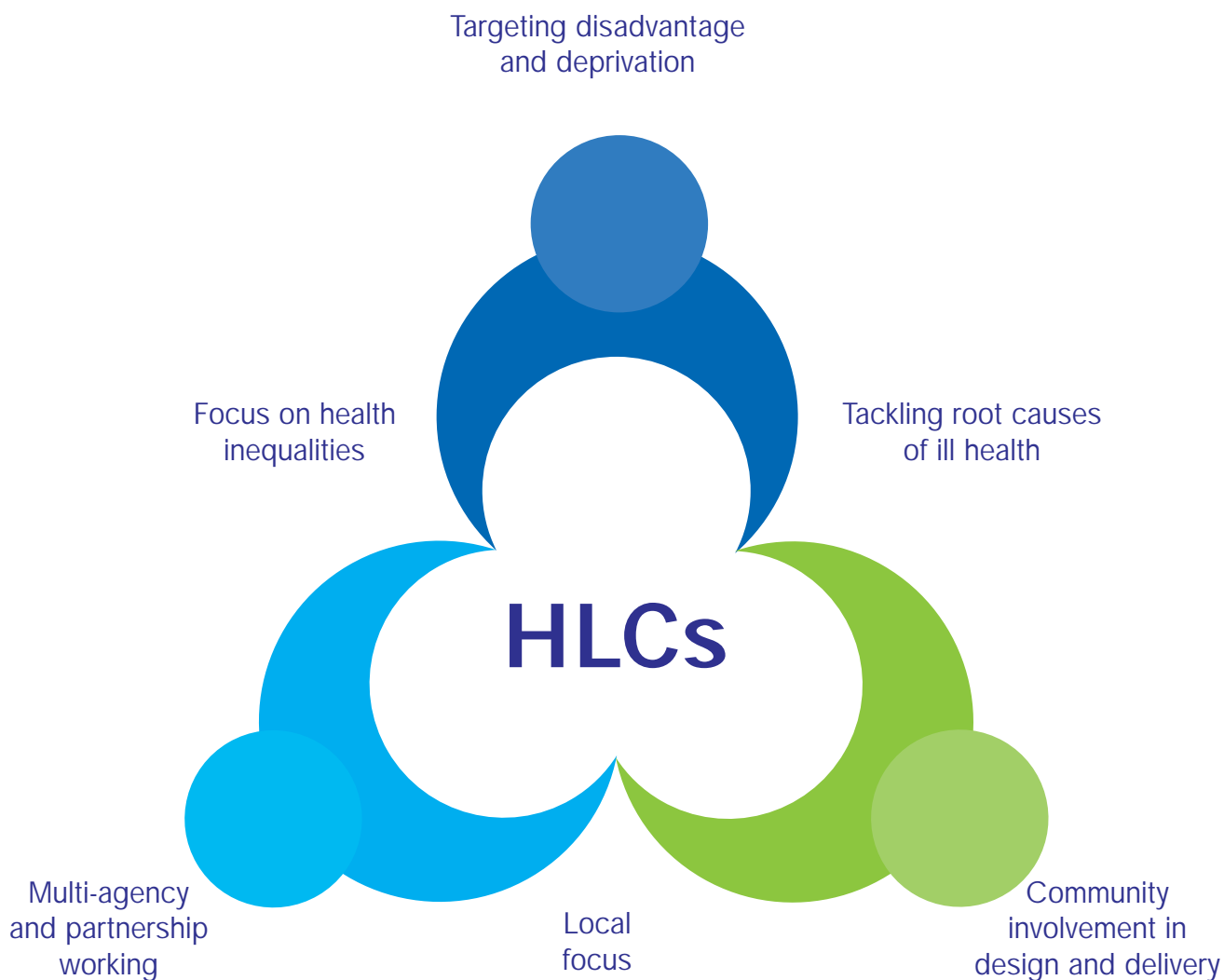


Healthy Living Centre Regional Alliance



Healthy Living Centres – A model for the delivery of neighbourhood health



Healthy Living Centres in Northern Ireland

Ardoyne/Shankill Health Partnership

Ardoyne Community
Healthcare Centre
Ardoyne Avenue
Belfast
BT14 7DA
Tel: 028 9075 6638

Bogside and Brandywell Health Forum

The Gasyard Centre
128 Lecky Road
Brandywell
Derry
BT48 6NP
Tel: 028 7136 5330

Derg Valley Healthy Living Project

33a Main Street
Castlederg
BT81 7AS
Tel: 028 8167 0764

East Belfast Community Development Agency

269 Albertbridge Road
Belfast
BT5 4PY
Tel: 028 9045 1512

Ligoniel Health and Regeneration Project

Wolfhill Centre
148 Ligoniel Road
Belfast
BT14 8DT
Tel: 028 9039 1225

New Life Counselling

25 Ardoyne Road
Belfast
BT14 7HX
Tel: 028 9039 1630

New Lodge/Duncairn Community Health Partnership

206 Duncairn Gardens
Belfast
BT15 2GN
Tel: 028 9074 5588

Peninsula Healthy Living Partnership

4 Church Grove
Kircubbin
Newtownards
BT22 2SU
Tel: 028 4273 9020

Promoting Opportunity - Promoting Independence

Disability Network
Unit 1, Wallace Studios
Wallace Avenue
Lisburn
BT27 4AE
Tel: 028 9266 7227

South Belfast Highway to Health

54 Elmwood Avenue
Belfast
BT9 6AZ
Tel: 028 9068 6724

TASSK Healthy Living Centre

Old Technical School
Downshire Road
Banbridge
BT32 3JY
Tel: 028 4062 9930

The Arc Healthy Living Centre Project

116-122 Sallyswood
Irvinestown
BT94 1HQ
Tel: 028 6862 8741

The HEART Project

Maureen Sheenan Health
Living Centre
106 Albert Street
Belfast
BT12 4HL
Tel: 028 9031 0346

The Oak Project

The Basement
1 Lower Main Street
Roslea
BT92 7PP
Tel: 028 6775 1913

The Old Library Trust Healthy Living and Learning Centre

The Old Library
59 Central Drive
Creggan
Derry
BT48 9QG
Tel: 028 7137 3870

Top of the Rock: Community Health Project

Unit 2, Top of the Rock
689 Springfield Road
Belfast
BT12 7FP
Tel: 028 9024 0363

Women in Sport & Physical Activity (WISPA)

Community Sports
Development Unit
331-333 Shankill Road
Belfast
BT13 3AA
Tel: 028 9050 4540

1. Introduction

This paper sets out the core elements underpinning the approach adopted by Healthy Living Centres (HLCs) in tackling inequalities in health within local communities in Northern Ireland.

The key characteristics and strengths contributing to the success of the HLC model are highlighted, and the opportunities that exist to further strengthen the HLC approach are considered.

The paper sets out a vision for sustained success and development and should be read with a view to ensuring the inclusion of the work of HLCs within current and future targets and structures.

2. Current operating context for HLCs

Since the onset of the HLC programme early in the new millennium, the relationship between health and social services (HSS), ie Department, Trusts and Boards, and HLCs has progressed from the provision of funding – to the development of a range of partnership working and shared agendas.

Relationships with health and social services were initially determined by a Big Lottery Fund (BIG) imperative for the five year HLC programme to find a proportion of core costs from partner (mostly statutory health) organisations, to supplement the lottery grant. This imperative was by and large executed.

By 2005-06 with the impending completion of the HLC programme, HSS Boards, particularly in the west and in the Belfast area, had moved to ensure that this did not spell the end of HLCs. This was largely based on the political requirement that HLCs were not expendable, and that they performed a unique and essential function in the most marginalised areas of society.

While the HSS investment in HLCs is clearly welcome, its implementation has varied from area to area, with no clear indication of what the long-term future holds. With recent changes to health structures under the Reform of Public Administration (RPA), the horizon is even less clear.

The future positioning of HLCs and the HLC Regional Alliance within new health structures needs to be taken on board by the Department of Health, Social Services and Public Safety (DHSSPS), the Health Minister, the Health Committee, and the new Health and Social Care (HSC) Trusts. This is dealt with in more detail in Sections 7 and 8.

3. Background to the HLC programme

The vision for HLCs was set out in *Our healthier nation*: 'Healthy Living Centres will be the local flagships for health in the community, reaching out to people who have until now been excluded from opportunities for better health, and being powerful catalysts for change in their neighbourhoods.'¹

This vision was realised when the New Opportunities Fund (now BIG) launched the HLC programme in 1999 with a budget of £300 million. This supported the development of 349 HLCs, including 19 in Northern Ireland (representing a £13.5 million investment).

Since their inception, the challenge for HLCs has continued to be to promote health in its broadest sense, target the most disadvantaged sectors of the community and address health inequalities.

HLCs now, as then, are expected to provide innovative, organic solutions to local needs, work in partnership with other organisations and engage the local community to create sustainable health improvement structures from within disadvantaged areas.

3.1 HLCs in practice

HLCs are an important community resource for health development and improvement. Most are based within areas of high socioeconomic deprivation and vary in terms of their size, scope and approach. Some operate from dedicated, purpose built centres; others from shared space in community settings across a number of neighbourhoods.

HLCs also vary in terms of their target group or focus. Some target children, older people or people with disabilities, while others target geographical or neighbourhood based populations.

Though diverse in their approach, programmes, populations and settings, HLCs are underpinned by a clear set of overarching shared principles and values.

4. The HLC model

HLCs in Northern Ireland share common features and benefits including:

- Delivery of innovative approaches to health improvement including high level strategies implemented at neighbourhood level.
- The adoption of a social or community-led model of health and self-help focusing on the underlying social and economic determinants of health.

The use of a community-led approach to health improvement, in the context of community development, involves a process of social change in situations of disadvantage and social injustice. HLCs are concerned with supporting communities, which are experiencing disadvantage and poor health outcomes, to identify and define their own health needs and how they can best be addressed.

The community-led approach recognises the many and complex factors that affect people's health. It is based on values and principles, such as partnership working, empowerment and participation, that are the focus of health and social policy at both regional and local levels. Internationally, it is the approach to health improvement and addressing inequality that is advocated by the World Health Organization (WHO). The community-led health model is reproduced in the Appendix.

- Flexibility to respond to challenging issues.
- Acting as a key link, or bridge, between the health services and disadvantaged communities, and having close links to mainstream service provision.
- An approach that functions through multiagency partnership working. HLCs draw on the knowledge, skills and resources of the community and service agencies and work to a shared vision of change.

4.1 What HLCs provide

- Accumulated experience in tackling health inequalities – 'flagships for better health' as envisaged in 1998.

- Neighbourhood-based, accessible programmes responding to local need.
- A means of tackling social isolation.
- A heightened health improvement profile on key issues such as smoking, diet, alcohol, physical health, mental health and suicide.
- Realism on outcomes and what is achievable in improving health within their communities.
- Access to a wide range of organisations, knowledge and expertise that is not possible on an individual basis.
- Significant local knowledge and experience of local communities.
- An exploration of the reasons and drivers behind the health choices of individuals within the community.
- The promotion of citizenship through building social capital.
- Support for people who may not use traditional health services to access information and services.

4.2 Strengths of HLCs

- HLCs are dynamic in nature, flexible and capable of responding quickly to changing and emerging needs.
- HLCs are able to challenge assumptions and traditional ways of delivering services.
- HLCs work closely with the statutory sector to help develop and deliver services more effectively.
- HLCs can act as 'test beds' for new approaches.
- HLCs implement high level strategy, policy and targets at street level.
- The 'power' relationship between HLCs and local communities is different to the relationship between the statutory sector and local communities.
- HLCs have often become the hub of local communities – trust, relationships and credibility have been developed.
- HLCs provide ongoing follow-up – they are able to maintain contact and relationships with individuals after an initial issue has been addressed.

5. Impacts of HLCs

In 2006, the Institute of Public Health in Ireland (IPH) was commissioned by the DHSSPS to evaluate HLCs in Northern Ireland.² In the same year, the Bridge Consortium led by the Tavistock Institute carried out an evaluation of HLCs across the UK between 2002 and 2006.³

In Northern Ireland, more than 25% of the population live within areas where HLCs are providing services (exceeding the original UK HLC target of 20%). In addition to paid staff, nearly 250 volunteers contribute up to 10 hours per week, and around 70 people contribute more than 10 hours per week. Using a crude estimate of six hours per volunteer per week, this would amount to 2,000 hours which, if paid at the minimum wage, would cost HLCs a further £500,000 per annum.²

HLCs invest in their own evaluation of impact for their initiatives, as well as contribute to regional and national evaluations.

These evaluations have shown that HLCs are doing what they were set up to do, ie to address the health and wellbeing needs of disadvantaged communities and to contribute to tackling inequalities.

For example, the IPH found that HLCs in Northern Ireland can demonstrate a number of achievements:

- HLCs provide services to substantial numbers of people living in disadvantaged communities, many of whom would be considered 'hard to reach'.
- HLCs appear to provide good value for money.
- HLCs have mobilised an increase in volunteering in the areas where they work.
- There is evidence that they have impacted positively on the physical and mental health of regular users and improved health promoting behaviours.
- HLCs have helped to build community capacity and increase community cohesion.
- HLCs have increased the range of services available to local people and provide services that are responsive and accessible.
- Through relationship building, HLCs have established new partnerships and contributed to existing partnership arrangements.

There is ample evidence of the potential effectiveness of the majority of activities found in HLCs. For instance, for physical activity programmes, lifestyle advice and mental health improving interventions, evidence indicates that HLCs can have cost effectiveness levels well within the £30,000 per QALY (quality adjusted life year) gained guideline for treatments funded by the National Health Service (NHS).³

5.1 HLCs – adding value

In identifying and responding to need and designing services for those whom statutory bodies find it hardest to reach, HLCs:

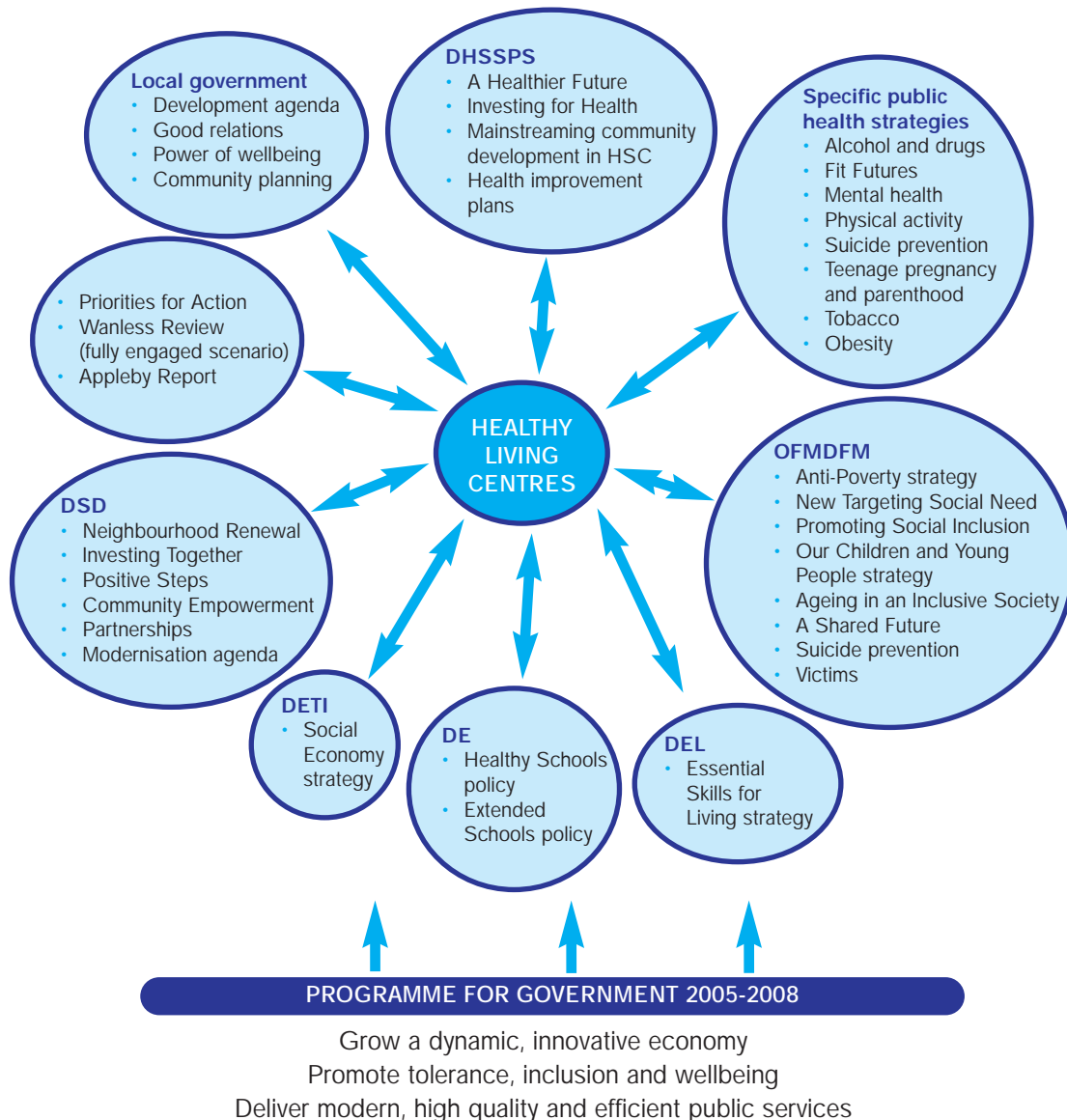
- engage people in a wide range of services that they would not have accessed otherwise;
- provide genuine models of community development where local communities are involved in decision making;
- provide services that recognise the link between mental, physical and social wellbeing;

- build up a local infrastructure and provide a means for the delivery of a broad range of services;
- act as a bridge between statutory sector priorities and the needs of individuals and communities;
- initiate and facilitate partnership working on locally sensitive services.

6. HLCs – contributing to policy implementation

The HLC Regional Alliance is recognised as an effective network across Northern Ireland, providing an infrastructure through which the statutory sector can work to address health inequalities and progress regional and local health priorities.

HSC works in partnership with HLCs to develop and deliver a range of services designed to implement regional policies and address locally identified needs and priorities. HLCs are actively contributing to implementation for the following policy imperatives:



There is a clear alignment between the way HLCs deliver and what they deliver in the context of the current policy and strategy at a regional and local level.

How HLCs deliver

HLCs deliver through partnership working, community development, developing locally sensitive services, building social capital, addressing the broad determinants of health, and evidence-based approaches. This actively contributes to a range of policy and strategy, eg Programme for Government, *Investing for health, A healthier future*.

What HLCs deliver

The following examples of services delivered by HLCs all help to meet the objectives of policy and strategy:

- programmes for young mothers;
- home hazard checks;
- energy efficiency interventions;
- tackling obesity - exercise classes, nutrition and diet advice;
- lay health information workers;
- adult and youth counselling services;
- stress management;
- sexual health services;
- support for young carers;
- suicide awareness;
- women's health;
- support for people with disabilities;
- substance abuse prevention and rehabilitation;
- support for the hard to reach - black and minority ethnic groups, older people, dispersed rural groups;
- smoking prevention and cessation services;
- building the community and voluntary infrastructure;
- advocacy services and benefit maximisation;
- GP exercise referral programmes;
- physical activity programmes;
- dentistry and oral health services;
- neighbourhood access to prevention, health promotion and primary care services.

6.1 HLCs are complementing Government support for the role of community development for health action. A key aim of *A healthier future* is to fully involve and support the development of people and caring communities who will actively promote health and wellbeing. The work of HLCs aligns closely with the principle in *A healthier future* in supporting individuals and families to take more responsibility for their own health and for creating community conditions for this to happen.⁴

6.2 HLCs use a holistic approach to improving health and contribute to the successful implementation of many specific public health strategies, eg strategies for mental health, suicide prevention, physical activity, drugs and alcohol and Fit Futures. The core work of HLCs contributes to the goals of *Investing for health* and all seven objectives. HLCs contribute to building the capacity of the community to participate, which is key to the strategy.⁵

Improving public service and making it more accountable to the community is the foundation of the Neighbourhood Renewal strategy *People and place*. This commits to 'improving the health of people living in the most deprived neighbourhoods jointly with Investing for Health partnerships, Health Action Zones, Healthy Living Centres and Sure Start programmes'.⁶

In addition, HLCs are a valuable source of help and experience in fulfilling strategic direction across statutory, community and voluntary sectors for district housing plans, developing a successful social economy, and essential skills for living.

6.3 HLCs contribute to achieving the objectives of the priorities in Public Service Agreements (PSAs):

PSA 7 - Making people's lives better

Aim	Objectives
Drive a programme across Government to reduce poverty and address inequality and disadvantage	Speedier access to mental health and learning disability community services, and fewer people institutionalised in mental health and learning disability hospitals

PSA 8 - Promoting health and addressing health inequalities

Aim	Objectives
<p>Promote healthy lifestyles, address the causes of poor health and wellbeing and achieve measurable reductions in health inequalities and preventable illnesses</p>	<ul style="list-style-type: none"> • Promote uptake in screening and immunisation programmes to forestall avoidable disease and reduce mortality rates • Promote smoking cessation and measures to tackle obesity and physical inactivity, particularly among children, and reduce health inequalities • Deliver community-based health programmes within the 10% most disadvantaged areas • Reduce binge drinking and illicit drug use, particularly among young people and vulnerable groups • Deliver group work programmes for children and families affected by parental substance misuse • Reduce the incidence of suicide • Improve sexual health and reduce the rate of teenage pregnancy

PSA 18 - Deliver high quality health and social services

Aim
<p>Provide timely and appropriate access to high quality, integrated and cost-effective health and social services, to deliver improved outcomes</p>

7. Future direction

The IPH report, *Evaluation of healthy living centres in Northern Ireland*, highlighted the following conclusions and recommendations:

- The HLC model implemented in Northern Ireland is recognised and supported by the DHSSPS, the HSC sector and other relevant agencies as a model of good practice in community development and health.
- The HLC Regional Alliance is recognised as an effective network across Northern Ireland providing an infrastructure through which the statutory sector can work to address health inequalities and progress regional and local health priorities.
- The HSC sector works in partnership with HLCs to develop and deliver a range of services designed to implement regional policies and address locally identified needs and priorities.

- The HSC sector, Trusts, HLC Regional Alliance and other interested agencies work towards developing a comprehensive monitoring and evaluation system to meet their collective needs. Based on the preliminary evidence that HLCs provide good value for money, more indepth economic evaluation is recommended.
- Because of their role in the local health economy and their knowledge of community needs, HLCs have an important contribution to make to local commissioning.
- HLC staff and volunteers could make a useful contribution to the training of health professionals in community development and health.
- In parts of Northern Ireland where there are no HLCs (such as the Northern HSSB area), consideration could be given to identifying or promoting initiatives that work in similar ways to the HLC model.
- The evaluation concluded that 'the HLCs in Northern Ireland are doing what they were set up to do, that is to address the health and wellbeing of disadvantaged communities and to contribute to tackling health inequalities'.²

8. HLCs – going from strength to strength

The RPA has as its rationale that it will 'bring decision-making closer to local communities and empower them'.⁷

It is acknowledged that HLCs have a strategic role to play within *Investing for health*, Neighbourhood Renewal and community planning through their capacity to build social capital and deliver government health policy in the most disadvantaged communities.

HLCs are also strategically positioned to bring about a convergence of the strategies and action plans that contribute to the local health economy.

8.1 HLCs have identified the key areas of delivery from 1 April 2007 to 31 March 2012:

- tackling health inequalities and targeting the most disadvantaged groups;
- transforming high level strategies, policies and priorities for implementation at neighbourhood level;
- providing access to health improvement services within local communities;
- facilitating community engagement and participation of those most in need;
- focusing on prevention and interventions addressing the wider determinants of health;
- building on the strengths of family and community life, and promoting social cohesion and healthier lifestyles by working alongside residents, community and public sector providers.

8.2 For the HLC Regional Alliance, the key priorities in moving forward are:

- **Consensus**
The HLC Regional Alliance will engage key audiences such as Government departments, Members of the Legislative Assembly (MLAs) and emerging public health and health improvement structures by lobbying and raising the profile of HLCs.
- **Inform and build support**
The HLC Regional Alliance will demonstrate the impact of HLCs in improving health and tackling health inequalities and inform on the skills, expertise and relationships built within local communities.
- **Shape the future**
The HLC Regional Alliance will work with stakeholders across all sectors to embed the HLC approach into the delivery mechanisms for health, social care, community planning, and community regeneration.

9. Conclusion

HLCs are building on the evidence base and will be able to present a strong economic argument for their continued development in Northern Ireland.

While HLC relationships and partnerships across all sectors are well developed, they need to be maintained – especially within changing structures.

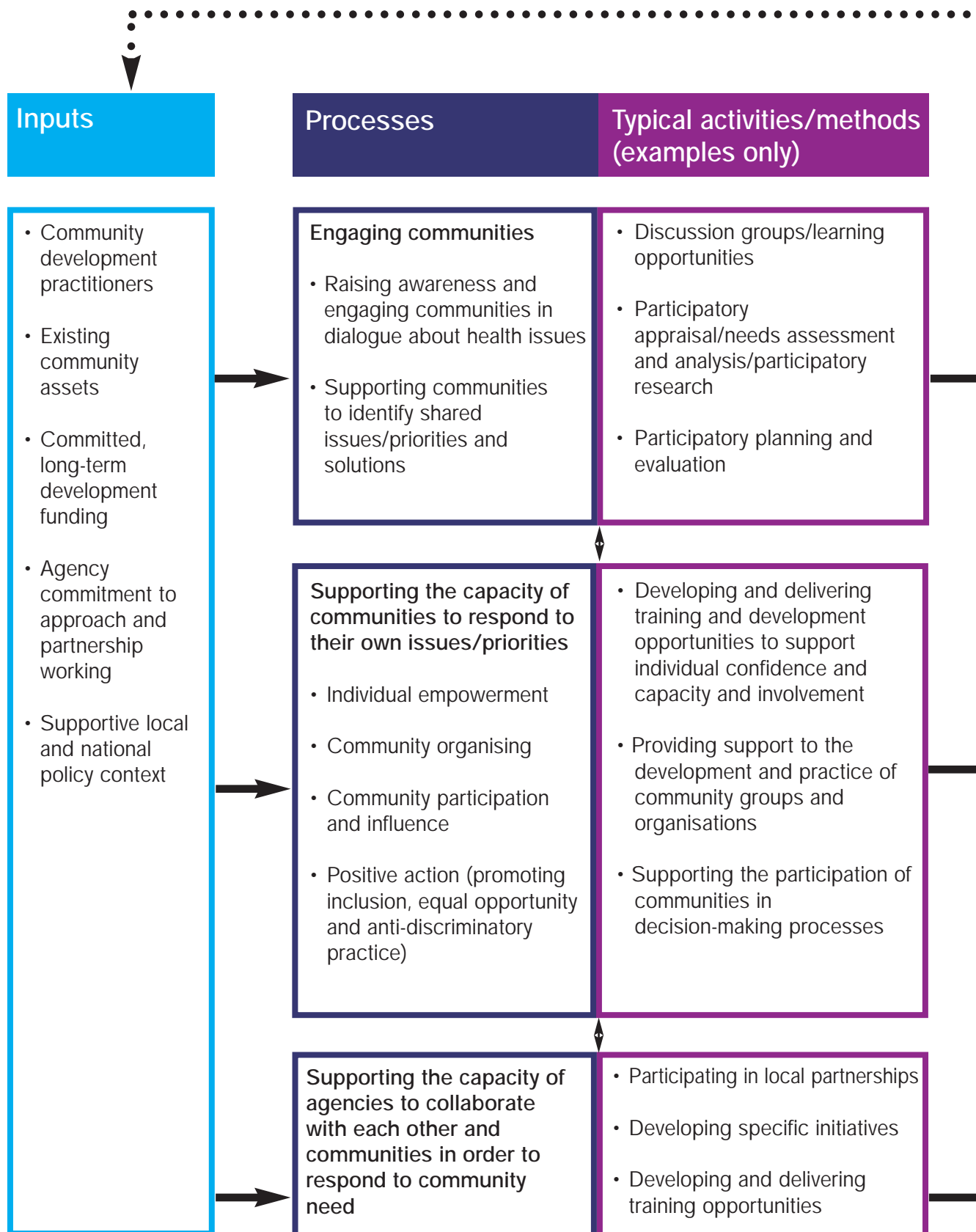
HLCs will continue to lobby at a local and regional level, and be confident in demonstrating the successes and impacts they are achieving. HLCs have proved themselves to be effective and credible mechanisms for the delivery of services to communities.

Importantly, HLCs have deep roots in the community and high levels of service user involvement, which means they are ideally placed to understand community needs and able to work to effectively tackle local priorities.

Collectively, HLCs believe that they should be viewed as a key stakeholder in developing new structures and approaches to health service delivery, and are confident that they have a continuing and active role to play in the coming period of administrative change and beyond.

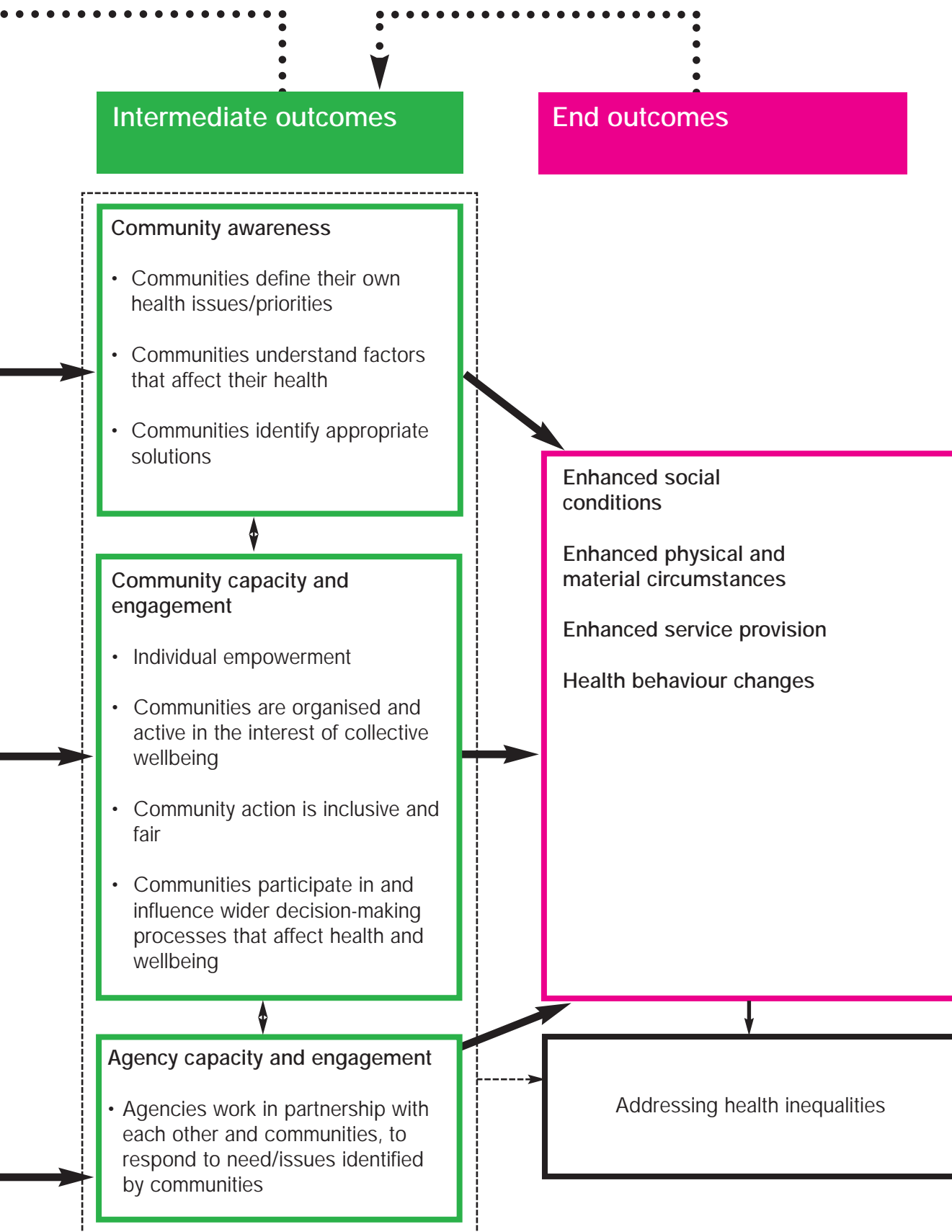
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By the kind permission of Jane Dailly and Alan Barr. For a full discussion of a community-led approach to health improvement, see the Scottish Community Development Centre paper 'Understanding a Community-Led Approach to Health' (Dailly J. and Barr, A. 2008) www.scdc.org.uk/uploads/understanding_community_led_health.pdf

health: a model





**Health
Promotion
Agency**

