

Eastern Health & Social Services Board Area Investing for Health Indicators

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The city of Belfast is designated to Phase IV (2003-2007) of the WHO European Healthy Cities Network. Belfast Healthy Cities is a partnership organisation who has responsibility for implementing the WHO designation requirements within the local and regional context.

Foreword

In October 2004, Belfast Healthy Cities was funded by the Eastern Health and Social Services Board (EHSSB) to lead the development of a basket of health and well-being indicators which would help monitor progress against the *Investing for Health* (IfH) goals and objectives within the EHSSB area.

It was seen as important that stakeholders working towards implementing IfH would help identify the key indicators to measure progress against IfH objectives. This was achieved through a period of consultation with statutory, voluntary and community partners working on the *Investing for Health* agenda. Suggestions were gathered through a series of workshops on potential outcomes of IfH goals and objectives, as well as indicators which may help measure these outcomes.

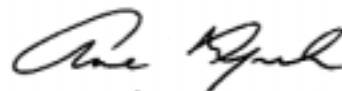
The purpose of this document is to outline both outcomes and indicators, categorized under IfH goals and objectives, and the process used to select indicators. Not all of the indicators which stakeholders suggested are currently collected and therefore have not been included in the final basket of indicators. However many of these have been recommended as indicators to consider for further development and are listed in section 7 of this document.

The Eastern Health and Social Services Board aim to take this work forward with regard to the collection of these indicators in cooperation with IfH partners in the EHSSB area.

Warm thanks go to members of the working group for the time and effort they have put into supporting this work. Special thanks go to Alan McClelland and David Donnelly for their invaluable support and advice on statistics. Lastly, thanks go to Ruth Fleming for leading this process and for compiling this document.



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1.1 Purpose

Following the Eastern Area Investing for Health conference “Looking Back: Looking Forward” which focused on indicators in October 2004, Belfast Healthy Cities (BHC) was commissioned to develop a basket of indicators which would assist in measuring progress against *Investing for Health* (IfH) goals and objectives in the Eastern Health and Social Services Board (EHSSB) area.

The indicators project set out to:

- Identify outcomes for IfH goals/objectives/themes
- Gain agreement on indicators to help measure these outcomes
- Suggest indicators for further development which are not currently collected
- Make recommendations for future action
- identify gaps/limitations in sourcing information

This document presents the results of this project including the final basket of Investing for Health indicators as agreed by the EHSSB.

1.2 Policy Context

The *Investing for Health* (IfH) strategy (DHSSPS, 2002) was the first major inter-departmental strategy in Northern Ireland which aimed to tackle health inequalities by focusing on the wider determinants of health. The strategy set a number of targets through which the strategy could be measured.

The Investing for Health team within the Department of Health Social Services and Public Safety (DHSSPS) are currently working to develop regional indicators to help measure performance against IfH goals and objectives. Belfast Healthy Cities and the IfH team in the EHSSB are represented on the DHSSPS working group to ensure linkage between both pieces of work. The challenge for Belfast Healthy Cities was to ensure that indicators selected for the EHSSB area would be compatible with the regional indicators but maintain a greater local focus.

All Government departments as well as other sectors, have a role implementing the IfH strategy due to the diversity of issues covered in the strategy. This poses a real challenge however in gathering information from a wide variety of sources to adequately measure progress against IfH goals and objectives.

More and more emphasis is being placed on voluntary, community and statutory organisations identifying achievable long-term outcomes that can be measured. *The Pathways for Change* position paper (Voluntary and Community Unit, 2003) outlines that organisations will be more rigorously assessed in the achievement of these outcomes in the future. This requires the availability of a wide range of information and statistics at a local level to successfully measure progress.

Belfast Healthy Cities has many years of intersectoral experience. The work of BHC has focused on tackling inequalities, and through the “Investing for Health” training programmes lead by BHC, participants awareness has been raised in relation to indicators and research linked to IfH. BHC has also been required to collate indicators relating to the wider health determinants from across various sectors in Belfast. This is part of the WHO designation process for Healthy Cities. BHC was therefore well positioned to take forward the challenge of developing IfH indicators for the EHSSB area.

2.1 Literature review

A number of steps were taken in the process of identifying outcomes and indicators. These included sourcing existing indicators and working with stakeholders to identify outcomes and indicators relevant to IfH.

A literature review of existing indicators used in Northern Ireland, UK and internationally was carried out. Some examples of indicators found to be available at a Northern Ireland level included: 'Social capital' indicators produced by the Voluntary and Community Unit (2003); 'Deprivation indicators' outlined within the Multiple Deprivation Measure, 2005 (Department of Finance and Personnel, May 2005); 'Neighbourhood renewal' indicators outlined in the *People and Place* strategy (Department for Social Development, 2003/04) and 'Social need' indicators developed by the Office of the First Minister and Deputy First Minister (OFMDFM, 2004).

In the UK, the London Health Observatory in 2003 published a "Local Basket of Inequality Indicators" containing over 60 indicators. The Public Health Institute in Scotland have been proactive in the development of health indicators and community profiles for the whole of Scotland. The audit commission (London) also produced a large number of performance indicators, many of which would relate to Investing for Health objectives. The UK Government has produced a number of sustainable development indicators (HM Government, 2005). Indicators for Northern Ireland are currently being developed by the sustainable development unit within the Department of the Environment.

As well as providing a breakdown of Census data, Northern Ireland Statistics and Research Agency (NISRA) have an extended function of providing viewers with a wide range of additional statistics and information collected yearly through the Neighbourhood Information Service website (www.ninis.nisra.gov.uk). The quantity of specific health data has been limited on this website in the past and currently NINIS staff are working with the DHSSPS regarding increasing the amount of health data on this site.

This literature review helped identify potential indicators for inclusion in this project. Indicators identified were categorised under Investing for Health goals/objectives/themes.

2.2 Outcomes and Indicators

Definitions

An outcome is a beneficial intended effect of an intervention or policy, a desired state; or a result or consequence of action.

An indicator is a measure or visible sign by which you know if you have been successful at meeting a goal or outcome. It is also a reliable tool for monitoring progress over time, compare between geographical areas, and measure trends.

The primary aim of setting indicators is to:

- Facilitate more evidence-based, rational decision making and priority setting in relation to health planning
- Create visibility of health problems
- Provide a baseline of information to make comparisons over time
- Assist in monitoring and evaluation of activities/programmes to assess their success (London Health Observatory, 2003).

Rational for setting outcomes

The state of Vermont in Canada has done some work around the development of indicators specific to children's services. They suggest that organising services at a community level around broad outcomes and indicators of social well-being, which have been agreed at a local level, will result in improved quality of life for local people. This is an excellent model which has resulted in the identification of broad outcomes that many different organizations can relate to and indicators which have some meaning at a community level.

It was felt that the identification of indicators linked to outcomes would be a useful process to adopt for the work within the EHSSB area.

2.3 Workshops

It was seen as important that stakeholders working towards implementing IfH would help identify the key indicators to measure progress against outcomes and IfH goals/ objectives. The *Investing for Health* Strategy highlights the importance of partnership working and working with communities to achieve IfH goals and objectives, and therefore stakeholders were also asked to identify outcomes and indicators linked to these themes.

A series of four local workshops, facilitated by IfH managers in the four Health and Social Service Trust areas within the EHSSB area was held between January and March 2004 to help identify outcomes and indicators relevant to IfH goals/objectives/themes. Over 100 stakeholders attended these workshops and participants were briefed on the process being undertaken as well as the results of the literature review. Guidance was given in terms of defining outcomes and indicators.

Indicators suggested by stakeholders were added to those already identified through the literature review. In total 274 indicators were identified.

2.4 Indicators Working Group

A working group was established in March 2005 to support the development of the work. The group comprised of 20 representatives from the statutory and voluntary/community sector who have a lead role in the implementation of IfH objectives within the Eastern Health and Social Services area (see appendix 1).

The role of the working group was to consider the information gathered as a result of the literature review and at the workshops and:

- Agree on outcomes for each IfH goal/ objective/ theme
- Source indicators relative to each goal/ objective/ theme
- Agree the final basket of indicators and agree those which should be recommended for further development.

Statistical sub-group

A statistical sub-group with statistical expertise was also set up to assist in identifying where indicators could be sourced as well as the area and level they are collected at. Criteria was developed which was then used to select indicators (see section 2.5). The sub-group were involved in an advisory capacity within the main working group to help select indicators.

Between meetings a considerable amount of background work was undertaken to identify/source indicators under topics/themes where gaps had been identified. Working group members liaised with contacts in their own organisation to source information relevant to the gaps identified.

2.5 Criteria for Selecting Indicators

It was considered important that indicators selected for the EHSSB area should be available at least at Board level, but preferably at Super Output area, Ward area, District Council or Local Health and Social Care Group area level, to assist organisations working at a local level to monitor progress.

There were three stages used by the working group to select indicators:

Stage 1 - Using the criteria listed in table 1, indicators were selected that were relevant to *Investing for Health* objectives and outcomes.

Stage 2 – A further review of indicators was carried out to ensure indicators chosen reflected the priorities and action undertaken within the EHSSB area in relation to IfH.

Stage 3 – The indicators which did not meet stage 1 criteria were reviewed to identify those to be considered for future development and collection. These are outlined in section 7 of this document.

Table 1: Criteria for selecting indicators during stage 1

Indicators were chosen if they were:

- Relevant to the *Investing for Health* objectives and outcomes - professional judgement was used to ensure only indicators which linked with the outcomes agreed were chosen
- Collected/available at Board, District Council /Local Health and Social Care Group (LHSCG) level or below
- Comparable with others boards within Northern Ireland
- Recent and routinely collected (preferably at least 4 yearly)
- Measurable
- Robust, and reliable
- Preferably had an inequality dimension allowing comparison in information between: geographical areas; socio-economic groups; minority groups; age groups; gender; and over time

A total of 109 indicators were selected for the basket of indicators, while 69 indicators were selected for further development.

2.6 Validating Indicators

Indicators selected and agreed by the working group were sent to a number of sources to review in terms of accuracy, validity, and availability of information. They were sent to NISRA representatives within Government departments, as well as to the Central Survey Unit and to the Northern Ireland Neighbourhood Information Service Unit within NISRA. Working group members were responsible for checking the accuracy, validity and availability of indicators that are collected by their organisation. A number of indicators selected are currently collected by other agencies or voluntary organisations such as NEXUS and Enterprise NI. Verbal agreement was reached with these organisations as to the exact wording of the indicators which would go into the basket of indicators.

3. Outline of Outcomes

The following outcomes relevant to IfH goals, objectives and themes were agreed by the working group.

Goal/Objective/Theme	Outcome Statements
Goal 1 - To improve the health of our people by increasing the length of their lives and increasing the number of years they spend free from disease, illness and disability	People live longer healthier lives
Goal 2 - To reduce inequalities in health between geographic areas, socio-economic and minority groups	People in low socio-economic groups; in areas of high deprivation; and in minority groups have improved health and well-being
Objective 1 - To reduce poverty especially in families with children	All people, especially families with children, have adequate income to have a healthy standard of living and to participate in society
Objective 2 - To enable all people and young people in particular to develop the skills and attitudes that will give them the capacity to reach their full potential and make healthy choices	All people and in particular young people reach their full potential through positive learning and life experiences
Objective 3 - To promote mental health and emotional well-being at individual and community level	People live and work in communities that enhance their mental and emotional wellbeing

Goal/Objective/Theme	Outcome Statements
Objective 4 - To offer everyone the opportunity to live and work in a healthy environment and to live in a decent affordable home	Everyone has the option to live in a decent, affordable, warm home and work in a healthy environment
Objective 5 – To improve our neighbourhoods and wider environment	People live in a safe, clean, healthy, vibrant, sustainable neighbourhood with access to services and amenities
Objective 6 – To reduce accidental injuries and deaths in the home, workplace and from collisions on the road	Individuals are safer at home, at work, and on the roads
Objective 7 – To enable people to make healthier choices	People have the capacity, are supported and resourced to make healthy decisions
Theme 1 – Working with communities	Communities are supported to participate in decision making processes that affect their health and wellbeing
Theme 2 – Partnership working	Organisations work together to improve health and well-being

Gaps and Limitations

- It was considered important that indicators selected for the EHSSB area should be available at least at Board level, but preferably at Super Output area, Ward area, District Council or Local Health and Social Care Group area level, to assist organisations working at a local level to monitor progress. Indicators which were only available regionally were therefore ruled out. This reduced the number of indicators which could be selected.
- A number of organisations rely on survey data as a basis for measuring progress towards targets and action. Survey data is very useful in measuring regional trends but less useful in monitoring progress or trends at a local level. In some cases survey data cannot be broken down below Northern Ireland level, due to the small number of people who have been surveyed. When selecting indicators for this work, it was not possible to include survey information which could not be broken down to board level or below.
- There are huge gaps in terms of information available at a local level on lifestyle issues such as smoking, diet, and physical activity. At present in Northern Ireland surveys provide much of the information on these issues. Recent changes within primary care brought on by the new General Medical Service (GMS) contract, will in the near future yield the availability of a much

wider range of health information at a small geographical area which is much welcomed.

- Ensuring both quantitative and qualitative indicators were included within the basket of indicators was a real challenge. There was frustration amongst the working group at the limited amount of qualitative information which is collected at a local level.
- A number of indicators suggested by stakeholders at workshops were either not collected or not routinely collected, and therefore could only be considered for further development. For example, the incidence rate for bullying in schools which has known links with poor mental health, is not routinely collected. A few one-off studies have been completed on a NI level but figures are not available below this level.
- The *Investing for Health* Strategy highlights the importance of partnership working and working with communities to achieve IfH goals and objectives. Currently there are very few indicators collected on these themes. This project aimed to ensure that these themes were not ignored and recommendations have been made to develop new indicators around these.

The Institute of Public Health in Ireland is currently developing a performance

measurement framework on behalf of the DHSSPS for measuring Investing for Health partnerships in the four health board areas in Northern Ireland. They aim to have this work completed autumn 2005.

- There are gaps in terms of ease of access to information relevant to the indicators. Information and statistics which are available on the NISRA/NINIS website are very accessible and in a simple format. Unfortunately gathering information on many other indicators requires going directly to the relevant agency/department for the information. This process has its own set of challenges such as accessing the appropriate person, time delays, getting conflicting messages, inconsistencies in data collection between areas and organisations.

Recommendations

Section 7 of this document presents in detail a number of indicators to be considered for further development. Recommendations for their collection are also outlined. Some of the recommendations are relevant to indicators currently collected. A summary of recommendations relevant to both sets of indicators is outlined below:

- Government should give consideration to performing a census every 5 years instead of every 10 years similar to the Republic of Ireland. The wealth and quality of information which is collected during the Census that can then be broken down to a local level is invaluable. Many feel that a lot can change over 10 years and that Census data can become outdated after 4-5 years.
- A review of survey methodology and sample sizes is needed by the Central Survey Unit within NISRA, and within departments who commission surveys, to consider the geography that survey data can be broken down to. In order to best support commissioning of local services and monitoring of progress against IFH, information should be available at District Councils or Local Health and Social Care Group (LHSCG) area. It is appreciated however that there are resource implications associated with this recommendation if survey sample size needs to be raised.
- Consideration should be given by statutory organisations and other funders, to providing support to voluntary and community organisations to use standardised tools for collecting data which could then be collated at a higher level allowing comparison between areas and over time. For example, Healthy Living Centres (HLC's) could be approached to consider becoming involved in survey work within local areas using standardised questionnaires. An area of focus could be social capital indicators.
- Indicators collected routinely by departments /organisations should be collected in such a way which allows data to be broken down to Ward/Census/Super Output area where possible or appropriate, taking into account confidentiality/disclosure issues. It is recognised there are resource implications associated with this recommendation.
- Statutory organisations should review how accessible the statistics and information they collect are to other sectors. Where possible, taking into account confidentiality/disclosure issues, statistics should be made available via the organisation's website, or alternatively make clear on the website who to contact for information on statistics.
- There is a need, to a greater extent, for governing bodies or departments to centrally collate information which local branches or agencies currently collect. This could also apply to information collected by voluntary/community organisations commissioned to do work by the statutory sector. For example, within the indicators for further development, it is recommended that the Department for Education collect information on the number of schools with healthy eating policies and with breakfast clubs. This information is not currently collected centrally.
- Local Health and Social Care Groups (LHSCG) now have greater responsibility for commissioning health and social services and therefore should be in a position to direct organisations to collect new health indicators which would demonstrate the impact services have at a local level. The use of standardised tools/templates used by all LHSCG's, would facilitate the comparison of data across geographical areas and across time.
- Finally organisations should consider fully the indicators suggested for further development and assess the viability of collecting these.

6. Investing for Health, EHSSB Basket of Indicators

The following 11 tables outline indicators which will help monitor progress on IfH goals/objectives/themes. Indicators are categorised by a number of themes which are taken from the Investing for Health strategy. The source of the indicators is listed along with information on how often the information is collected and the lowest level that the information can be provided at. Many indicators could apply to one or more IfH objectives and therefore where there are obvious links, these are recorded in the right hand column.

Table 6.1

Investing for Health Goal 1 - To improve the health of our people by increasing the length of their lives and increasing the number of years they spend free from disease, illness and disability.

Outcome: People live longer healthier lives

Themes	Indicators	Source	How often measured	Level available	Links to
Theme: Life expectancy – adding years to life	Average levels of life expectancy for men + women (rolling average over 3 years)	Registrar general, NISRA	Yearly	District Council, (DC) and HSS board	
	Age standardised mortality rate (per 100,000) by gender from all causes in age groups 0 – 14; 15 – 64; and 65 – 74				
	Age standardised mortality rate (per 100,000) by gender from cancer in age groups 0 – 14; 15 – 64; and 65 – 74				
	Age standardised mortality rate (per 100,000) by gender from Circulatory diseases (inc. CHD) in age groups 0 – 14; 15 – 64; and 65 – 74 and total				
	Age standardised mortality rate (per 100,000) by gender from Respiratory diseases in age groups 0 – 14; 15 – 64; and 65 – 74 and total				
	The number of Potential Years of Life Lost by gender in age groups 0 – 14; 15 – 64; and 65 – 74				

Table 6.1

Themes	Indicators	Source	How often measured	Level available	Links to
Theme: Life expectancy – adding years to life	Gap in life expectancy between deprived/non deprived areas and by gender (ethnic minorities – not available)	DHSSPSNI/PSAB	Yearly	Ward	
	Low birth weight incidence in singleton (one baby) term births	Child health system	Yearly	Ward, Trust and Board	Obj.7
Theme: Adding life to years through: immunisation, screening and disease prevention	Uptake rate for MMR at 24 months (this data is collated annually (PSAB) as part of NTSN monitoring system)	Child health system	Yearly	Ward; Trust; Board	
	Uptake rate for Diphtheria, polio, tetanus and whooping cough as a proxy for all primary immunisations at 24 months	Child health system	Yearly	Ward; Trust; Board	
	Uptake rate of flu immunisation in people aged 65+	EHSSB	Yearly	Board	
	Uptake rates for breast screening	DHSSPS	Yearly	Board	Obj.7
	Uptake rates for cervical screening	EHSSB	Yearly	Board	Obj.7

Table 6.2

Investing for Health Goal 2 - To reduce inequalities in health between geographic areas, socio-economic and minority groups.

Outcome: People in low socio-economic groups; in areas of high deprivation; and in minority groups have improved health and well-being

Themes	Indicators	Source	How often measured	Level available	Links to
Access to healthcare	Number of children registered with general dental practitioners for 0-2; 3-5 as a percentage of children registered with a GP	NINIS/ NISRA CSA	Yearly	Ward, DC	Obj.7
	Number of adults registered with general dental practitioners as a percentage of total adults	CSA	Yearly	Ward up	Obj.7
	Population weighted average road distance to Accident and Emergency (A+E) hospital	Noble via NINIS	Calculated 2005	NINIS -Super Output Area, SOA	
	Travel time to A+E hospital	DHSSPS		Ward, SOA from 2006	
	Number of (a) GPs (b dentists per 1,000 of population.	HPSS – PSAB Or CSA	Yearly	Ward	

Table 6.2

Themes	Indicators	Source	How often measured	Level available	Links to
Theme: Limiting Long term Illness/ Disability	Number of people with a limiting long term illness (available by age, sex, employment status and ethnic group at DC level)	NISRA, census	10 years	Super Output Area	Obj.3
	Comparative illness and disability ratio (Benefits: IS, AA, DLA, SDA, IB) (see **note for definition)	DSD, Noble via NINIS	Yearly	NINIS: Super Output Area	
	Number of new cases diagnosed with cancer each year	NI cancer registry	Yearly	Ward; DC; Board	
	Percentage of persons reporting their general health is good or fairly good	Census/ NIRSA	10 years	DC, Board	Obj.3
	Percentage of persons from ethnic minorities reporting their general health is good or fairly good	Census/ NIRSA	10 years	DC, board	Obj.3

**Note: The Comparative Illness and Disability Ratio (CIDR) indicator is a directly age and gender standardised morbidity/disability rate. It is derived from a non-overlapping count of individuals receiving any of the following benefits: Disability Living allowance (DLA), Attendance Allowance (AA), Incapacity Benefit (IB), Severe Disablement Allowance (SDA), and the disability premium of Income Support.

Table 6.3

Investing for Health Objective 1 - To reduce poverty and social exclusion especially in families with children.

Outcome: All people, especially families with children, have adequate income to have a healthy standard of living and to participate in society

Themes	Indicators	Source	How often measured	Level available	Links to
Targeting social need	The proportion of NI households with incomes below 60% NI median income before and after housing costs	DSD Family Resources Survey (FRS)	Yearly	Board	Goal 2
	The proportion of households with children under 16 below 60% NI median income before and after housing costs				Goal 2
	The percentage of (a) adults and (b) children under 16 living in income support households.	DSD	Yearly	Ward	Goal 2
	Percentage of pensioners solely reliant on state retirement pension and other state benefits	DSD, FRS	Yearly	Board	Goal 2
Access and uptake of benefits	The percentage of pensioners accessing pension credit entitlement	DSD	Quarterly	DC	Goal 2
	The uptake rate of benefits of those entitled (cannot break down by group e.g. lone parents, older people, ethnic minorities)	DSD - Family Resources Survey	Yearly	Board	Goal 2
Supporting employment	The unemployment rate – as a % of the economically active population	Labour Force Survey – DETI Claimant count	Quarterly	*NUTS level 3 (see note), Ward	Obj.3

Table 6.3

Themes	Indicators	Source	How often measured	Level available	Links to
Supporting employment	The % of unemployed people claiming benefits who have been out of work for more than 1 year	DETI – claimant count	Quarterly	#NUTS level 3 ward	
	Percentage of people aged 25+ moving into employment through New Deal	DEL	Yearly	Ward	
	The number of new FTE (full time employment) jobs created	DSD- neighbourhood renewal	Yearly	Neighbourhood renewal areas only	

Note: * Although Labour Force Survey (LFS) data is available at sub Northern Ireland level, the sample sizes are normally too small to provide robust estimates at anything below NUTS level 3. Also it should be noted that the confidence intervals associated with LFS estimates often make it difficult for them to be used in setting and monitoring specific targets.

NUTS level III stands for European Union Nomenclature of Units for Territorial Statistics. With Northern Ireland there are five NUTs level III regions – Belfast, Outer Belfast, East of Northern Ireland (NI), North of NI, and West/South of NI.

Table 6.4

Investing for Health Objective 2 - To enable all people and young people in particular to develop the skills and attitudes that will give them the capacity to reach their full potential and make healthy choices.

Outcome: All people and in particular young people reach their full potential through positive learning and life experiences

Themes	Indicators	Source	How often measured	Level available	Links to
Personal development of young people	Percentage of people aged 18-24 years moving into employment through New Deal	DEL	Yearly	Ward	Obj.1
Early years/pre-school/ youth provision	Number of childcare places versus the child population	HSS Trusts	Yearly	Ward	Obj.1
	Provision and uptake of preschool education	DE School census	Yearly	Pre school centre	
	Proportion of post primary pupils with special education needs in mainstream schools	School census, DE	Yearly	Education and Library Board	
Qualifications/ further education	The percentage of pupils in the most disadvantaged primary schools (ie. 25% of schools with highest Free School Meal Entitlement) who achieve level 4 or above in key stage 2 in English and in Math	DE Key stage 2	Yearly	School (DE prefer to give this info out at DC level)	
	The percentage of year 12 pupils in the most disadvantaged post-primary schools (ie. 25% of schools with highest Free School Meal Entitlement) who gain 1 or more GCSEs at A* to G (or equivalent)	DE, Summary of Annual Examination Results	Yearly	School	Obj.1
	Proportion of school leavers achieving 5+ GCSE's (A*-C)	School Leavers Survey	Yearly	Ward	Obj.1

Table 6.4

Themes	Indicators	Source	How often measured	Level available	Links to
Qualifications/ further education	The proportion of working age adults (aged 25-59) with no or low levels of qualification (NVQ level 2 or equivalent)	Population Census Also Labour Force Survey (DETI)	Census - 10 years; LFS - quarterly	Census – Ward; LFS- NUTS level 3	Obj.1
	The proportion of young adults aged between 16-24 who do not have a basic education (NVQ level 2 or equivalent)	DETI - LFS	Quarterly	NUTS level 3	Obj.1
	Number of students attending further education courses (a) by gender (b) aged 19 and under (c) aged 20-25 (d) aged 26+ (e) part and full time	NINIS/ NISRA	2000-2003 on NINIS	Ward, DC	
	Number of students attending higher education courses (a) by gender (b) aged 20 and under (c) aged 21-24 (d) aged 25+ (e) part and full time	NINIS/ NISRA	2000-2004 on NINIS	Ward, DC	

Table 6.5

Investing for Health Objective 3 - To promote mental health and emotional well-being at individual and community level.

Outcome: People live and work in communities that enhance their mental and emotional wellbeing

Themes	Indicators	Source	How often measured	Level available	Links to
Mental illness/ Suicides/self harm	The proportion of adults (aged 16+) with a potential psychiatric disorder as measured by the GHQ12 (general health questionnaire)	CSU, Health and Social Wellbeing Survey	5 years	HSS Board	
	Measure of individuals suffering from mood or anxiety disorders based on prescribing, Hospital Inpatient System Records and suicides	Prescribing (CSA); hospital records (DHSSPS); suicides (NISRA) (see noble via NINIS)	Calculated 2005 by Noble	NINIS: Super Output Area but preferably given out by DC	
	Mortality rate per 100,000 population from suicides by gender/age	Registrar general, NISRA	Yearly	District Council, HSS Board	Goal 1
Mental health promotion	Percentage of adults surveyed who have stated they are depressed	CSU, Health +Social Wellbeing Survey	5 years	HSS Board	
	Percentage of people surveyed who speak to, phone or see a relative or friend a) everyday b) once or twice a week c) less than once a week (apart from people in the same house)	Continuous Household Survey	Every 2 yearly	HSS Board	Obj.1
	Number of calls to the rural support helpline (helpline run by a voluntary organisation funded by DHSSPS and DARD)	Rural Support Organisation	On request	Figures can be made available at Board level	Obj.1

Table 6.5

Themes	Indicators	Source	How often measured	Level available	Links to
Mental health promotion	Number of sexual abuse referrals to NEXUS - comparison of figures between trust areas	NEXUS	On request	Can be broken down by HSS Trust	Obj.5
Domestic violence	The number of reported incidences of domestic violence	Women's Aid Federation PSNI	Yearly	Numbers per refuge centre DCU	Obj.5
Mental health and the troubles	Percentage of people who state that the "troubles" have affected their life and the lives of their immediate family a lot (HSWS shows that people who said they have been affected a lot by the troubles are almost twice as likely to show signs of a possible mental health problem)	Health and Social Wellbeing Survey (HSWS)	5 years	HSS Board	Obj.5

Table 6.6

Investing for Health Objective 4 – To offer everyone the opportunity to live and work in a healthy environment and to live in a decent affordable home.

Outcome: Everyone has the option to live in a decent, affordable, warm home and work in a healthy environment

Themes	Indicators	Source	How often measured	Level available	Links to
Housing condition/ affordability	Percentage of unfit homes	NIHE House Condition Survey	Full report 5 years; interim report 2/3 yrs	District Council	
	Housing stress (incorporates disrepair, lack of insulation and failure to meet the decent home standard set by DSD – see appendix 2 for fuller definition of decent home standard)	NIHE House Condition Survey; Also Noble via NISRA	Full report 5 years; interim report 2/3 yrs	DC; Super Output Area via Noble	
	The number of new low cost social housing available annually as a percentage of the total new build	DSD/NIHE	Yearly	DC, VLA has addresses	
Fuel poverty	Proportion of households dependent on solid fuel or electricity as a source of heating	NIHE, House Condition Survey	Full report 5 years; interim report 2/3 yrs	DC	Obj.5
	Proportion of households in fuel poverty	NIHE, House Condition Survey	Full report 5 years; interim report 2/3 yrs	DC	Obj.1

Table 6.6

Themes	Indicators	Source	How often measured	Level available	Links to
Fuel poverty	Energy efficiency of dwellings in each SAP (Standard Assessment Procedure) band (The Standard Assessment Procedure is the Government's recommended system for energy rating of dwellings. The procedure produces the SAP rating, on a scale from 1 to 120, based on the annual energy costs for space and water heating. The higher the SAP rating, the more energy efficient the building)	NIHE House Condition Survey	Full report 5 years; interim report 2/3 yrs	DC	Obj.5
Homelessness	The levels of households who report as homeless to NIHE	NIHE	Yearly	District housing area, District Council	
	The average length of time spent in temporary accommodation				
	The number of homeless families with children living in temporary accommodation				Obj.1
Workplace health	Number of persons suffering from an illness caused or made worse by job/ work done in the past	Labour Force Survey, DETI	Yearly	NUTs level 3	Goal 2

Table 6.7

Investing for Health Objective 5 – To improve our neighbourhoods and wider environment.

Outcome: People live in a safe, clean, healthy, vibrant, sustainable neighbourhood with access to services and amenities

Themes	Indicators	Source	How often measured	Level available	Links to
Crime/Community Safety	Crime rates per 100,000 population – broken down by levels of burglary, theft, violence and criminal damage	PSNI	Yearly	District Command Unit area, ward and police station	
	Number of reported anti-social behaviour (includes: people causing annoyance; drinking; noise; abandoned cars; off-road vehicles; minor damage to property; fire works; graffiti; litter; dumping; and dog fouling. (NIO has an antisocial behaviour count day recording the number of incidents of ASB which could potentially allow monitoring of trends over time however they suggest that data on anti-social behaviour is difficult to collect in a consistent, measurable and statistically robust way)	Councils/PSNI	Yearly	DC	
		NIO/CSU	Yearly		
	Percentage of people surveyed who feel fairly or very safe walking alone in the area in which they live – during the day and during the night	CSU Continuous Household Survey	Every 2 yearly	HSS Board	Obj.3

Table 6.7

Themes	Indicators	Source	How often measured	Level available	Links to
Neighbourhood/ Urban regeneration; Urban planning/ land use	Area of land (hectare) improved or reclaimed for open space	DSD neighbourhood renewal	Will start to collect 2005/06	Neighbourhood Renewal Areas Only	
	The numbers of new businesses/jobs created in the 20% most deprived areas in EHSSB area as a percentage of total jobs created	Enterprise NI/ Invest NI	Collected for NI yearly – will collate for EHSSB on request by DC Yearly	DC	Obj.1
	Number of all new businesses created in the EHSSB that remain in business after 1 year and after 3 years				
	Number of people undertaking training through Business Start training programmes run by Enterprise NI (32 branches throughout NI)	Enterprise NI	Yearly	DC	Obj.1
	Percentage of people trained who actually went on to start a business				
	Number of dwellings developed in Brownfield/urban footprint sites as a percentage of all urban new builds	DRD - BMAP	Yearly	Cities and towns over 5000 population; Also available at DC	

Table 6.7

Themes	Indicators	Source	How often measured	Level available	Links to
Transport	Access to transport – car ownership (by adult and by household)	NISRA- census Also NI Travel Survey	Census - 10 years; Travel Survey – figures available from CSU yearly, published by DRD 3 yearly	Census – Census and Super Output Area Travel survey – NI (see note*)	Goal 2
	Main mode of travel to work	Census/NISRA; LFS (Labour Force Survey); also NI Travel Survey	Census -10yrs; LFS – every 3 mths; Travel Survey - figures available from CSU yearly, published by DRD 3 yearly	Census – census and Super Output Area LFS – NUTS level 3; Travel Survey NI level/ Belfast DC	
Transport	Kilometres of dedicated cycle routes and the number of people using cycling as a mode of transport (Sustrans have the information on the km's of NCN sites Road service divisional cycling officers hold data on cycle tracks in their particular areas)	DRD Road Service Divisions, Sustrans	Yearly	District Council	

Table 6.7

Themes	Indicators	Source	How often measured	Level available	Links to
Transport	Percentage of households who have access to a bus service which runs at least once an hour	Travel Survey/CSU	Figures available from CSU yearly, published by DRD 3 yearly	Belfast DC and on request other DC's within EHSSB as one group	
Air quality	Number of days when air pollution is moderate or high	(NETCEN) (National Environmental Technology Centre)	Daily, yearly	Monitoring stations in Belfast City Centre, Belfast East, Lough Navar, Derry.	
	Energy consumption per household: consumption of domestic coal and total petroleum products	DETI/ NIHE	Yearly	District housing area, + District Council	
Water and health	Percentage (and length in km) of main rivers rated as poor/ bad quality (this can be broken down by biological and chemical quality)	DOE,(EHS) Water Management Unit	Yearly	All rivers	

Table 6.7

Themes	Indicators	Source	How often measured	Level available	Links to
Water and health	<p>Percentage of determinations to assess drinking water quality which do not comply with regulatory requirements (aka PCV – prescribed concentration value : the numerical value assigned to water quality standards defining the max or min legal concentration or value of a parameter. Wording of the information available is 'Percentage of determinations exceeding PCV or relaxed PCV)</p> <p>Also available are annual figures for the number of zones not complying with regulatory requirements.</p>	DRD – Water Service	Yearly	NI – (Water Treatment works, service reservoirs supply zones)	Goal 1
Health environment	<p>Number of noise complaints (NINIS gives complaints under 32 different categories)</p> <p>The number of noise nuisance complaints verified by the Council</p>	District Councils; Also NINIS	Yearly/ monthly	Ward and DC; NINIS gives only DC	
	<p>Recycling of municipal waste (includes household, industrial, commercial) as a percentage of total municipal waste generated</p>	DOE (EHS – Waste Management)	Available quarterly	District Council	

Note: * On special request Central Survey Unit will break down figures from the travel survey into the following 2 categories 1) Belfast district council 2) other 5 District Councils within the EHSSB area. Figures are normally only available for Belfast (City Council area) and West of NI and East of NI.

Table 6.8

Investing for Health Objective 6 – To reduce accidental injuries and deaths in the home, workplace and from collisions on the road.

Outcome: Individuals are safer at home, at work, and on the roads

Themes	Indicators	Source	How often measured	Level available	Links to
Road traffic accidents/injuries and road safety	Road deaths per 100.000 population	PSNI –statistics branch	Yearly	District Command Unit	Goal 1
	The number of injuries from road traffic collisions resulting in an admission to hospital by age	EHSSB, hospital information section	Yearly	Board and LHSCG	
Home accidents	The number of accidental injuries from home accidents resulting in an admission to hospital by age 0-4, 5-15, 16-64, 65 and over (other age categories also available)	EHSSB, hospital information	Yearly	Board and LHSCG	
	Age standardised mortality rate from home accidents (standardised to 2001 MYE) (Per 100,000 population)	Register General	Yearly	District Councils; Board	Goal 1
	Number of injuries from fires in the home resulting in an admission to hospital	DHSSPS, hospital information	Yearly	Hospital and HSS Board	
Workplace accidents	The number of accidental injuries from work place accidents resulting in an admission to hospital	Individual hospitals (A+E)	Yearly	Individual hospitals	
	The number of accidental injuries occurring at school premises resulting in an admission to hospital	Individual hospitals (A+E)	Yearly	Individual hospitals	
	Number of deaths by place of occurrence e.g. farm, home, residential institution etc	Registrar General, NISRA	yearly	DC or Board	Goal 1

NOTE: NISRA have advised that death rates from workplace accidents are so small that this indicator should not be included (total of 50 deaths in the last 11 years)

Table 6.9

Investing for Health Objective 7 – To enable people to make healthier choices.

Outcome: People have the capacity, are supported and resourced to make healthy decisions

Themes	Indicators	Source	How often measured	Level available	Links to
Teenage Pregnancy	The rate of births to teenage mothers aged 17 and under	NISRA/ PSAB	Yearly	Ward	
Sexual health	The number of newly acquired acute sexually transmitted infections (including HIV and aids)	DHSSPS (return KC60)	Yearly	Board	
Smoking	The proportion of adults who smoke	CSU/Health + Social Wellbeing Survey	5 years	HSS Board	Obj.3
	The percentage of 11-16 year old children who currently smoke cigarettes	CSU/ Young Peoples Behaviour and Attitude Survey	2/3 years	Education and Library Board	
	Proportion of people who have set a quit date and remain quit at 4 weeks and 52 weeks	HSS Board	Yearly	HSS Board	Goal 1 (disease prevention)
Physical Activity	The percentage of people who are sedentary (i.e. undertake no physical activity)	NISRA/Health + Social Wellbeing survey	5 Years	HSS board	
	Number of admissions to council leisure facilities per 1000 population (possibly give breakdown by type of activity)	District Councils/ leisure centres	Yearly	DC	

Table 6.9

Themes	Indicators	Source	How often measured	Level available	Links to
Food and nutrition	Levels of obesity in children, men, women	For children data available at P1 (NISRA/PSAB) For adults HSW Survey	5 years	HSS Board	
	The percentage of young people (aged 11-16) eating 5 pieces of fruit/vegetables per day	Young Peoples Behaviour and Attitudes Survey	3 years	Education and Library Board	Goal 1 (disease prevention)
Oral health	The proportion of 5 year-old children who are free from dental decay experience	HSS Trusts – recorded as dmf rates	Yearly	Individual schools, HSS Trusts and Board	
	Percentage of children aged 3-5 registered with a dentist	NISRA and CSA	10 years	Ward	
Breastfeeding	Percentage of women who are breastfeeding (a) at discharge from hospital (b) at 8 weeks (c) at 7 months from birth of child (figures for 7 months are not consistently collected)	Child health system	Yearly	Ward, Trust and Board, LHSCG	
Drugs and Alcohol	The number of people misusing drugs by age (a) <17 (b) 18-25 (c) 26-35 (d) 36-50 (e) 50+	EHSSB, EDACT annual report	Yearly	Board	
	Proportion of adults who drink above the weekly recommended levels of alcohol (greater than 50 units for men and 35 units for women)	CSU/ Health +Social Wellbeing Survey	5 years	HSS Board	
	The percentage of 11-16 year olds who have been drunk at least 2-3 times in the last month	CSU/Young Peoples Behaviour and Attitudes Survey	3 years	Education and Library Board	

Table 6.10

Investing for Health Theme 1 – Working with Communities					
Outcome: Communities are supported to participate in decision making processes that affect their health and wellbeing					
Themes	Indicators	Source	How often measured	Level available	Links to
Building Communities	Percentage of people surveyed who feel the area in which they live is a place where local people look after each other	Continuous Household Survey	Every 2 years	HSS Board	Obj.1
	Percentage of people surveyed who are involved in social clubs/groups including sport/hobby groups, religious groups, social clubs				Obj.1
	Percentage of people surveyed who agree (or strongly agree) that they can influence decisions that affect their area				
	Percentage of people surveyed who agree (or strongly agree) that by working together in their area can influence decisions affecting their area				

Table 6.11

Investing for Health Theme 2 – Partnership Working					
Outcome: Organisations work together to improve health and well-being					
Themes	Indicators	Source	How often measured	Level available	Links to
Investing for Health partnerships	Number of organisations working in the EHSSB registered on Wellnet (categorise under statutory, voluntary and community sector)	IFH managers, EHSSB	On request	Board	All objectives
	Number of organisations who have signed a memorandum of understanding detailing their work in support of the Eastern Area Investing for Health strategy	IFH managers, EHSSB	On request	HSS Trust area	All objectives

7. Indicators for further Development

This section outlines indicators which are **not routinely collected or only collected at NI level** and therefore not included in the basket of indicators. It is recommended that these indicators are considered for further development.

Table 7.1

Investing for Health Goal 1 - To improve the health of our people by increasing the length of their lives and increasing the number of years they spend free from disease, illness and disability.

Investing for Health Goal 2 - To reduce inequalities in health between geographic areas, socio-economic and minority groups.

Themes	Indicators	Source	How often measured	Level available	Recommendations
Employment	The proportion of working age adults with disabilities in employment and education	Labour Force Survey - DETI	Annually	NUTs level 3	Request DETI make labour force information available at Board level
	The proportion of those aged over 50 in employment				
	Ratio of Protestant to Catholic who are unemployed long term (over 1 year)				
Limiting long term illness	Number of people with a limiting long term illness by age	Census	10 yearly	Ward	Suggest that the Census is completed every 5 years instead of 10 years

Table 7.1

Themes	Indicators	Source	How often measured	Level available	Recommendations
Access	<p>Number of children who attend grammar school who live within 20% of the most deprived areas within EHSSB area</p> <p>(note: this indicator may need to be revised after changes in school selection are introduced)</p>	Currently information is recorded by the address of the school rather than the address of the child			DE to consider recording data by address of the child
	Number of people accessing specialist health services who are from 20% most deprived areas				DHSSPS to chart uptake/usage of services against patient postcode
	<p>Number of referrals for NHS treatment following private consultations</p> <p>Percentage of referrals for NHS treatment following private consultations for those living in 20% most deprived areas within the EHSSB area</p>				Suggest DHSSPS collect these indicators

Table 7.2

Investing for Health Objective 2 - To enable all people and young people in particular to develop the skills and attitudes that will give them the capacity to reach their full potential and make healthy choices.

Themes	Indicators	Source	How often measured	Level available	Recommendations
Personal development of young people	Number of young people who receive mentoring and/or peer education support	Individual schools. This information is not held centrally in DE			DE to consider collecting all these indicators centrally and preferably make available at District Council level
	Number of young people who complete Open College Network (OCN) accredited programmes				
	Number of young people who complete personal development programmes within the youth sector (statutory sectors and voluntary/community sectors funded by the statutory sector)				
Qualifications/ further education	Percentage of young people aged 14-19 undertaking vocational training or modern apprenticeships				
Healthy Choices in Education	Number of hours of physical activity that schools offer pupils (primary, secondary, grammar schools) during and after school and the numbers participating as a percentage of total children in the school	Schools	Occasional, small sample only	NI	
	Percentage of schools which have breakfast clubs and percentage of children who use this facility. Number of schools with healthy eating policies	Individual schools. This info is not held centrally in DE			

Table 7.3

Investing for Health Objective 3 - To promote mental health and emotional well-being at individual and community level.

Themes	Indicators	Source	How often measured	Level available	Recommendations
Mental health promotion	Number of people waiting longer than 3 months for a counselling service as a percentage of total on the waiting list	Information currently only available from providers of counselling services			Each HSST or LHSCG to routinely collect this information and provide information to HSS Board
	Number of referrals to counselling services from primary care professionals (e.g. Health visitor, social worker, GP, CPN) compared to the number of self referrals				
	Number children receiving counselling at school				Suggest information is collected by DE and preferably made available at DC or Board level
	Number of qualified counsellors (comparison between LHSCG areas)				Suggest this is collected by LHSCG's
	Intended beneficiaries awareness and competence to deal with issues of separation between communities and sectors				Suggest including indicators into surveys
	Intended beneficiaries participate in structures and processes aimed at reducing issues of separation				

Table 7.3

Themes	Indicators	Source	How often measured	Level available	Recommendations
Mental health and the workplace	Number of public sector organisations which have stress management policies				Suggest HPA collect this information centrally - and provide information at Board level
	Number of employees in the public sector using counselling services				
Mental health and education	*Incidence rate for bullying in schools	Not collected by DE – only record at present if pupils are suspended from school. There are 10 categories within this – one is for attacks against other pupils. (see note)			Request that information on bullying is made available at Board level

*Note: A research report on bullying in schools was produced by Collins et al (2000, University of Ulster on behalf of DE). This research is being repeated at the end of 2005. It defined 3 types of bullying: direct physical bullying (pushing, kicking, hitting); direct verbal bullying (name-calling, threats, teasing); and indirect bullying (spreading rumours, social exclusion and telling tales). Unfortunately it has been suggested by DE that information on the 2005 research will only be available at NI level.

Table 7.4

Investing for Health Objective 4 – To offer everyone the opportunity to live and work in a healthy environment and to live in a decent affordable home.

Themes	Indicators	Source	How often measured	Level available	Recommendations
Workplace health	The numbers of scheduled working days lost due to sickness/injury	Labour Force Survey, DETI	Yearly	NUTs level 3	Request DETI make labour force information available at Board level
	Number of working days lost due to musculoskeletal problems caused or made worse by the workplace				Suggest this is collected by the HSENI and broken down to District Council area
Housing	Percentage of houses in bands A-J for Housing Health and Safety Rating System (see note)*				Suggest the NIHE consider collecting this information

*Note: The Housing Fitness Standard is due to be replaced under the Housing Act 2004 by the Housing Health and Safety Rating System (HHSRS), in October of this year, in England and Wales. It is unclear at this stage if this will be introduced in NI. The HHSRS differentiates between those dwellings where there is a small chance of relatively minor harm and those where there is an imminent risk of major harm or death. It gives the house a score, or rating (similar to a SAP rating) and the higher the score, the greater the threat to health and safety. In order to avoid too much emphasis on numbers, however, the scores are divided into 10 bands, A to J, with A being the worst.

HHSRS measures the likelihood of harm from 28 specific health and safety hazards, namely:-

Excessive cold temperature	Hot surfaces and materials	Asbestos	Inadequate sanitation
Excessive high temperatures	Damp and mould growth etc.	Entry by intruders	Contaminated water
Falls on stairs, etc.	Carbon monoxide	Crowding and space	Structural Failure
Falls on the level	Radiation	Explosions	Inadequate lighting
Falls between levels	Electrical Hazards	Difficulties in maintaining domestic hygiene	Uncombusted fuel gas
Falls related to baths, etc.	Noise	Inadequate provision or food safety	Entrapment or collision
Fire	Lead	Inadequate Personal hygiene facilities	Poor Ergonomics

Table 7.5

Investing for Health Objective 5 – To improve our neighbourhoods and wider environment.

Themes	Indicators	Source	How often measured	Level available	Recommendations
Neighbourhood/ Urban regeneration; Urban planning/ land use	Hectares of open space (public and council owned) per 1000 population (** See note)	(BCC are currently developing this)			Suggest all Councils collect this information
	Length of Community greenways accessible to the public (** see note)	(BCC are currently developing this)			Suggest all Councils collect this information
	The percentage of streets in a Council area scoring below Grade B using the Northern Ireland Borough Cleanliness Survey Methodology designed by Tidy NI 2005 (the baseline is no more than 30% of streets in a council area should score below Grade B)	Tidy NI have piloted a scheme in 2005 – hope to get all Councils to sign up to it in future			Suggest all Councils sign up to this scheme and provide information relevant to the indicator set
Transport	The annual number of passengers using public transport e.g. the number of passenger journeys in bus/rail miles	Translink	Quarterly/ yearly	NI	Suggest information is made available below NI level
	Kilometres of public transport network coverage	Translink	Yearly	NI	

Table 7.5

Themes	Indicators	Source	How often measured	Level available	Recommendations
Transport	Traffic count by each mode of transport within busy residential areas (currently there are 5 classifications of vehicles and information is only available at present for main arterial routes)	DRD, traffic dept	Yearly	Available for main arterial and ring roads only	Suggest this count is completed for residential areas which are known to be used as through roads. Also suggest that cycling is included as a mode of transport
	Number of public sector bodies who have travel plans				Suggest DRD collect this per DC area if possible
	Rail service frequency and bus Service Frequency for different times, every 15 mins, 30mins, 1 hours etc.	NI Travel Survey, Roads Service, DRD	2000-2002		Suggest breaking down to ward level
	Time taken to walk to the nearest bus station or railway station NI figure				
	Journey distance travelled per person per mode of transport by area (Belfast, N, S, E,W)				
Household bicycle ownership					

Table 7.5

Themes	Indicators	Source	How often measured	Level available	Recommendations
Air Quality Management	Percentage of the population living within an Air Quality Management Area (AQMA)	Councils			Suggest all Councils collect this on a yearly basis
	Percentage of deprived wards falling within an AQMA				

Note: ** Newcastle (UK) have developed a number of standards relevant to these 2 indicators based on Government Planning Policy re. Green Space.

Newcastle (www.newcastle.gov.uk/parks.nsf/a/draftstrategy) have set the following :

- Everyone should have access to amenity green space of at least 0.1 hectares within 5 minutes walking
- Everyone should have good quality green space of at least 2 hectares within 10 minutes walk of home, school or workplace
- Everyone should have access to at least 6 hectares (park type areas including play facilities) within 1 Km or 15 minutes walk from home, school or workplace

Table 7.6

Investing for Health Objective 6 – To reduce accidental injuries and deaths in the home, workplace and from collisions on the road.

Themes	Indicators	Source	How often measured	Level available	Recommendations
Home accidents	The number of households who have checked that their smoke alarm is working in the last month as a percentage of those who have a smoke alarm				Consider adding this question to the House Conditions Survey
Workplace accidents	Number of major notifiable accidents to construction workers (HSENI have set a target to reduce these by 50% by 2007)	HSENI		NI	Request that this information is broken down to DC or Board level

Table 7.7

Investing for Health Objective 7 – To enable people to make healthier choices.

Themes	Indicators	Source	How often measured	Level available	Recommendations
Food and nutrition	Percentage of adults eating 5 pieces of fruit/vegetables per day	Can only get information on young people in YPBAS survey, not for adults			Consider adding a question to Health and Social Wellbeing Survey
Smoking	Percentage of people who smoke within the 20% most deprived wards in the EHSSB	By the end of 2005 the GP unit within the EHSSB hope to collect number who smoke within GP practice			Suggest the EHSSB collate this information at ward level or census output areas when it becomes available from GP practices

Table 7.8

Investing for Health Theme 1 – Working with Communities					
Themes	Indicators (See note after theme 2)	Source	How often measured	Level available	Recommendations
Community involvement / development	Levels of trust between people and organisations in the community	DSD are considering adding some social capital questions to surveys linked with Neighbourhood Renewal Strategy work		If within Neighbourhood Renewal surveys then will only be available for Neighbourhood Renewal areas only	Suggest that social capital indicators are included into a general survey which could be tested by community organisations at a local level (e.g. healthy living centres) but compiled centrally (e.g. by LHSCG or Health and Social Services Board or Central Survey Unit)
	Sharing of information and resources between people and organisations in the community (i.e. voluntary and community organisations funded by public sector)				
	People and organisations in the community working together to achieve shared goals				
	Proportion of residents giving a positive assessment of impact of community sector activities in their area				
	(a) Proportion of the local population represented by a local neighbourhood forum (b) Level of support provided to neighbourhood forums (c) Proportion of the local population represented by the local council				
	Number of local authority owned facilities and services that are managed under community management arrangements				
	The extent of individuals' (a) participation and (b) active involvement in local voluntary and community activities				

Table 7.8

Themes	Indicators	Source	How often measured	Level available	Recommendations
Community involvement / development	Percentage of people surveyed who have worked in a voluntary capacity during the past 12 months				
	Percentage of local schools that make their halls available for community use out of school hours				
	Percentage of community and voluntary organisations receiving support from local authorities and/or other sources who feel that the support provided has improved their confidence and ability to manage their community organisation				
	Percentage of adults surveyed who feel they can influence decisions affecting their local area				
	Extent and influence of the voluntary and community sector in the locality				
	Percentage of people surveyed who feel that their local area is a place where people from different backgrounds get on well together				
	The number of registered volunteers				
	Marginalised people are represented in organisation/project structures				
	Quality of structures to facilitate engagement between intended beneficiaries and other communities/sectors				

Table 7.8

Themes	Indicators	Source	How often measured	Level available	Recommendations
Community involvement / development	Intended beneficiaries' willingness to engage with communities outside their own				
	Formal contacts with resource/development agencies outside the community				
	Participation of intended beneficiaries in public fora at local and regional levels				
	Changes in public policy that better meet the needs of intended beneficiaries				
	Perception and attitudes of public agency representatives to the participation and contribution of the organisation/project				

Table 7.9

Investing for Health Theme 2 – Partnership Working

Themes	Indicators (See note after this theme)	Source	How often measured	Level available	Recommendations
Partnership working	Number of Government departments which have PSA targets and action which are cross linked to Investing for Health objectives	Not currently collected			Suggest these are considered for collection by the EHSSB or Investing for Health within the DHSSPS
	Evidence of formal mechanisms for sharing information between departments and key partners working on similar issues				
	Percentage of new projects set up in partnership with other sectors				
	Evidence of partnership plans linking with different partner organisations' policies and strategies				
	Evidence of shared aims, objectives, outcomes and targets within plans				
	Evidence of partnerships using formal partnership assessment/evaluation tools to measure the performance of partnership working (within the last 2 years)				

* Note: Many of the indicators highlighted under themes 1 + 2 are process/qualitative indicators rather than quantitative in nature as the latter is very difficult to obtain for both these themes. It is recommended that a standardised template is developed for organisations to commit to completing in relation to work/action ongoing relevant to these 2 themes. The use of flow charts should be considered to aid the presentation of this information.

Appendix 1. Working Group Members

Group Members:

- Joan Devlin, (Chair) Belfast Healthy Cities
- Ruth Fleming, Belfast Healthy Cities
- Lorraine Lindsay, Investing for Health Manager, Ulster Community and Hospital Trust
- Chris Totten, Investing for Health Manager, Down and Lisburn
- Maurice Meehan, Investing for Health Manager, South and East Belfast
- Mimi McAlinden, Investing for Health Manager, North and West Belfast
- Glen Aiken, South East Education and Library Board
- Dr Paul Darragh, Eastern Health and Social Services Board
- Andrea Heaney, National Energy Action
- Mary McDonnell, Northern Ireland Housing Executive
- Tim Irwin, Department of the Environment
- Jennifer Parkinson, Eastern Group Environmental Health Committee
- Suzanne Wylie, Belfast City Council
- Hazel Brown, Health Promotion, Belfast City Hospital
- Steve Nicholl, New Lodge and Duncairn Healthy Living Centre

Statistical Sub-Group members:

- David Donnelly, Department for Health Social Services and Public Safety, Statistics Branch
- Mike Morrissey, Independent Consultant on Indicators
- Stephen McDowell, Investing for Health Team, Department for Health Social Services and Public Safety
- Ffiona Dunbar, Information Officer, Eastern Health and Social Services Board
- Damien McNally, Urban Regeneration Statistics Branch, Department for Social Development
- Alan McClelland, Office of the First Minister and Deputy First Minister (OFMDFM), Equality Directorate Research Branch

Appendix 2.

DSD Definition of a decent home as cited in “Ending Fuel Poverty: A Strategy for NI”, November 2004:

- (a) A Decent Home meets the following criteria:
It meets the current statutory minimum standard for housing. In Northern Ireland, this is the fitness standard, set out in schedule 5 of the Housing (Northern Ireland) Order 1992.
- (b) It is in a reasonable state of repair. The dwelling satisfies this requirement unless one or more key building components are old and because of their condition, need replacing or major repair; or, 2 or more other building components are old and because of their condition, need replacing or major repair.
- (c) It has reasonably modern facilities and services. Dwellings that fail to meet this criterion are those that lack 3 or more of the following:
- A reasonably modern kitchen (20 years old or less)
 - A kitchen with adequate space and layout
 - A reasonably modern bathroom (30 years old or less)
 - An appropriately located bathroom and WC
 - Adequate insulation against external noise (where external noise is a problem)
 - Adequate size and layout of common areas for blocks of flats
- (d) It provides a reasonable degree of thermal comfort. This requires effective insulation and heating.

Appendix 3. Glossary of Terms

Abbreviations

BCC	Belfast City Council	HPA	Health Promotion Agency
BMAP	Belfast Metropolitan Area Plan	HSENI	Health and Safety Executive for Northern Ireland
CHS	Continuous Household Survey	HSS	Health and Social Services
CPN	Community Psychiatric Nurse	HSWS	Health and Social Wellbeing Survey
CSA	Central Services Agency	IFH	Investing for Health
CSU	Central Survey Unit	LHSCG	Local Health and Social Care Group
DARD	Department of Agriculture and Rural Development	LFS	Labour Force Survey
DC	District Council	NIHE	Northern Ireland Housing Executive
DE	Department of Education	NISRA	Northern Ireland Statistics and Research Agency
DEL	Department for Education and Learning	NINIS	Northern Ireland Neighbourhood Information Service
DETI	Department for Trade and Industry	NTSN	New Targeting Social Need
DSD	Department for Social Development	NUTs level 3	European Union Nomenclature of Units for Territorial Statistics
DRD	Department for Regional Development	NVQ	National Vocational Qualification
DHSSPS	Department of Health Social Services and Public Safety	OFMDFM	Office of the First Minister and Deputy First Minister
DOE	Department of the Environment	PSAB	Project Support and Analysis Branch
EDACT	Eastern Drugs and Alcohol Coordination Team	PSA	Public Service Agreement
EHS	Environment and Heritage Service	PSNI	Police Service for Northern Ireland
EHSSB	Eastern Health and Social Services Board	YPBAS	Young Peoples Behaviour and Attitude Survey
FRS	Family Resources Survey	VLA	Valuations and Land Agency
GP	General Practitioner		
GRO	General Register Office		

Appendix 4. References

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