

# Report on the training and support needs of Healthy Living Centres

Executive summary

## Introduction

This short report summarises the findings of the Healthy Living Centre (HLC) scoping study undertaken by the Health Promotion Agency for Northern Ireland (HPA), as part of the Healthy Living Centre Training and Support Programme, which is funded by the Big Lottery Fund.

The scoping exercise has been used to shape the content, structure and delivery of the programme which aims to support HLCs in their current delivery and future planning.

This report provides an overview of the initial research undertaken. It focuses on understanding the situation that HLCs currently face, their choices for a sustainable future and the challenges they will meet in realising this future.

## About Healthy Living Centres

In 1999, the New Opportunities Fund (now the Big Lottery Fund) launched the Healthy Living Centre programme with a UK-wide budget of £300 million, of which £13.5 million was allocated to Northern Ireland. This programme has funded the development of 349 HLCs across the UK, with 19 being established in Northern Ireland.

A contact list for the Northern Ireland HLCs is included in Appendix 1.

HLCs target the most disadvantaged sections or groups of the population and seek to address the wider determinants of health and health inequalities, such as social exclusion, lack of access to services and socio-economic deprivation. There is no central direction for how this is to be achieved – projects involve local communities and reflect local priorities in terms of health and wellbeing.

However, HLCs have the following key characteristics:

- Users and local communities are involved in both design and delivery.
- Centres are accessible to people of all ages but focus particularly on people who experience disadvantage, or who have difficulty accessing existing health facilities and services.
- Centres cover a wide range of facilities, activities and services.
- Projects reflect a broad interpretation of health as the quality of life which goes beyond the prevention of disease or the promotion of healthy lifestyles, and recognises the wider social and economic influences on health.

The 19 HLCs within Northern Ireland vary greatly in terms of their geographic location, type (for example, a virtual or an actual centre), key health issues and the communities they serve. Some relate to single issues, but many act as an umbrella for a range of schemes which may include, for example, arts programmes, parenting classes, nutrition programmes, befriending, and smoking cessation.

**Table 1: HLCs by Health and Social Services Board (HSSB) in Northern Ireland**

HSSB area	Number of HLCs
Eastern HSSB	11
Northern HSSB	0
Southern HSSB	2
Western HSSB	5
Regional	1
<b>TOTAL</b>	<b>19</b>

## About the HLC training and support programme

The Big Lottery Fund established a UK-wide training and support programme for HLCs, to support them in continuing to promote the health and wellbeing of the most deprived members of the population.

In Northern Ireland and Wales, the Big Lottery Fund has contracted Momenta (a division of AEA Technology plc) to provide the overall management of that support and development to the HLCs. Within Northern Ireland, Momenta has recruited the HPA as the primary agent for the communication and delivery of that support and ongoing interaction with HLCs.

In England, the support programme is designed and delivered by Accenture together with CAN and Healthskills, with additional contributions from a panel of advisors drawn from the public and private sectors. In Scotland the responsibility belongs to NHS Scotland.

The three year programme seeks to provide opportunities for HLCs to benefit from training, networking, individual support and advice, and to help them develop plans for the post-funding period. Key elements include:

- facilitating communication and networking;
- developing support and training activities;
- sharing learning; and
- addressing sustainability.

## First steps

To ensure that the support programme developed would be relevant to HLCs' needs, a broad scoping exercise was undertaken with all 19 HLCs and their key stakeholders. The focus of the scoping exercise was to explore how each HLC operates, that is, their programmes, projects, funding, staff, partnerships and so on, along with looking at needs, issues and concerns.

The findings from the scoping exercise are discussed within this report and have been used to inform the development of the training and support plan for year one. The main issues and activity areas that will be contained in the support plan have been summarised in Appendix 2.

## Aim and approach

The aim of the scoping exercise was to find out from HLCs and their stakeholders the challenges they face and their specific needs for support.

**Part one:** scoping with HLCs was carried out by means of a semi-structured face-to-face interview with all 19 HLC managers and a self-completion questionnaire, which was returned by 18 out of 19 HLCs.

**Part two:** two questionnaires were designed, one for stakeholders that had an interest in one HLC only, and a questionnaire for stakeholders that had an interest in more than one HLC. Seventy-nine questionnaires were completed representing a 66% response rate.

## Key issues arising from the scoping exercise

The findings raise many areas for consideration and a wide range of issues that need to be addressed, with sustainability being a key focus. This summary details the main findings.

Initially the benefits, added value and contribution of HLCs to improving health and reducing inequalities are highlighted. An exploration of the main challenges facing HLCs, identified by both HLC staff and stakeholders, is also provided. This focuses on several key areas:

- sustainability;
- monitoring and evaluation;

- partnership working;
- profiling, communication and marketing;
- effective delivery – training and support issues.

## HLCs - aims, benefits and added value

### Shared aims

Stakeholders from all sectors identified shared aims with the HLC(s) with which they were involved.

Stakeholders with a relationship with more than one HLC (multi-stakeholders) identified closely linked aims focused on reducing health inequalities and increasing health and wellbeing within local communities.

*“Our aims are broadly very similar, our aim is to increase the health and wellbeing of the population of ... into which falls the areas of the HLCs ... they're working to achieve the same aims in a more focused way and area.”*  
(Multi HLC statutory partner)

It is also recognised that HLCs deliver strategic policies at a local level.

*“Our aims are centred around strategic aims for a wider geographic area, they deliver these on the ground locally.”*  
(Multi HLC statutory partner)

For stakeholders with a relationship to a single HLC many responses highlighted shared aims in improving and developing local communities. The role of HLCs in targeting initiatives (especially health) to local community issues, reflects the aims of many stakeholders.

### Advantages and benefits of HLCs

HLCs are recognised as providing a localised contribution to stakeholders' work. Key areas of this valuable work include:

- identifying local community needs;
- working in partnership with stakeholders to provide joint initiatives to meet these needs;
- being able to promote events and health information at local level.

*“They enable us to engage with the local community, target the most disadvantaged areas...people who don't traditionally use the services.”*  
(Multi HLC statutory partner)

Multi-stakeholders recognised the 'local approach' HLCs deliver and identified this as a significant benefit for them. Other key benefits included:

- local delivery of services;
- a local perspective and involvement with local people;
- additional capacity to help deliver services;
- targeting health inequalities;
- sharing information;
- partnership working.

Partnership working between HLCs, stakeholders and communities was identified as a benefit by almost a quarter of respondents (24%). Other benefits that were highlighted included the ability of the centres to source new contacts within their locality and provide networking facilities for other organisations. Their ability to work within the community providing support and targeting sections of the local community that were previously overlooked, was also regarded as beneficial.

**Figure 1: Stakeholders views on main benefits of working with HLCs**



### Strengths and added value

When respondents were asked to identify the attributes the HLCs deliver to local communities, the provision of new services within each local community and the ability to focus and prioritise health within that locality were the main aspects highlighted.

*“They bring a strong voice that wasn’t articulated before for deprived and marginalised communities.”*  
(Single HLC stakeholder)

The strengths highlighted by the respondents focused on the HLCs’ ability to tailor initiatives and programmes to their communities’ needs and to those groups that are generally very difficult to contact. The effective working of HLC staff and their ability to provide a user-friendly, responsive service to their local community was emphasised.

In general, stakeholders believed that HLCs provided a localised and coordinated approach to the delivery of health services that did not exist prior to their set-up.

**Figure 2: What do HLCs add that was not already there?**



### Funding and partnerships.

HLCs operate in diverse multisectoral partnership environments. The average number of partner organisations for HLCs is 18 but this ranges from 6 to 40. Organisations that currently act as partners to HLCs include local health and social services boards and trusts, local councils, the Northern Ireland Housing Executive, local

community organisations, voluntary organisations, local schools and hospitals, and partners from the private sector, for example, Sainsbury.

These partnerships can be formal or informal and the support received ranges from cash funding through to 'in kind' support (workers, premises, administrative and IT support). In many cases this support is fairly substantial; for example, one HLC receives IT, public relations and human resource support from a local health and social services trust.

Despite 16 out of 18 securing funding in addition to lottery funding, HLCs in Northern Ireland are funded mainly by the Big Lottery Fund. For the majority of these (13 out of 16) this non lottery money represents less than 30% of their current total funding per year. Only two HLCs (one of which is an early finisher, November 2005) had non Big Lottery funding representing more than 50% of their annual funding.

Half (9 out of 18) have access to other income streams. Six out of nine have income in the form of capital assets (rental premises, vehicles, equipment) and four out of nine have income from payments for services. However, the financial value of these incomes represents less than 10% of the current expenditure of the HLCs.

### Challenges facing HLCs

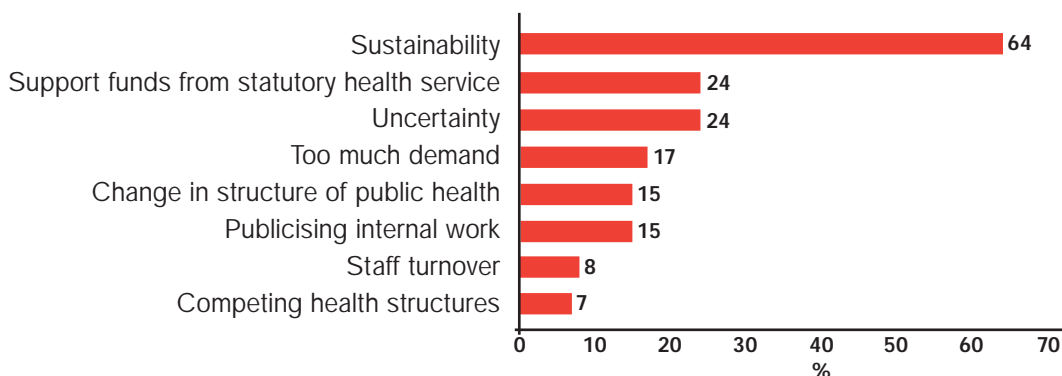
Stakeholders and HLC staff identified a range of concerns and challenges facing HLCs both in their current delivery and future planning. These issues have been divided into key themes and are explored further in this report. The key themes are:

- sustainability;
- partnership working;
- monitoring and evaluation;
- profiling, communication and marketing;
- effective delivery – training and support needs.

### Sustainability

Sustainability was acknowledged to be the key area of concern for both HLC staff and stakeholders. All 19 HLC managers expressed a need for support in this area.

**Figure 3: Challenges faced by the HLCs according to single stakeholders**



### HLCs and sustainability

HLCs in Northern Ireland are confident about being able to ensure an effective long-term contribution to health and social outcomes. However, many HLC managers are anxious about the changing public sector and public health landscape in Northern Ireland, as well as the possibility of budget cuts within the statutory health sector.

## Concerns of HLC managers

- *Worried about funding, future cuts in health budgets.*
- *Talked about problems with short-term funding programmes.*
- *Worried about boards (and other statutory agencies) not having prevention as a focus, funding bodies may be unable to see the benefit of what they do in the current financial climate.*
- *Objectives of other agencies may change.*

Many HLCs experience difficulties in effectively planning for the future. Managers were asked if their HLC has a sustainability or exit plan currently in place. Three answered a definite 'yes' to a sustainability plan and two a definite 'yes' to an exit strategy. Only one of the early finishers has a definite plan in place.

## Stakeholders and sustainability

It is encouraging that almost all stakeholders (93%) believed that their organisation will be able to provide support to their associated HLCs in the future. However, just under one-third of the respondents stated that this support would be in the form of financial funding. The majority of support identified was non financial, such as use of premises, administrative staff and a continued referral service.

Two-thirds of stakeholders were involved in sustainability discussions with their associated HLCs. However, this number was substantially reduced when stakeholders were asked if they were involved in the development of sustainability plans (24%). In general, these stakeholders were involved at a strategic level within the HLC and were members of the board or a member of the steering group.

## Partnership working

Overall, effective partnership working is considered to be a strong advantage for HLCs. This is reinforced by the views of the stakeholders.

Stakeholders identified significant advantages in working with HLCs and highlighted the added value, strength and benefits this work led to. Stakeholders also recognised that HLCs delivered attributes that were not already in place, such as local ownership and awareness of health and wellbeing among hard to reach groups.

All stakeholders interviewed, in both multi HLC and single HLC relationships, agreed their relationship with the HLCs was effective and valuable.

While some of the HLC managers felt confident about their partnership-working skills, 7 out of 18 felt there were aspects of partnership working for which they would like more support. Some of this support focused on improving the business relationship, such as perfecting their business engagement, becoming more skilled in selling their service and working out core costs.

## Additional issues identified by HLC managers relating to partnership working.

- *Could benefit from development of business relationships.*
- *Need to perfect our engagement.*
- *Need commissioning experience so can be skilled in selling our services to the health and social services board.*
- *Information from partners on common purpose, so all working to same ends, directional indicators needed.*
- *Would like support on how to be flexible to adapt to changing needs of partners and keep lines of communications open.*
- *Would like support and advice on how to create funding relationships.*

## Monitoring and evaluation

All 19 HLCs monitor and evaluate the ongoing performance of projects and their effectiveness, either on a monthly or quarterly basis. Most HLCs were happy with measuring activity; however some did express a concern around needing to consider impact.

### Monitoring

Eleven HLC managers felt the need for information and training in the area of monitoring. Those who have commissioned external consultants are happy that any monitoring skills have been passed on to HLC staff. In one HLC, one worker is allocated to evaluation and the HLC manager would like to share the skills and thus share the monitoring workload.

Those who expressed a need for support stated they needed help working out the indicators they should be measuring and also needed IT support to capture information. One suggested they would like to learn from what other HLCs are doing in Northern Ireland or elsewhere in the UK.

### Evaluation

All HLCs have undertaken some form of evaluation of either individual projects or the work of the HLC as a whole and 14 out of 19 feel they require support in this area.

Areas of concern included what to measure and how to measure; for example, how to measure health impact, how to measure health benefits and social capital benefits. Secondly, HLCs have concerns around what actually needs to be evaluated. They need clarification on how to design an evaluation mechanism that will meet the objectives of their funders or potential funders. This is difficult in a multi partner environment. Finally, the practical skills they feel they require focus on evaluation methods, researching difficult groups (low literacy, learning disabled) and the commissioning process. At least two HLCs have tried to commission and have had no response or a poor quality response from consultants.

### Support issues arising for HLCs in terms of monitoring and evaluation

The main issues emerging are:

- *HLCs need advice and information about commissioning consultants or evaluators, and a recommended list of those who have appropriate expertise and community experience.*
- *HLCs need to learn how to develop evaluation objectives.*
- *HLCs need to learn how to write a brief and tender.*
- *It is hard for HLCs to tie in evaluations with partners' work.*
- *Funders and staff may have different ideas about what needs to be evaluated.*
- *HLCs need guidance about 'how much evaluation to do, at what level and how robust it needs to be'.*
- *HLCs need support to evaluate health benefits and social capital.*
- *HLCs need to learn how to deal with low literacy when carrying out evaluations with the community.*
- *HLCs need guidance about evaluation methods generally.*

## Profiling, marketing and communication

The majority of HLCs have attempted to communicate successes both to current and potential partners. Most (13) have tried to communicate successes to potential funding partners through various methods, for example event invites or planning meetings.

In relation to the communities they serve, HLCs reported using a variety of methods to inform the communities about the work and successes of the HLC.

Over half said they need support to help them communicate with key groups, (see table 3 below). The community is the target group most HLCs would like support in communicating with. HLCs who felt the need for support felt networking events or workshops would help share good ideas between HLCs.

**Table 2: HLCs requiring support in disseminating information to target groups**

Target group for dissemination of information	Number of HLCs
Current funding partners	12
Potential funding partners	13
Community	17

### Effective delivery – training and support needs

Both stakeholders and HLC managers were asked to identify areas of support and training that HLCs would benefit from.

Stakeholders identified a broad spectrum of needs with public relations (PR), marketing, finance and evaluation skills being the main areas highlighted.

**Fig 4: Training or support needs of HLCs according to stakeholders**



HLCs identified a range of support issues around certain areas of work. Using monitoring and evaluation findings effectively and evaluation methodology was important for the majority of HLC managers. Volunteer recruitment and management, targeting and reaching user groups, public relations and communication all registered as important for a large number of HLCs.

**Table 3: Training needs rated by HLCs as very or quite important**

	Very or quite Important
Using monitoring and evaluation findings effectively	15
Evaluation methodology	15
Public relations, marketing and communication	14
Recruiting and managing volunteers	13
Targeting and reaching user groups	13
Sourcing funding	12
Building partnerships	12
Creating and implementing a strategy	12
Performance monitoring	12
Working in partnerships	11
Budgeting and financial management	11
Generating income through social enterprise	11

HLCs highlighted that they would find learning from ‘what others have tried’ useful. Examples of best practice and sharing approaches were identified as positive ways to learn. Networking events and workshops were cited as potential ways of undertaking this.

A dedicated website for supporting HLCs was broadly welcomed, especially if it were to have a database of all HLCs with contacts and project details, online access to training, a repository of good practice and a discussion forum.

## Conclusion

HLCs are confident of their ability to deliver an effective long-term contribution to health and social improvements. However, the unclear future funding environment and changing policy climate presents a key sustainability challenge.

Throughout the scoping exercise positive examples of approaches and work were provided by HLCs and stakeholders. This reinforces their strong belief that HLCs are successful models for health improvement, especially in areas suffering most from inequality and disadvantage. It is evident from the scoping exercise that the training and support programme not only needs to support HLCs but also help to inform and influence the external environment in terms of key decision and policy makers.

The support programme seeks to address the main issues identified within the scoping exercise and help equip HLCs to deal with the challenges effectively.

Common cross-cutting issues can be addressed by adopting a collective approach, for example, through workshops, networking and training events. A number of these are planned based on prioritised needs and issues. This programme of events will continue to be developed throughout the duration of the support programme.

The scoping exercise and ongoing contact with HLCs highlights the need to develop support which is tailored to individual HLCs, taking into account their specific situation and issues. In addition, with lower numbers of HLCs as compared to other regions the opportunities for developing more focused work exists and should be maximised.

This summary has provided a broad overview of the needs and challenges facing HLCs specifically around the following key areas:

- sustainability;
- partnership working;
- monitoring and evaluation;
- profiling, communication and marketing;
- effective delivery – training and support .

Appendix 2 provides a summary of the main issues identified under each of the key themes and highlights proposed actions to provide support to HLCs. Further information and a detailed training plan are available on request from the HPA.

# Appendix 1 Healthy Living Centre listing

Healthy Living Centre	Contact Name	Tel No.	Address
1 South Belfast Highway to Health	Liam McAnoy	028 9031 5791	95 University St, Belfast, BT7 1HP
2 Bogside and Brandywell Health Forum	Tony Doherty	028 7136 5330	The Gasyard Centre, 128 Lecky Road, Brandywell, Londonderry, BT48 6NP
3 East Belfast Community Health Information Project	Alan Houston	028 9045 1900	Bloomfield House, 395–405 Newtownards Rd, Belfast, BT4 1RH
4 The Old Library Trust	Seamus Heaney	028 7137 3870	The Old Library, Central Drive, Londonderry, BT48 9QG
5 Derg Valley Healthy Living Centre	Maureen McKague	028 8167 0764 07798735200	33a Main Street, Castlederg, BT81 7AS
6 BASE Healthy Living Centre	Paula Tally	028 8772 9017	Unit T9, Dungannon Enterprise Centre, 2 Coalisland Rd, Dungannon, BT71 6JT
7 Actively Ageing Well	Alison Beattie	028 9024 5729	Age Concern NI, 3 Lower Crescent, Belfast, BT7 1NR
8 Healthy Living 2000	Amanda Patterson	028 9039 1630	25 Ardoyne Rd, Belfast, BT14 7HX
9 Women in Sport and Physical Activity	Audrey Barr	028 9031 1413	Community Sports Development Initiative, 331–333 Shankill Rd, Belfast, BT13 3AA
10 Top of the Rock – Community Health Project	Jim Morgan	028 9023 6677	Unit 2 Top of the Rock, 685 Springfield Rd, Belfast, BT12 7FP
11 Arc – Healthy Living Centre	Jenny Irvine	028 6862 8741	116–122 Sallyswood, Irvinestown, Co. Fermanagh, BT94 1HQ
12 New Lodge and Duncairn Community Health Partnership	Stephen Nicholl	028 9074 5588	206 Duncairn Gardens, Belfast, BT15 2GN
13 The Oak Project	Michael Mowen	028 6775 1913	The Basement, 1 Lower Main St, Roslea, Co. Fermanagh
14 TASSK	Alan Herron	028 4062 9930	TASSK HLC, Old Technical School, Downshire Rd, Banbridge, BT32 3JY
15 Ligoniel Health and Regeneration Project	Tony Morgan	028 9039 1225	Wolfhill Centre, 148 Ligoniel Rd, Belfast BT14 8DT
16 HEART	Liz McShane	028 9031 0346	106 Albert St, Belfast, BT12 4HL
17 Ardoyne and Shankill Health Partnership	Una McRoberts	028 90756638	Ardoyne Community Healthcare Centre, Ardoyne Ave, Belfast, BT14 7DA
18 Peninsula Healthy Living Partnership	Sheila Bailie	028 4273 9020	4 Church Grove, Kircubbin, Newtownards, BT22 2SU
19 Promote Opportunity – Promote Independence	Cara McCay	028 9266 7227	Unit 7, Rosevale Industrial Estate, 171 Moira Rd, BT28 1RN

## Appendix 2 Support plan: Summary of main issues and activity areas

Sustainability	
Summary of Issue/Action required	Action to be taken
Need for clarity in relation to environment HLCs are operating within and priority of funders. Need to understand and explore how HLCs can develop within this environment.	Northern Ireland wide networking event. Local workshops and networking events.
Open and honest dialogue between policy and decision makers and HLCs at local and regional level.	Local and regional networking events.
HLCs require support in planning and implementing plans for future direction.	Information, training and support on future planning. One-to-one support for HLCs on planning.
Partnership working	
Summary of Issue/Action required	Action to be taken
Need to promote the strengths, benefits and added value of working with HLCs, to potential stakeholders.	Local and regional networking events. Support for communication, marketing and public relations (PR).
Open communication with partners in a bid to identify and share common purpose.	Local and regional networking events. Support for communication, marketing and PR.
Provide support and information to HLCs in relation to building funding partnerships.	Support on planning and building relationships. Training and follow-up support.
Monitoring and evaluation	
Summary of Issue/Action required	Action to be taken
Support for HLCs to develop monitoring processes specifically related to HLCs and focusing on health and social impact. Sharing learning from HLCs elsewhere.	Training sessions on monitoring and evaluation. Follow-up support. Learning exchange between HLCs.
Practical guidance on evaluation methods and commissioning process for securing services of external evaluators.	Training and support sessions on evaluation.
Provide information and support to develop evaluation objectives; how to write a brief and tender; advice on how much, what level, how robust, and so on.	Training and support sessions on evaluation.

## Networking, sharing and learning

Summary of Issue/Action required	Action to be taken
Provide greater opportunities for HLCs to network and learn from one another.	Local and regional network events. Training and support provided through network events.
Regional networking to raise profile of HLCs (lobbying).	Local and regional network events, with stakeholder participation.
Provide training and support elements of programme through networking events.	Training and support provided through network events.

## Profiling, marketing and communications

Summary of Issue/Action required	Action to be taken
Practical information and support on communication and marketing.	Training and support programmes for communication and marketing.
Support on dissemination of information to statutory sector, current and potential funders (linked to lobbying).	Practical training and information on disseminating messages to partners. Local and regional networking to help inform stakeholders.
Provision of a HLC newsletter or website to improve communication.	E-newsletter to HLCs. UK website launched.
Support in raising profile of HLCs, lobbying and advocacy.	Training and support on raising profile, lobbying and marketing.