

Eastern Health & Social Services Board Area Investing for Health Indicators

August 2005



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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.

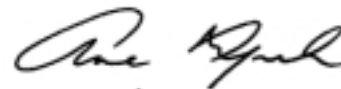
The purpose of this document is to outline both outcomes and indicators, categorized under IfH goals and objectives, and the process used to select indicators. Not all of the indicators which stakeholders suggested are currently collected and therefore have not been included in the final basket of indicators. 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. Background

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. Methodology

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 |

4. 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.

5. 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/ NISRA | 10 years | DC, Board | Obj.3 |
| | Percentage of persons from ethnic minorities reporting their general health is good or fairly good | Census/ NISRA | 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 Regional Planning | Yearly | Settlements 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 - published annually by DRD using the most recent three years of data | 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 - published annually by DRD using the most recent three years of data | Census – census and Super Output Area LFS – NUTS level 3; Travel Survey NI level/ Belfast DC | |
| | 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 | |
| | Recycling of municipal waste (includes household, industrial, commercial) as a percentage of total municipal waste generated | 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 motor vehicle accidents resulting in an admission to hospital by age, and as a percentage of total A+E attendances for motor vehicle accidents | EHSSB, hospital information (A+E) | 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 and as a percentage of total A+E attendances for home accidents (other age categories also available) | EHSSB, hospital information (A+E) | 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 burns/scalds in the home resulting in A+E attendances; Number of injuries from burns/scalds in the home resulting in an admission to hospital | EHSSB, hospital information (A+E) | Yearly | Board and LHSCG | |
| Workplace accidents | The number of accidental injuries from work place accidents resulting in an A+E attendance; The number of accidental injuries from work place accidents resulting in an admission to hospital | EHSSB, hospital information (A+E) | Yearly | Board and LHSCG | |
| | The number of accidental injuries occurring at school premises resulting in an A+E attendance | EHSSB, hospital information (A+E) | Yearly | Board and LHSCG | |
| | 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 significantly above the weekly recommended levels of alcohol (dangerous levels are 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> | <p>Currently information is recorded by the address of the school rather than the address of the child</p> | | | <p>DE to consider recording data by address of the child</p> |
| | <p>Number of people accessing specialist health services who are from 20% most deprived areas</p> | | | | <p>DHSSPS to chart uptake/usage of services against patient postcode</p> |
| | <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> | | | | <p>Suggest DHSSPS collect these indicators</p> |

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 | | |



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Appendix 4. References

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