



MAKING LIFE BETTER

1ST PROGRESS REPORT 2014/15

Introduction

1. '*Making Life Better*' was approved by the Executive and published in June 2014. It is the Executive's strategic framework for public health 2013-2023. As part of its monitoring arrangements it commits to providing reports of progress.

2. In this first year of implementation the main focus has been to set in place structures, build relationships, and to start the process of embedding a whole system approach which will strengthen and consolidate partnership working for health improvement. A narrative on this forms a part of the first progress report along with an update on some of the range of actions committed to in the framework and a look ahead to challenges in the coming year.

An update on the key indicators and baselines is also provided.

Report Structure

Part 1 – Context

Part 2 – Building the structures

Part 3 – Update on actions and commitments

Annex - Key indicators

Part 1 – Context

3. '*Making Life Better*' reflects the commitment of the Executive to improving health and wellbeing and reducing health inequalities, through co-ordinated and focussed action on the wider social, economic and environmental determinants of health. Such action will create the conditions for individuals, families and communities to be enabled and supported to lead healthy lives and achieve greater wellbeing. The aims of *Making Life Better* are closely interwoven with those of the Programme for Government – good population health and a fairer distribution of good health are essential to *Building a Better Future*. Consideration of health and health equity is needed in policy making across Government. By focusing on clearly defined and agreed population outcomes, policy objectives can be aligned across Departments and implementation better coordinated to maximise impact within constrained human and financial resources.

4. Northern Ireland faces a future where public spending will be under pressure and every effort must therefore be made to ensure that available resources are used in the most effective way. Budget 2015-16, approved by the Assembly on 27 January 2015, represented an overall reduction in departmental planned resource spend. The central pillars in constructing the Budget for 2015-16 were the protection of key front-line health and education services, investments that underpin economic growth in Northern Ireland and putting in place the foundations for the reform and restructuring of our public sector. Each of these elements impacts on delivery of *Making Life Better*.

5. The reform of local government, particularly the councils' new duty for community planning, provides an opportunity for enhanced partnership working to address issues at local level. This role when combined with their general power of competence makes them key contributors to *Making Life Better* and gives them scope to develop innovative solutions. There will however be challenges and learning for the councils and for their partner organisations as the new arrangements bed in.

Part 2 – Building the structures

6. Work has been undertaken to establish the structures to support governance and implementation of '*Making Life Better*'. An all-Departments Official group chaired by the Chief Medical Officer has met twice, bringing together senior officials from all Departments to review progress and to consider further opportunities for joint working in order to advise the Ministerial Committee. The group has also considered progress reports from the Regional Project Board.

7. The PHA has established a senior multi-agency Regional Project Board for Public Health to lead cross-sectoral implementation at regional level. After a period of engagement and discussions with key stakeholders, including local councils and HSC Trusts, to consider appropriate representation, the Regional Project Board held its first meeting on Friday 24th October 2014. Chaired by Dr Eddie Rooney, Chief Executive, PHA, the membership comprises Chief Officers of relevant statutory agencies and representation from local government, community and voluntary sector and the private sector. The focus of the

discussions has been on implementation, structures, governance and programmes of work including initial priority areas for joint working in relation to space and place; children and young people; older people; creating the conditions and economic regeneration.

8. Key issues for the Project Board include alignment with community planning processes in local government; councils are represented on the Project Board by 2 nominated Chief Executives. A number of demonstration programmes are being developed in partnership with other departments and agencies: Space and Place; Neighbourhood Renewal; and Caring Communities with a particular focus on the inclusion and needs of older people. Community planning and the recent review of public administration within local government also provide an opportunity to make a positive and transformative impact for communities through collaboration and joint working on shared outcomes.

9. Local delivery will be vital in the implementation of *'Making Life Better'* and the Public Health Agency and Regional Project Board began discussions with key stakeholders in February 2015 on the best way to develop the local partnerships. In line with the framework's recommendations of building on existing partnership arrangements and aligning with community planning processes, the Public Health Agency and Regional Project Board have engaged with members of the existing local partnerships, local council representatives and members of both the Regional Project Board and All Departments Officials Group. A workshop took place on 26th May 2015 with existing local level partnerships in order to inform future joint working arrangements to advance the implementation of *'Making Life Better'*.

10. The Ministerial Committee for Public Health has been established, and while it has not yet met formally (its first meeting was postponed), the Committee has considered and approved this report.

Part 3 - Update on actions and commitments

11. *'Making Life Better'* encourages organisation of action around **six themes**. These take account of particular needs across the life course, address support for individual behaviours and choices, and also focus attention on wider

structural, economic, environmental and social conditions at population level, and within local communities. There is also a specific emphasis on strengthening the strategic approach to public health and consolidating collaboration at regional and local levels.

12. **Long term outcomes** for each theme had been set and departments had identified strategic actions aligned with these and with key government strategies, such as those to develop the economy, tackle poverty and promote community relations, which contribute towards their achievement.

13. **In summary**, progress has been made on the majority of strategic actions, with only a small number delayed or not going forward for reasons of resource constraints, or where Executive agreement is being sought.

14. It needs to be acknowledged that much of the contribution of departments and their agencies is through mainstream services, or through initiatives which, while they will impact on health and wellbeing, take their origins from linked social objectives such as those of Delivering Social Change. There is therefore overlap with other government reporting mechanisms and it would not therefore be of value to replicate and report here on all of the services and initiatives underway.

15. **The following therefore highlights for each theme a brief narrative which illustrates some of the range of actions being progressed which have a particular relevance for population health. It also identifies challenges/opportunities for the coming year.**

Theme 1 - Giving Every Child the Best Start

PROGRESS:

16. Work to strengthen both universal and targeted services to promote and support **positive parenting** has been taken forward through cross-departmental and multi – sectoral collaboration. This has been facilitated by additional investment largely through the Delivering Social Change Programme, and other departmental and philanthropic contributions.

17. The **Support for Parents** Programme is one of the Delivering Social Change Signature Programmes being led by DHSSPS. As part of this programme

- notable progress is being made on increasing the numbers of Family Support Hubs. These are coalitions of agencies which aim to enhance awareness, accessibility, co-ordination and provision of Family Support resources in local areas. There are plans to develop 25 Family Support Hubs which when complete will cover NI.
- four parenting support programmes are being taken forward which provide additional high quality support to new and existing parents with emerging vulnerabilities. These will provide guidance, training, support and information for up to 1,200 families. There is also an emphasis on early years workforce development and on improving standards and quality of parenting programme implementation across NI.

18. In addition the **Early Intervention Transformation Programme** (EITP) is a Delivering Social Change (DSC)/Atlantic Philanthropies Signature Programme which aims to improve outcomes for children and young people across Northern Ireland through embedding early intervention approaches.

19. EITP Workstream One aims to equip all parents with the skills needed to give their child the best start in life and will focus on three key parenting stages; Workstream Two aims to support families when problems arise before they need statutory involvement and will focus on the delivery of an integrated regional model of Early Intervention for these families and Workstream Three aims to positively address the impact of adversity on children.

20. The first phase of the Executive's **Childcare Strategy**, launched in September 2013, sets out a broad direction of travel for childcare policy and aims to address, through 15 Key First Actions, the main childcare needs and priorities identified during consultation and research. An important aim of the Childcare Strategy is to support child development and to enable children from all backgrounds to avail of life opportunities. Childcare is also a critical enabler that can help parents into work, move families out of poverty and break the cycle of inter-generational deprivation.

21. The most ambitious of the Strategy's Key First Actions are aimed at sustaining or creating between 5,000 and 7,000 school age childcare places. A School Age Childcare Grant Scheme to deliver these places was launched in March 2014. To date the Grant Scheme has had two calls for applications—in May and September 2014 - and 83 applicants have met the selection criteria. These will receive some £3 million in funding over a three year period, sustaining and creating more than 2,300 places. Most of these places will serve disadvantaged communities.

22. Implementation of the DE Education Works campaign and website – Year 3 of the campaign was launched in October 2014 and saw a shift in focus from parents of pre-school and primary school age to parents of post-primary school age pupils. It seeks to encourage parents to take steps to support their child in making subject choices and planning for their future education/training /career. Pupils achieve more where their parents take an active interest in their education, supporting and encouraging them and setting high (but achievable) expectations and aspirations. The campaign comprised a multi-media format with advertisement on television, radio, in the local press, at outdoor sites. There is a dedicated online site that provides practical tips and learning ideas that will help any parent ensure their child gets the best possible start in life.

23. DSC Nurture Project established 20 new Nurture Units within primary schools to address early social, emotional and behavioural difficulties among children in Years 1-3 who have missed early nurturing experiences, with parental involvement being an important part of the intervention. Latest figures (June 2015) indicate that 275 children have attended the nurture units, with approximately 150 of the children having been fully reintegrated with their mainstream class. The Project ended in June 2015, however additional funding has been made available through the Change Fund which will sustain the 20 DSC and 10 longer established nurture units to March 2016. While initial findings from the evaluation of the projects have been positive, the next stage of the research will provide more conclusive findings through the use of control measures with which to compare progression rates and other outcomes.

24. Learning to Learn – A Framework for Early Years Education and Learning was published by DE in October 2013 and seeks to ensure that children are prepared, supported and encouraged to learn. The framework is currently being implemented and progress is being made on a wide range of actions including: Issued guidance on settling in time, carried out a review of Sure Start; introduced temporary flexibility for increased class size in statutory nursery settings; introduced Extended Services for eligible voluntary/private pre-schools; refocused the use of Extended Schools funding for Nursery Schools and Nursery Units; and revised the number of development days for non-statutory settings – an additional 3 days. Implementation will continue.

25. The Special Educational Needs (SEN) Early Years Capacity Building pilot ran in statutory nursery and DE funded early years settings from 2011 to the end of September 2014. It aimed to increase the capacity of staff in the participating settings to identify, assess and make provision for children with SEN and to provide multi-disciplinary expertise to support children with SEN and training for staff and parents. In order not to lose momentum pending the Education and Training Inspectorate (ETI) evaluation, interim arrangements continued the work of the pilot during 2014/15. The ETI evaluation has now demonstrated many positive outcomes, good progress is being made and almost all of the settings report that their capacity to identify and support children has increased. Some £3m has been made available for interim arrangements and the mainstreaming, from September 2015, of an agreed SEN support model in early years settings during 2015/16.

CHALLENGES/OPPORTUNITIES:

26. A third call for applications to the School Age Childcare Grant Scheme will be held in late 2015. This will focus on new start childcare providers.

In parallel to the delivery of the first phase of the Strategy, the full Childcare Strategy is being developed on a co-design basis in close consultation with the main childcare stakeholders. It is proposed to issue the Strategy in draft for

public consultation in 2015 with a view to publishing the final version before the end of the year.

27. Work is also being taken forward on a revision to *Cooperating to Safeguard Children 2003* and to develop a Strategic Looked After Children (LAC) Statement.

Theme 2 - Equipped Throughout Life

PROGRESS:

28. DEL's wide ranging provision across **careers information/advice, adult education, training and employment support** makes a substantial positive contribution to the general health and well-being of the Northern Ireland population.

29. In addition to targeted services for people with health barriers, the Department's services offer client centred flexible support arrangements to help people overcome barriers which can otherwise prevent their full participation in society.

30. DEL has taken forward the delivery of the Executive's **Pathways to Success Strategy** to re-engage young people who are not in employment, education or training. Under the Pathways Strategy, DEL delivered the **Community Family Support Programme** to support families with a high level of need to develop their capacity to reach their full potential by addressing the employment, educational, training, health, social and economic issues that impact on their daily lives. The CFSP supported 720 families throughout Northern Ireland between November 2013 and March 2015 with funding of £3.4m.

31. **United Youth**, a good relations programme, will provide flexible, high-quality, young-person-centred opportunities for 16-24 year olds (with the intention of extending the age group to 14-24 when the programme rolls out), particularly those who are not in education, employment or training. A total of 13 pilots will deliver in 2015/16 to test a range of approaches, prior to the anticipated full roll-out of the programme in 2016. Health and wellbeing is a key consideration for United Youth, and participants will be able to use the

capabilities they develop to support their own health and wellbeing during and beyond their engagement with the programme.

32. DARD'S **Tackling Rural Poverty and Social Isolation** programme achieved its PfG target in 2014/15 investing a further £5m DARD funds in rural areas. This included increasing the number of young people engaged in the Rural Youth Entrepreneurship programme to over 700 and supporting over 1350 rural unemployed young people in preparing for work. In addition 80,000 contacts were made under the Connecting Elderly Rural Isolated project.

33. DARD'S **College of Agriculture Food and Rural Enterprise (CAFRE)** delivered a Level II Business Operations in Agriculture course to farmers and growers. This Life Long Learning Programme aims to equip people with the necessary skills and knowledge to empower them to make decisions which will create sustainable benefits to their business. The qualification was also one of the eligibility criteria for applicants to the Young Farmers' Scheme and the Regional Reserve which are EU direct payments. 2,451 successful students were awarded certificates in April 2015.

CHALLENGES/OPPORTUNITIES:

34. DEL, in conjunction with other key Departments, has developed and published a new NI Executive **Economic Inactivity Strategy – (“Enabling Success”)** aimed at reducing economic inactivity in Northern Ireland.

35. Subject to securing the necessary resources to allow full implementation, the Strategy will deliver a number of cross-departmental projects to support people with work-limiting health conditions or disabilities, lone parents and carers towards or into work by providing tailored solutions and interventions, through purely voluntary participation. The Strategy will also seek to reduce inflows into economic inactivity through interventions aimed at improving health and work outcomes and by addressing wider labour market barriers faced by the Strategy's target groups.

36. There are now approximately 116,000 working age people who are not in employment due to illness and are claiming Employment Support Allowance.

This represents the largest single benefit claimant group within the economic inactivity categories. DSD/DEL are testing a pilot through the DFP Change Fund aimed at early intervention and helping people back to work at an earlier point in the benefit claim process.

37. Over £112 million of **European Social Fund** funding has been offered with the overall strategic aim of combating poverty, enhancing social inclusion by reducing economic inactivity and increasing the skills base of those currently in work and future potential participants in the workforce.

38. It will support over 10,000 vulnerable young people not in education, employment or training; over 7000 people with disabilities; over 24,000 people who are unemployed or economically inactive; and 2,340 families with a high level of need to develop their capacity to reach full potential in terms of education, training, health, social and economic issues.

39. DEL continues to progress the development of an overarching **“Employment and Skills Strategy for People with Disabilities”**. This work is being taken forward in conjunction with key stakeholders from the local disability sector. The new strategy will seek to improve the skills, employability, job prospects and working careers of people with disabilities in Northern Ireland.

40. OFMDFM is in the process of finalising the **Active Ageing Strategy**. The Strategy’s Vision is one of Northern Ireland being an age friendly region in which people, as they get older, are valued and supported to live actively to their fullest potential with their rights respected and their dignity protected.

The strategic aims of the draft Strategy are based on The United Nations Principles for Older Persons, (1991), designed to ensure the continued and enhanced inclusion of older people in society. There are 18 principles, which are grouped under five themes:

- Independence;
- Participation;
- Care;
- Self-fulfilment; and

- Dignity.

The Strategy's Strategic Aims will improve existing services to ensure they best meet the needs of older people.

41. OFMDFM has been working closely with the Ageing Strategy Advisory Group (a group of key stakeholders which is chaired by the Commissioner for Older People) to receive final comments on the draft indicators and outcomes in the Strategy. Subject to approval by Ministers and the Executive, the final Active Ageing Strategy will be published and a public consultation on the draft Indicators to measure progress on the Strategy will follow.

Theme 3 - Empowering Healthy Living

PROGRESS:

42. A **Community Resuscitation strategy** has been launched to focus a drive to increase the number of people of all ages trained in Emergency Life Support skills and to co-ordinate the use of available resources. A regional implementation group is establishing structures and processes to engage with stakeholders including organisations in the private, public and voluntary and community sectors to enable delivery of the strategy.

43. DCAL through its arms length bodies and sports governing bodies has extended the provision of AEDs and associated training across NI. It has agreed to undertake an AED mapping exercise to support the NIAS database and is encouraging support through sports and other bodies for a private sector company fundraising initiative that will aim to deploy approx 420 AEDs across the North.

44. The **Active School Travel** programme which is jointly funded by DRD and the Public Health Agency has had a presence in around 120 schools throughout Northern Ireland in 2014/15. This programme promotes active travel to school and is linked to the Executive's PfG commitment to create the conditions to increase the numbers of children walking and cycling to school. The programme involves a 'whole school' approach. On and off road cycle training to national standards is also available under the programme.

45. There are four active travel demonstration projects being delivered by local authorities and which are nearing completion in Belfast, Craigavon, Londonderry and Strabane.

46. A range of activities being taken forward through **Sport Matters** are making a considerable contribution to A Fitter Futures for All - Obesity Prevention framework, in particular to efforts to tackle obesity in children. A number of activities are also contributing to Protect Life – Suicide Prevention objectives.

47. In addition, in relation to empowering people to make healthier choices, the drive to increase participation in sport and physical recreation involves individual consideration of the health benefits to be derived from making lifestyle changes to include health promoting activity and competitiveness.

48. DARD's **Tackling Rural Poverty and Social Isolation** programme achieved its PfG target in 2014/15 investing a further £5m DARD funds in rural areas. Over 7,000 health checks in 355 locations have been completed (232 farmer marts and 123 community venues) and 80,000 contacts made under the Connecting Elderly Rural Isolated project.

49. Supporting people to self manage their condition can help maintain or improve health outcomes and well-being. The **Long Term Condition Implementation Plan** includes actions to increase patient education programmes. Such programmes can help people manage their condition by raising understanding and awareness of, potential risks or indicators of exacerbations, thereby supporting earlier recognition and prompt action.

50. A summary report for patient education programmes delivered in 2013/14 published in March 2015 showed a year on year increase in both the number of programmes delivered, and the number of programme participants during 2013/14 compared with 2012/13. During 2013/14, there were 12,741 participants on structured patient education/self management programmes - a 10% increase on the number in 2012/13 (11,531). A total of 841 patient

education/self management programmes were provided in 2013/14, an increase of 7% on the number in 2012/13 (784).

51. Cross-departmental work continues on producing a joint **Healthcare and Criminal Justice strategy** to develop better healthcare pathways and services across all aspects of Criminal, Justice including prisons, Youth Justice and Custody suites.

CHALLENGES/OPPORTUNITIES:

52. Work continues to develop the next Protect Life 2: Suicide Prevention and Mental and Emotional Wellbeing strategy. This is being developed along three key themes: early intervention; frontline intervention and postvention. The current timetable is to issue the strategy for consultation in September.

Theme 4 - Creating the Conditions

PROGRESS:

53. Departments across the Executive have made significant progress in delivery of their commitments in the **Northern Ireland Economic Strategy's Action Plan** for 2011-2015. At 31 March 2014, 94% of commitments were on target to be achieved by 31st March 2015. Achievements include the promotion of over 37,000 new jobs and £2.7 billion of investment in the economy since 2012.

54. Through the **Social Investment Fund** commitments of £26.9 million have been made to capital projects to address dereliction.

55. A number of **Planning Policy Statements** have issued, and 'Living Places'- An Urban Stewardship and Design Guide for Northern Ireland was published on 18 September 2014. In addition, a statutory requirement to submit Design and Access Statements with certain planning applications was established by Article 6 of The Planning (General Development Procedure) Order (NI) 2015 – This came into effect as part of the reformed two-tier system on 1st April 2015.

56. DOE, DRD and the PHA are working closely on a number of issues around **cycling**, recognising the benefits of encouraging people to cycle, but also the need to ensure that people can cycle safely.

57. DRD funded the procurement and development of the **Belfast City Council bike share scheme** which has provided 300 bicycles at 30 docking stations throughout Belfast city centre. This scheme provides an active travel option which gives people an opportunity to incorporate active travel into their daily routine and helps to promote a more active lifestyle in the city

58. **Transportni** continues to implement a programme of infrastructure measures aimed at making it easier to walk (e.g. new footways and crossing facilities) and cycle in a safer environment.

59. DRD continues to implement actions which have a particular focus on **older people with disabilities**:

- Transport Programme for People with A Disability which complements and augments improvements in accessible transport by developing a range of specialised transport services
- Smart passes, holders of which can qualify for concessionary fares, can be applied for by those with a disability and those aged over 60.

60. DARD'S **Tackling Rural Poverty and Social Isolation programme** in 2014/15 invested a further £5m DARD funds in rural areas. This included another £1m investment in support of rural community development through the rural support networks and engaging community and voluntary sector participation in the **Maximising Access in Rural Areas project** (MARA) programme. In collaboration with PHA, over 14,000 households have been visited under the MARA project. Almost 600,000 passenger trips have been funded through the **Assisted Rural Travel Scheme** which provides concessionary travel for the elderly and disabled.

61. **Social and Affordable Homes** - in 2014/15, a total of 2,013 social homes were delivered against a target of 2,000.

62. The Northern Ireland Co-Ownership Association (NICHA) has been for many years and continues to be the main vehicle for the provision of affordable housing. DSD, in recognition of the social and economic benefits attached to home ownership both for the individual and wider society, has invested a total of £168 million in Housing Association Grant in the Co – Ownership scheme in the current PfG period. This funding along with the sustained and increasing high demand for the Co – Ownership product has enabled NICHA to significantly exceed the PfG targets year on year. In 2014/15, the Co – Ownership scheme supported the purchase of 1,142 affordable homes against a target of 500. This brings the total number of affordable homes delivered through the scheme in the past four financial years to just under 4,000, nearly double the number of homes specified in the PfG target.

CHALLENGES/OPPORTUNITIES:

63. A refreshed **Economic Strategy Action Plan** is currently being developed by DETI Officials on behalf of the Executive Sub-Committee on the Economy which will outline Departments’ commitments for 2015-2016. Beyond 2016 DETI are in the process of commencing a wider review and refocus of the NI Economic Strategy for 2016- 2020.

64. Getting an agreed way forward for **Welfare Reform** will be a key challenge with the potential to impact on the health and wellbeing of particularly vulnerable groups.

65. Work is ongoing to ensure the remaining **Social Investment Fund** budget is committed as soon as possible. Projects have commenced.

66. **Strategic Planning Policy Statement** addresses inter alia sustainable development and how health and wellbeing considerations are taken into account under the reformed two-tier planning system which came into effect on 1 April 2015. When published in final form it will be taken into account in the preparation of Local Development Plans, and will also be material to decisions on individual planning applications and appeals.

67. DRD has developed a draft **Long-Term Water Strategy** for Northern Ireland to deliver the vision of having a sustainable water sector.

68. In respect of **social and affordable housing**, the annual PfG target for 2015/16 is currently for 1,500 social homes. However the programme will aspire to build up to 2,000 should funding become available at in- year monitoring rounds. In addition, the target includes 450 affordable homes.

Theme 5 - Empowering Communities

PROGRESS:

69. Through the **Social Investment Fund** commitments of £26.6 million have been made to improve pathways to employment, tackle systemic issues linked to deprivation and increase community services. Six projects have appointed Service Delivery Agents and have begun to deliver on the ground. Work is ongoing to ensure the remaining budget is committed as soon as possible.

70. **Together: Building a United Community** represents a key building block of the Programme for Government and, in recognition of this, the final budget for 2015-16 made available £10 million central revenue funding to support delivery of the wide range of actions and commitments contained within the Strategy. In relation to the 7 Headline actions:

- Funding of £2.2m will be available to support thirteen pilot projects for the United Youth Programme which will deliver the pilot activity to 365 young people in 2015. [See also “Equipped throughout Life.”]
- The first 3 successful projects under the Shared Campuses Programme were announced in July 2014. Six proposals were submitted under the second call for applications, covering over 20 schools and are currently being assessed
- A further three Urban Village locations have recently been announced - Markets/Donnegall Pass/Sandy Row; Bogside/Fountain; and Ardoyne/Ballysillan, bringing the total to five, one more than originally committed to in the strategy

- The first social housing development at Ravenhill Road has opened as part of the Shared Neighbourhoods Programme
- The Summer Camp Pilot Programme 2015 opened for applications on 15 April and closed on 8 May; 154 applications were received in total. £1m funding will be available for Summer Camps Pilot Programme in 2015. OFMDFM is working in partnership with the Education Authority, who are the Programme Administrators in 2015.
- DCAL launched a 12 week cross community youth sports pilot project on 5 January 2015 in the areas of Lower Falls and the Greater Village. As envisaged in the programme design, a second phase of activities is continuing in these areas in 2015/16 to maximise the sustainable impact of the initiative. The revised cross community youth sports programme will be informed by lessons learned from the pilot.
- Work to date has reduced the number of interface barriers from 59 to 52 and engagement is currently ongoing with around 40 of the 52 remaining areas.

71. The Department for Social Development has invested £20.2m in revenue support through its **Neighbourhood Renewal** Fund. This includes support for a range of projects that directly or indirectly contribute to the health and wellbeing of the people that live in these areas of deprivation. These include alcohol and drug related projects, health programmes that provide awareness and early intervention initiatives, men's sheds, suicide prevention and counselling services. In 2015/16 the Department will invest some £3.4m in projects that are directly linked to health. DSD will continue to support a number of these projects up until March 2016 at which time the responsibilities for tackling social need will transfer to the local councils under the Reform of Local Government.

72. DSD is currently supporting Resurgam Trust in its development of a successful **social economy model**. The project is an 'action and learning' pilot project to test how short-term government funding can assist voluntary organisations to develop sustainable, social enterprise businesses that will in turn contribute to the long-term stability of the organisation and delivery of

services in their communities. This support had a number of drivers which included:

- DSD's wish to promote the Social Enterprise model to encourage sustainability within the voluntary & community sector;
- Collaboration and partnership with Invest NI in tackling disadvantage and encouraging job growth and social enterprise business start-ups; and
- Commitment within the Programme for Government (2011-2015) and the Economic Strategy for Northern Ireland to invest in social enterprise growth to increase sustainability in the voluntary and community sector

73. DSD support to the Resurgam Trust Social Economy Pilot has enabled the Trust to continue and develop a range of related wider activities that have benefitted the community including the development and delivery of initiatives linked to Early Years intervention in partnership with the Public Health Agency, and which assist the Early Intervention Lisburn Partnership to improve outcomes for children, young people and families within the area.

74. The interim evaluation of Northern Ireland's first ever **Volunteering Strategy** '*Join In, Get Involved: Build a Better Future*', published by DSD in 2012, is nearing completion. The outcome of this evaluation will help inform ongoing arrangements for the implementation and delivery of the Strategy.

75. In January 2015, an allocation of £100k was made by DFP to DSD under the Budget 2015-16 'Change Fund Scheme' for the '*Carefully Yours*' project. This is an innovative health pilot programme (supporting dementia in the community) developed in partnership with the Cookstown & Magherafelt Volunteer Centre, the Northern Health & Social Care Trust and the Department for Social Development. The project has been initiated and volunteers are currently undergoing training to deliver activities.

76. The **NI National Citizens Service 2015** programme, funded by DSD and involving the participation of around 350 young people is now underway.

77. The Department of Justice **Community Safety Strategy** for Northern Ireland 2012-17 'Building Safer, Shared and Confident Communities' guides the work of the Executive, justice agencies, local councils and communities in tackling crime and anti-social behaviour and reducing the fear of crime amongst the most vulnerable. The overall aim of the Strategy is to help build:

- Safer communities, with lower levels of crime and anti-social behaviour;
- Shared communities, where each person's rights are respected in a shared and cohesive community; and
- Confident communities, where people feel safe and have confidence in the agencies that serve them.

78. The Strategy also recognises the wider impact which crime, particularly violent crime, can have on victims' health and well-being. Actions being taken forward under the Strategy to help victims of violent crime include working in partnership with DHSSPS, to develop a Stopping Domestic and Sexual Violence and Abuse Strategy and the evaluation of a pilot scheme which introduced a 'New Listing' arrangement for victims of domestic violence in Courts.

79. At a local level Policing and Community Safety Partnerships (PCSPs) provide funding for a range of projects aimed at making communities safer and which can also improve the health and wellbeing of people in Northern Ireland, for example to address Domestic & Sexual Violence and Abuse, including women's outreach, educational & awareness raising programmes; addressing fear of crime amongst older people and involving young people in activities such as drug and alcohol awareness sessions.

80. In 13/14 the **Farm Safety Partnership** sponsored by HSE, DARD and other partners developed a second Farm Safety Action Plan; delivered multi-media farm safety campaign co-sponsored by DARD; undertook over 1,000 advisory farm visits and delivered over 35 farm safety presentations; reached over 12,200 children in 93 rural primary schools with its Be Aware Kids farm safety messages; produced two new farm safety DVDs ("Dangerous Playgrounds" for 4-8 year olds and "Farm safe" for 8-11 year olds); involved over 3,300 pupils from 67 primary schools in its Child Safety on Farms Poster competition and distributed over 38,300 copies of the calendar produced from the winning

entries. HSENI has engaged directly with all ages in the farming community from school aged children right through to older farmers.

81. There have been a range of focussed health related participation initiatives through Libraries, Museums, Inland Fisheries Group and the Arts. However a key delivery input is through the implementation of the **Sport Matters NI Strategy for Sport and Physical Recreation 2009-2019**.

82. The outcome of a recent mid-term review indicates that the strategy is on track to deliver all its targets and to ensure that in addition to the growing evidence base of the fundamental benefits of Sport to health and community vitality and cohesion, key areas of under-representation are recognised and responded to as key Sport Matters priorities for the next 5 years, such as Sport and Disability, Sport for health and physical/mental well being, women in sport, sport for those with learning difficulties and post 19 transitional issues and sport in the RPA Community Planning context.

CHALLENGES/OPPORTUNITIES:

83. Funding is critical to delivery of many of the ambitious targets within the **Together: Building a United Community Strategy**. OFMDFM is working within a very challenging public expenditure environment; however, the Stormont House agreement reaffirmed the commitment to full implementation of the strategy. OFMDFM continues to work proactively with departments to identify opportunities to build on existing work through greater collaboration.

84. The **Regeneration Bill** was introduced to the Assembly to allow for the conferral of powers to tackle deprivation and undertake regeneration and community development on local government, and the transfer of functions relating to Lagan side to the new Belfast City Council, effective from April 2016.

85. These new responsibilities will contribute significantly to the aims of Local Government Reform which are to provide a stronger and more efficient local government which delivers more effective services. It will give councils the opportunity to really shape service provision for the citizens whom they have been elected to serve and to adapt to local needs. DSD will retain responsibility

for the overarching policy for regeneration and community development and will provide guidance to local government.

86. The integration of urban regeneration and community development powers in April 2016, combined with councils' existing functions, will allow for a more productive, joined-up approach which makes the most of opportunities and best uses all the strengths available. Combined with partnership working with other Departments and agencies operating in their areas, this will make councils stronger, more effective and flexible to local need. The transfer of powers and functions can only happen if the Bill receives Royal Assent by 31st March 2016.

87. The establishment of a new **Social Innovation Fund** was announced as part of Budget 2015-16. The Fund will utilise Northern Ireland's share of Dormant Accounts money which currently stands at some £6m.

88. A consultation on the spending priorities for this Fund will be launched shortly. Subject to the outcome of the public consultation, the Social Innovation Fund will allow social enterprises, charities, faith based organisations and community groups to access loan financing and expand the services provided.

89. Much progress has been made in raising awareness of **safety and health amongst the farming community**. Improvements have been seen on many fronts including child deaths on farms, PTO safety, slurry safety, and animal handling safety. Despite this, considerable challenges remain in the sector in terms of maintaining the profile of the safety and health messages in the industry. Work is underway through the second farm safety campaign.

Theme 6 - Developing Collaboration

PROGRESS:

90. **Local Government reform** took effect from 1 April 2015 with the creation of 11 new councils with enhanced powers including planning, local economic development, off street parking, local tourism, community planning and next

year, responsibility for urban regeneration. The successful delivery of reform brings many opportunities. It will:

- Bring decision making closer to communities and citizens;
- Create a stronger and more effective local democracy; and
- Improve service delivery by influencing place shaping and facilitating greater integration.

91. A key element of the reform programme is **Community Planning**. Community Planning is about building effective partnerships that make a real difference to people's lives. It will put in place a process whereby councils, statutory bodies and communities themselves work together to develop and implement a shared vision for their area.

92. To ensure linkages with community planning, including councils' new powers for **urban regeneration and community development**, DSD has developed a community planning policy statement for sharing with the new Councils. This document sets out DSD's policy responsibilities, its key regional policies and a statement on how the Department will engage proactively in the community planning process.

93. The "Developing Collaboration" theme encourages a strategic and strengthened approach to public health. In some cases **legislation** is an effective mechanism to secure improvements and to protect public health.

94. Key to achieving significant future reductions in **smoking prevalence** is preventing children and young people from taking up the habit, therefore, this has been the focus of legislative change in relation to tobacco control in recent years. Since 2013 DHSSPS has: progressed the Tobacco Retailers Act (Northern Ireland) 2014 through the Assembly; introduced a ban on the display of tobacco products in all retail outlets; and secured agreement to the inclusion of Northern Ireland in UK-wide regulations to introduce standardised packaging for all cigarette and hand-rolled tobacco products.

CHALLENGES/OPPORTUNITIES:

95. To help facilitate the change process associated with Local Government Reform a **Partnership Panel** was established by the Executive towards the end

of last year. A key benefit of the Panel is that it provides a fresh new political relationship between central and local government. It creates opportunities for innovative working between Ministers and local Councillors, which will ultimately improve co-ordination between Departments and Councils to help deliver better outcomes for local people.

96. The Panel work plan will help ensure collaboration on the sharing of services and on the delivery of the new duties of community planning which will provide the capacity to improve connections at regional, local and neighbourhood levels. This will involve integrating service delivery and producing a plan that will set out the future direction of a council area which promotes community cohesion and improves the quality of life for all its citizens.

97. It will be important too that effective engagement protocols are put in place between **central and local government** and that opportunities are taken to both ensure regional priorities are reflected in local plans, and that local priorities are fed into the strategic process.

98. With regard to *Making Life Better* it will be important that at the **local level partnerships** evolve in such a way as to maximise the opportunity presented by the community planning process to improve the health and wellbeing of communities and address local health inequalities.

99. A recent challenge has arisen though the availability and use of **new psychoactive substances** or so-called “legal highs”. These are substances that have a psychoactive effect but are not classified under the UK-wide Misuse of Drugs Act 1971. They can be even more dangerous than existing illegal substances such as cannabis and ecstasy.

100. However, legislation in this area is reserved to the UK Government. DHSSPS and DoJ have been working with the Home Office to develop proposals for a UK wide ban on the sale and supply of these substances and it is anticipated that the way forward on this issue will be clarified in the near future.

101. As a further strand of activity, the **Road Traffic (Amendment) Bill** targets drink drivers and new drivers. These remain problem areas – new drivers and, in particular, young male drivers, are 4 times more likely to be killed on our roads than the average driver; and too many people are still killed and seriously injured on our roads as a result of people choosing to drink and drive. The Bill is a very important part of work to continue to reduce unnecessary tragedy on our roads.

Conclusion

102. The key focus of this first year of the strategy has been to set in place the structures and working arrangements – this has been happening in the context of public sector reform and tightening resources, and discussions as to how best to add value are still formative but moving ahead.

103. Within this first year there is evidence of greater awareness across departments and local government of the inter-connected nature of many programmes impacting on health and health inequalities and a willingness to align work to maximise outcomes; but also awareness of challenges ahead.

104. Looking forward it is clear that we need to broaden and deepen cross-sectoral engagement; allowing more people to become agents for positive change.

105. Harnessing this approach, the Executive will expand innovation and collaboration into new areas. In the development of the next Programme for Government, the Executive will look beyond traditional departmental boundaries to a clear focus on outcomes, with responsibility and accountability for delivery bridging structural divisions to reach, and to empower those with the capacity to contribute to improvements in wellbeing.

106. In doing so, it will align strategic approaches to the most significant issues facing society within an outcomes framework that ensures energy is expended in pursuit of the goals that really matter – real change in the lives of real people and families.

107. *Making Life Better* reflects this approach, focusing on the needs of people; setting outcomes for achievement that will deliver choice and opportunity; using all available resources in an intelligent and coordinated way, and ensuring accountability for delivery that will support success.

Looking Ahead

108. Looking ahead there are a number of key overarching issues likely to impact on *Making Life Better* in the next year –

- At a local level the need to continue to invest in local collaboration whilst evolving over time to maximise opportunities through linkages with community planning, including councils' new powers
- At a regional level the development of demonstration programmes in partnership with other departments and agencies
- At a strategic level the need to ensure continued collaboration on shared outcomes across government policies and programmes, and
- At a policy level the need to consider population health and wellbeing as integral to the development of the next Programme for Government and underpinning strategies both economic and social.

June 2015

Key Overarching Indicators				
Indicator	Description	Baseline Period	Baseline	Latest position
Life Expectancy	Differential between NI average and most disadvantaged areas for men and women.	2009-11	In 2009-11, the differential between the NI average and the 20% most deprived areas was 4.1 years for males and 2.6 years for females.	In 2010-12, the differential between the NI average and the 20% most deprived areas was 4.3 years for males and 2.6 years for females.
	Healthy Life Expectancy between NI average and most disadvantaged areas for men and women.	2010-12	In 2010-12, the differential in healthy life expectancy between the 20% most deprived areas and the NI average was 8.0 years for males and 8.4 years for females.	Not currently available.
	Disability Free Life Expectancy between NI average and most disadvantaged areas for men and women.	2010-12	In 2010-12, the differential in disability-free life expectancy between the 20% most deprived areas and the NI average was 7.6 years for males and 7.3 years for females.	Not currently available.
1. Give Every Child the Best Start				
Infant Mortality	Number of children dying before their first birthday per 1,000 live births	2007-11	In 2007-11, the infant mortality rate was 5.0 per 1,000 live births, with a rate of 5.5 within the 20% most deprived areas.	In 2008-12, the infant mortality rate was 4.7 per 1,000 live births, with a rate of 5.1 within the 20% most deprived areas.

Smoking During Pregnancy	Proportion of mothers smoking during pregnancy in NI and the most deprived areas	2012	In 2012, 16.5% of expectant mothers in Northern Ireland smoked during their pregnancy, with a rate of 29.6% within the 20% most deprived areas.	In 2013, 15.7% of expectant mothers in Northern Ireland smoked during their pregnancy, with a rate of 27.3% within the 20% most deprived areas.
Breastfeeding	Proportion of mothers breastfeeding on discharge and differential between NI average and most deprived.	2012	In 2012, 42.3% of mothers discharged were breastfeeding, including those partially breastfeeding and those breastfeeding only. The gap between the NI average and the 20% most deprived areas was 53%.	In 2013, 45.6% of mothers discharged were breastfeeding, including those partially breastfeeding and those breastfeeding only. The gap between the NI average and the 20% most deprived areas was 54%.
Educational Attainment	Proportion of primary pupils achieving at the expected levels in Key Stage Two assessment in Communication in English and Using Mathematics	2012/13	In 2012/13, 77.1% of primary pupils achieved level 4 or above in Communication in English, with 78.5% achieving level 4 or above in Using Mathematics.	In 2013/14, 79.8% of primary pupils achieved level 4 or above in Communication in English, with 80.3% achieving level 4 or above in Using Mathematics (all figures best estimate ¹).
	Proportion of school leavers achieving at least 5 GCSEs at A*-C or equivalent,	2011/12	In 2011/12, 62.0% of school leavers achieved at least 5 GCSEs at A*-C or equivalent, including GCSE English and	In 2013/14, 63.5% of school leavers achieved at least 5 GCSEs at A*-C or equivalent, including GCSE English and

¹ The best estimate is the mean figure drawn from a sample. Due to the effect of Industrial Action, 2013/14 data have been weighted to account for non-response bias.

	including GCSE English and Maths.		Maths. The differential between the NI average and the 10% most deprived areas (40.1%) was 21.9% points.	Maths. The differential between the NI average and the 10% most deprived areas (39.4%) was 24.1% points.
2. Equipped throughout Life				
Unemployment	Long Term Unemployment Rate: proportion of unemployed that have been unemployed for one year or longer.	2012	The long-term unemployment rate in 2012 was 46.8%.	The long-term unemployment rate in 2013 was 52.0%.
	Proportion of 16 to 24 year olds who are not in employment, full time education or training (NEETS).	QE September 2012	In quarter ending September 2012, 16.7% of 16 to 24 year olds were not in employment, full time education or training.	In quarter ending September 2013, 15.9 % of 16 to 24 year olds were not in employment, full time education or training.
3. Empowering Healthy Living				
Smoking	Proportion of adults (aged 18 and over) who smoke and proportion in the most deprived areas	2011/12	In 2011/12, of those surveyed in the Northern Ireland Health Survey, 25% were smokers, with a proportion of 39% in the 20% most deprived areas.	In 2013/14, of those surveyed in the Northern Ireland Health Survey, 22% were smokers, with a proportion of 34% in the 20% most deprived areas.

Alcohol – related Admissions	Standardised rate for alcohol-related admissions in NI and the most disadvantaged areas	2009/10 - 2011/12	In 2009/10 -2011/12, the standardised rate for alcohol-related admissions was 669 per 100,000 of the population, with a rate of 1,521 within the 20% most deprived areas.	In 2010/11 -2012/13, the standardised rate for alcohol-related admissions was 683 per 100,000 of the population, with a rate of 1,528 within the 20% most deprived areas.
Adults who drink above sensible drinking guidelines	Proportion of adults who drink above the sensible drinking guidelines suggested, and proportion in the most disadvantaged areas.	2011/12	In 2011/12, of those adults surveyed in the Northern Ireland Health Survey, 19% drink above the sensible drinking guidelines suggested, with a proportion of 23% in the 20% most deprived areas.	In 2013/14, of those adults surveyed in the Northern Ireland Health Survey, 16% drink above the sensible drinking guidelines suggested, with a proportion of 19% in the 20% most deprived areas.
Teenage Births	The teenage birth rate for mothers under the age of 17 – NI and most deprived areas	2011	In 2011, the teenage birth rate for mothers under the age of 17 was 2.2 live births per 1,000 females, with a rate of 4.6 live births per 1,000 females within the 20% most deprived areas.	In 2012, the teenage birth rate for mothers under the age of 17 was 2.3 live births per 1,000 females, with a rate of 5.1 live births per 1,000 females within the 20% most deprived areas.
Adult Obesity	Percentage of adults surveyed classified as obese, and proportion in the most disadvantaged	2011/12	In 2011/12, of those adults surveyed in the Northern Ireland Health Survey, 23% were classified as obese, with a proportion of 25% in the 20% most	In 2013/14, of those adults surveyed in the Northern Ireland Health Survey, 24% were classified as obese, with a proportion of 26% in the 20% most

	d areas.		deprived areas.	deprived areas.
Childhood Obesity	Percentage of children surveyed classified as obese.	2011/12	In 2011/12, of those children surveyed in the Northern Ireland Health Survey, 10% were classified as obese.	In 2013/14, of those children surveyed in the Northern Ireland Health Survey, 7% were classified as obese.
Mental Health and well-being	Mean Warwick-Edinburgh Mental Wellbeing Scale by deprivation quintile	2011/12	The 2011/12 Northern Ireland Health Survey results indicate a mean score of 50 using the Warwick Edinburgh: Quintile 1 (most deprived) – 48 Quintile 2 – 50 Quintile 3 – 51 Quintile 4 – 51 Quintile 5 – 52	The 2013/14 Northern Ireland Health Survey results indicate a mean score of 51 using the Warwick Edinburgh: Quintile 1 (most deprived) – 49 Quintile 2 – 50 Quintile 3 – 51 Quintile 4 – 52 Quintile 5 – 52
Suicide	Crude suicide Rate in NI and the most disadvantaged areas	2009-11	For the period 2009-11, the crude suicide rate in Northern Ireland was 15.9 suicides per 100,000 of the population, with a rate of 29.6 within the 20% most deprived areas.	For the period 2010-12, the crude suicide rate in Northern Ireland was 16.2 suicides per 100,000 of the population, with a rate of 30.7 within the 20% most deprived areas.
Blood Pressure/ Hypertension	Number of patients with established hypertension and % of GP registered patients with	2013	Figures from the 2013 Quality and Outcomes Framework reported that there were 245,730 patients in NI with established hypertension which	Figures from the 2014 Quality and Outcomes Framework reported that there were 250,718 patients in NI with established

	established hypertension		represented 13% of all GP registered patients.	hypertension which represented 13% of all GP registered patients.
Long term conditions	Number of people with one or more long term condition attending structured patient education/self management programmes	2011/12	An audit showed that in 2011/12 there were 10,189 attendances at structured patient education/self management programmes in Northern Ireland.	An audit showed that in 2012/13 there were 11,531 attendances at structured patient education/self management programmes in Northern Ireland.

4. Creating the Conditions

Investment in public health	Amount invested in public health.	2011/12	In 2011/12, the Resource Outturn was £77.2 million.	In 2013/14, the Resource Outturn was £92.6 million.
Poverty	Percentage of individuals in low-income groups before housing costs	2009/10-2011/12	In 2009/10 -2011/12, 21% of the population were in relative poverty (Before Housing Costs).	In 2010/11 - 2012/13, 20% of the population were in relative poverty (Before Housing Costs).
Child Poverty	Percentage of children in low-income groups before housing costs.	2009/10-2011/12	In 2009/10 -2011/12, 23% of children were in relative poverty (Before Housing Costs).	In 2010/11 - 2012/13, 21% of children were in relative poverty (Before Housing Costs).
Economic Inactivity	Economic Inactivity Rate: proportion of the working-	2012	In 2012, the economic inactivity rate in Northern Ireland was 27.6%.	In 2013, the economic inactivity rate in Northern Ireland was 27.3%.

	age population that is not in the labour force.			
Housing Standards	Proportion of social housing dwellings classified as non-decent homes.	2011	In 2011, the Non Decency Rate of Social Housing Dwellings was 3.7%.	Not currently available (next update due 2016).
Air Quality	Annual mean concentration level of Nitrogen Dioxide at urban background sites and urban roadside sites.	2011	In 2011, the annual mean concentration level of Nitrogen Dioxide was 22.0 $\mu\text{g}/\text{m}^3$ at urban background sites and 35.2 $\mu\text{g}/\text{m}^3$ at urban roadside sites.	In 2013, the annual mean concentration level of Nitrogen Dioxide was 22.6 $\mu\text{g}/\text{m}^3$ at urban background sites and 38.5 $\mu\text{g}/\text{m}^3$ at urban roadside sites.
	Annual mean concentration level of particulate matter (PM ₁₀).	2011	In 2011, the annual urban background sites mean concentration level of particulate matter was 21.3 $\mu\text{g}/\text{m}^3$.	In 2013, the annual urban background sites mean concentration level of particulate matter was 21.0 $\mu\text{g}/\text{m}^3$.
	Annual mean concentration level of Benzo(a)pyrene at monitored sites.	2011	In 2011, the annual mean concentration level of Benzo(a)pyrene was 0.86 ng/m^3 at Lisburn Dunmurry High School, 0.95 ng/m^3 at Derry Brandywell, and 1.12	In 2013, the annual mean concentration level of Benzo(a)pyrene was 0.91 ng/m^3 at Derry Brandywell, 0.82 ng/m^3 at Ballymena

			ng/m ³ at Ballymena Ballykeel.	Ballykeel, and 0.46 ng/m ³ at Lisburn Kilmakee Leisure Centre.
	Annual number of ozone breaches (days) at monitored sites.	2011	In 2011, there were 4 ozone breach days at Belfast site, 12 at Lough Navar and 9 at Derry.	In 2013, there were 3 ozone breach days at Belfast site, 6 at Lough Navar and 1 at Derry.
Water Quality	Annual percentage compliance of Water Utility Sector Waste Water Treatment Works.	2011	In 2011, the overall Water Utility Sector WWTW had a 93% compliance with numeric standards.	In 2013, the overall Water Utility Sector WWTW had a 92% compliance with numeric standards.
	Annual percentage mean zonal compliance of drinking water quality	2011	In 2011, the mean zonal compliance with Northern Ireland water regulations drinking water standards was 99.83%.	In 2013, the mean zonal compliance with Northern Ireland water regulations drinking water standards was 99.81%.
5. Empowering Communities				
Social Capital	Proportion of respondents having volunteered in the past year	2013	29% of respondents to the 2013 NI Omnibus Survey stated that they had volunteered in the past year.	30% of respondents to the 2014 NI Omnibus Survey stated that they had volunteered in the past year.

Road Collisions	Number Killed or Seriously Injured (KSI) casualty numbers per capita	2012	In 2012, there were 843 casualties (killed or seriously injured) as a result of road traffic collisions in Northern Ireland.	In 2013, there were 777 casualties (killed or seriously injured) as a result of road traffic collisions in Northern Ireland.
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