequalities, not just health**

Belfast has the highest level of deprivation in Northern Ireland, with some 40% of the most deprived local areas being within Belfast Local Government District. This deprivation translates not only into lower life expectancy, but a greater burden of disease and consequently a greater dependence on health and social care services. While health has improved in the last decade, inequalities in life expectancy between Belfast and more affluent areas, such as Castlereagh, are widening.

This strategy provides a framework for action that will support the Trust in addressing its overarching purpose to reduce inequalities in health, as expressed in *The Belfast Way: the Trust's vision of sustainable excellence in health and social care*.

Belfast Trust aims to make a real and measurable difference to the impact of health inequalities on the lives of people living in Belfast and to the demand on our resources and the way in which we deploy them. We are committed to the following strategic objectives:

1. Make it a priority to give every child the best start in life and support young people to fulfil their potential
2. Demonstrate leadership through interagency partnerships and advocacy to address the social determinants of health

3. Encourage all health and social care professionals to use available opportunities to promote health and wellbeing
4. Provide a healthy work environment and maximise the health and wellbeing of our staff and their families; support routes to employment within health and social services for the long-term unemployed; and enable staff to engage in learning and support career progression
5. Work with service users, carers and community groups, building on *Involving You: a framework for user involvement and community development*, in a way that leads to shared decision-making
6. Measure inequalities in access to our services, understand the inequalities in morbidity in the population we serve and participate in high quality evaluations of interventions introduced to tackle inequalities in health
7. Reduce our carbon footprint and prepare to deal with the effects of climate change on health

The Trust recognises the importance of an integrated approach between agencies and the community and voluntary sectors to address inequalities in health. An action plan has been developed to initiate implementation of this strategy in 2010/2011. A further plan will be developed for 2011/2012.

Introduction

The overall purpose of Belfast Trust is to improve health and wellbeing and to reduce inequalities. The terms health inequalities and health inequities both refer to the unfair or unjust nature of health differences between social groups, resulting from social conditions. There is a clear social gradient in health, in that health generally improves with each step up the income ladder. In other words, inequalities are bad for society as a whole, not just the most deprived or poorest communities.

Other forms of inequality, such as those based on ethnicity, gender, or geography, can contribute to health inequalities generated by underlying socio-economic inequalities. Making progress to reduce inequalities and the social injustice associated with these requires society to take action across the social gradient, by addressing the social determinants of health, for example, employment, education, and housing. This strategy describes the contribution of Belfast Trust as a provider of health and social care to reducing inequalities in health in the population it serves. It does this in partnership with other public sector agencies, the community and voluntary sectors, unions, and local political representatives. In developing this strategy, the Trust has engaged in dialogue with local partnerships, public sector agencies, voluntary groups, unions, and Trust staff.



Belfast – Divided by Health¹

The last decade has been one of significant political, economic and social change in Northern Ireland. There have been some important improvements in health and the social determinants of health:

- Unemployment has fallen by 5%
- The proportion of school leavers achieving at least five GCSEs at grade A*-C or a higher qualification has increased from 47.5% to 57%
- Housing quality has improved. The number of unfit properties in Belfast has dropped by around 5%. However, fuel poverty has increased, slightly more so in Belfast than in Castlereagh
- Recorded crime has fallen by over 25% across Belfast
- Air quality has improved and the number of people killed or injured in road traffic collisions has fallen by over 40% despite an increase in the volume of traffic
- Life expectancy has increased in Belfast by about two years to 73.7 years for males and to 79.6 years for females. In Castlereagh, life expectancy has increased by about three years for males to 78 years, and by 2.5 years for females to 82 years.

On the less positive side:

- Life expectancy is increasing more rapidly in Castlereagh than in Belfast, widening inequalities in the area served by Belfast Trust. Belfast was ranked 422nd in the UK for male life expectancy in 2006 with a life expectancy of 73.7 years, ten years less than Kensington and Chelsea, ranked the healthiest area in the UK with a life expectancy of 83.1 years, and close to Glasgow City, ranked 432nd at the bottom with male life expectancy of 70.5 years. Castlereagh ranked 172nd. In fact in west Belfast, life expectancy for males fell to 71 years in 2004/6, almost six years less than for south Belfast.
- Smoking prevalence in Belfast remains around 30% (compared to the Northern Ireland average of 26%) and the gap in smoking rates between people in manual and non-manual groups has increased
- About 20% of people remain sedentary and there is an increase in the number of people drinking above sensible limits
- Obesity is increasing among both adults and children
- There are also high levels of child poverty in Belfast. Figures based on children living in workless households or households entitled to maximum Working Tax Credit in 2008, show that 77% of children living in west Belfast are living in poverty. North Belfast had 67% of children living in poverty, east Belfast 43% and south Belfast 37%. Persistent childhood poverty is double that in Great Britain and one fifth of children spend a significant part of their childhood in poverty resulting in worse outcomes in terms of health, education and trouble with the police.

¹ Data from Belfast Healthy Cities: Divided by Health: a city profile (2008) www.belfasthealthycities.com

- Belfast had the highest rate of births to mothers aged 19 or under in 2004 (25.9 per 1000) compared to other Local Government Districts in Northern Ireland. In 2009, there were 349 births to teenage mothers in Belfast Trust (37% were in west Belfast; 28% in north Belfast; 15% in east Belfast; 11% in south Belfast and 8% in Castlereagh).
- Some 11,000 children in Northern Ireland live with domestic violence. There were 5551 incidents with a domestic motivation reported by PSNI in 2008/09.
- The most deprived group of the population has an admission rate to Neonatal Intensive Care 19% above the regional average for Northern Ireland

In terms of inequalities, differences between local areas have not changed much. On most indicators, Belfast lags behind Castlereagh as well as the Northern Ireland average, and in many cases the improvements in Castlereagh have been greater than in Belfast, so that while we see improvements, inequalities are widening. If we look at Belfast in more detail, as a rule, health outcomes are markedly poorer in west Belfast and north Belfast than in east Belfast and south Belfast. These differences are largely related to relative levels of deprivation and socio-economic disadvantage, linked to employment status, income and educational attainment. Belfast has the highest levels of deprivation in Northern Ireland, with some 40% of the most deprived local areas being within Belfast Local Government District. These higher levels of deprivation translate not only into lower life expectancy but a greater burden of disease and consequently a greater dependence on health and social care services.



² Jenkins, J., McCall, E., Gardner, K., Casson, K., Dolk, H. (2009) Socioeconomic inequalities in neonatal intensive care admission rates. Arch. Dis. Child Fetal Neonatal Ed 94:423-8

Commission on the Social Determinants of Health (CSDH)

'Inequities in health, "avoidable health inequalities", arise because of the circumstances in which people grow, live, work and age and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social and economic forces.' (CSDH)

Professor Sir Michael Marmot stated in the above report, published by the World Health Organisation in 2008, that the poor health of the poor and the social gradient in health, are caused by the unequal distribution of power, income, goods and services and the consequent unfairness in the immediate visible circumstances of people's lives. The unequal distribution of health-damaging or health-enhancing experiences is not a natural phenomenon but the result of poor social policies, unfair economic arrangements and bad politics. The social determinants of health are made up of the conditions of daily life and the underlying structural drivers that influence them and are responsible for a major part of health inequities. Health and health equity may not be the aim of all social policies but they are a fundamental result. Economic growth is important but without appropriate social policies to ensure reasonable fairness in the way its benefits are distributed, it brings little benefit to health equity. Health care is one determinant of health, but the conditions in which people grow, live, work and age are far more important. The Commission made three overarching recommendations:

1. **Improve daily living conditions**
Improve the wellbeing of girls and women and the circumstances in which their children are born, put major emphasis on early child development and education, improve living and working conditions, and create conditions for a flourishing older life
2. **Tackle the inequitable distribution of power, money and resources**
This requires a strong public sector, support for civil society, an accountable private sector and for people across society to agree public interests and invest in collective action
3. **Measure and understand the problem and assess the impact of action**
Measurement of health inequity is a vital platform for action. The health equity impact of policies and action should be rigorously evaluated. Creating capacity to act effectively on health inequity requires investment in training of policy-makers and health practitioners and public understanding of the social determinants of health.

³ Commission on Social Determinants of Health: Closing the gap in a generation. World Health Organisation (2008) www.who.int/social_determinants/final_report/en/

A Framework for Health and Social Care

The Commission on the Social Determinants of Health offers a framework for Health and Social Care organisations to consider what action they should take. Listening to Professor Sir Michael Marmot highlighting the role of the social determinants of health, what he calls the 'causes of causes', professionals working within health and social care may feel that they have a limited contribution to make. However the health and social care sector has an important leadership and advocacy role to play in the development of policies which deal with the social determinants of health. By participating in interagency action, it can help tackle issues such as obesity and strengthen early child development. Incorporating community engagement, building local leadership and empowering local communities is an important mechanism for the health sector to promote grassroots approaches to involvement in decision making. Using the CSDH framework, the following actions are proposed as priorities for Belfast Trust to reduce inequalities in health:

Improve daily living conditions

1. Make giving every child the best start in life a priority and support young people to fulfil their potential
2. Demonstrate leadership through interagency partnerships and advocacy to address the social determinants of health
3. Encourage all health and social care professionals to use available opportunities to promote health and wellbeing
4. Provide a healthy work environment and maximise the health and wellbeing of our staff and their families. This includes supporting routes to employment within the Trust for those from disadvantaged groups, enabling staff to engage in learning and supporting career progression.

Tackle the inequitable distribution of power

5. Work with service users, carers and community groups, building on ***Involving You: a Framework for User Involvement and Community Development***, in a way that leads to shared decision-making in the planning and delivery of services and contribute to local leadership and to civil society.

Measure and understand the problem

6. Measure the inequalities within our own services, understand the inequalities in the morbidity in the population we serve and participate in high quality evaluations of interventions introduced to tackle inequalities in health. In addition to carrying out equality impact assessments of Trust service developments based on Section 75 categories, we should also carry out health equity assessment to ensure that our services do not contribute unintentionally to inequalities.

Address climate change

7. Reduce our carbon footprint and prepare to deal with the impact of climate change on health. Recognising that the poorest members of our community are worst affected by climate change, it is important that efforts to mitigate the effects of climate change and to adapt to their consequences are part of our efforts to address inequalities.

What this might mean in practice

Belfast Trust is already working to address health inequalities.

For example:

- We engage in a wide range of interagency and inter-sectoral partnerships across the city dealing with Neighbourhood Renewal, Travellers' needs and inequalities
- The Trust has developed an award-winning employability project to assist long-term unemployed people into jobs in the Trust and to enable learning and career progression
- The Public and Personal Involvement Steering Group is an inter-sectoral group driving the implementation of ***Involving You: a Framework for User Involvement and Community Development***
- There is active commitment to reducing our carbon footprint
- The Trust Health Improvement and Community Development teams see tackling inequalities as fundamental to their roles
- The Health and Social Inequalities Team focuses on Section 75 duties of the N.I. Act 1998, Human Rights Act 1998, Disability Discrimination Act 1995 (as amended by Article 5 of the Disability Discrimination (N.I.) Order 2006) and provides the Northern Ireland Regional Interpreting Service.

This strategy is intended to give impetus to the Trust in strengthening the pursuit of its overall purpose to reduce health inequalities, and in making this integral to mainstream activities. The House of Commons Select Committee, reporting on health inequalities in England in March 2009⁴, emphasised the important leadership role of the health service in ensuring accessibility to high quality care through advocacy, partnership working, and public engagement. In taking forward this action plan, the Trust will work closely with the Public Health Agency, the Belfast Local Commissioning Group, the Belfast Health Development Unit, Belfast

Healthy Cities, Belfast Area Partnerships and the Healthy Ageing Strategic Partnership, all of whom are committed to addressing health inequalities in the City. The Trust is committed to contributing to an integrated inter-agency approach and will align its strategy to addressing inequalities in health with the agenda of the Public Health Agency's Health Inequalities Programme Board, as it evolves.

To assist in driving action and monitoring progress, the Trust will establish a director-led forum. To initiate the implementation of this strategy, an action plan has been developed for 2010/2011. Further plans will be developed for 2011 onwards. The Trust will evaluate the impact of this strategy and action plan on health outcomes and inequalities.

⁴ House of Commons Health Committee; Health Inequalities: third report of session 2008-09 Volume 1 (March 2009)

This strategy and the action plan are available on
www.belfasttrust.hscni.net

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If you have any queries on the availability of this document in alternative formats (including Easyread, Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English), please contact:

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