

Healthy Living Centre Regional Alliance

What is the Healthy Living Centre Regional Alliance?

The 19 Healthy Living Centres (HLCs) across Northern Ireland have come together to form a regional alliance, which aims to:

- raise public awareness of HLCs;
- highlight the contribution made by HLCs to strategies, policies and priorities;
- sustain the vision and approach of HLCs and act as a platform for lobbying.

What is the Healthy Living Centre Programme?

The Big Lottery Fund (BIG), formerly the New Opportunities Fund, launched the Healthy Living Centres programme in 1999 with a budget of £300 million. This programme supported the development of 349 HLCs, including the 19 in Northern Ireland which represented an overall investment of £13.5 million.

'HLCs 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'

(Our Healthier Nation, 1998)

Focused on deprived areas and run by local partnerships, HLCs provide a wide range of services to local communities. They seek to address the wider determinants of health and health inequalities, such as social exclusion, lack of access to services and socioeconomic deprivation.

There is no central direction for how HLCs are to achieve this – projects involve local communities and reflect local priorities for health and wellbeing.

However, HLCs have the following key aspects:

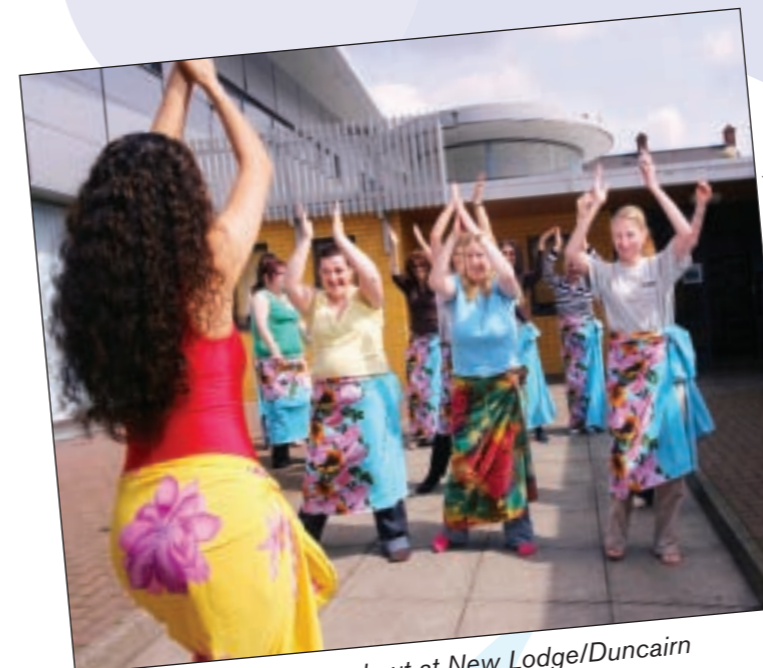
- Community involvement and ownership are central – users and local communities are involved in both design and delivery.
- They are based on multi-agency delivery and partnership working.
- They contribute to both regional and local policies and strategies.



Members of the Oak Project cutting turf.



Young men at New Life Counselling.



A Hawaiian dancing workout at New Lodge/Duncairn Community Health partnership.

Photograph by kind permission of the Big Lottery fund

What actions do HLCs take?

HLCs vary in terms of their size, scope and approach. Some operate from dedicated, purpose built centres whereas others operate 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, whereas others target all people in an area; some focus on single issues such as physical activity, men's health, mental health services, or health advice, whereas others include a wide range of initiatives.

Although diverse in their approach, programmes, populations and settings, the common thread running through HLCs is their holistic view of health, addressing local needs, community involvement, partnership working and tackling inequalities.

Examples of services that HLCs deliver include:

- 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 community and voluntary infrastructure
- advocacy services and benefit maximisation.

Who benefits from the HLC Programme?

At the outset of the HLC programme, government policy stated that at least 20% of the population should have access to an HLC.

In Northern Ireland, 439,583 people live within the catchment area of an HLC and can take advantage of their services. This represents 25.5% of the population.

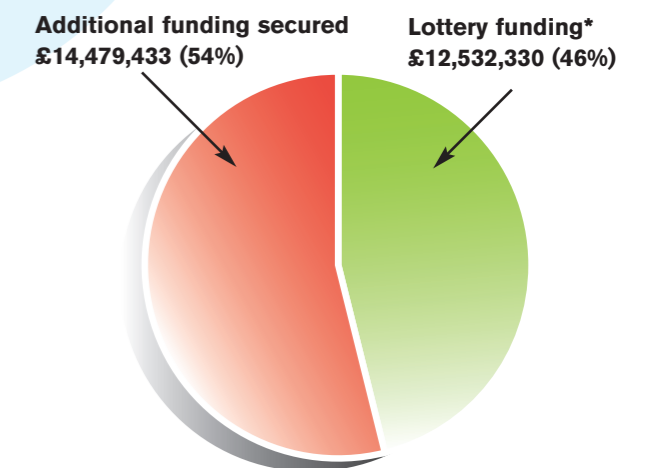
How do HLCs add value?

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 about improving health and tackling inequalities;
- provide services that are holistic, recognising the link between mental, physical and social wellbeing.

In service delivery, HLCs have:

- shown that relatively inexpensive measures can relieve the pressure on statutory services and save the need for costly interventions;
- focused on ill health prevention and community development, establishing practical outcomes and an aim of long-term behavioural change.
- helped maximise statutory resources directed at improving health by securing lottery grants and other funding (in fact the additional funding secured is greater than the initial investment made by the lottery, see chart below);



* BIG has changed its reporting to reflect actual grant programme budgets. This figure differs from the £13.5million investment stated earlier because it covers only actual grant programmes and does not include the administration and management costs incurred by BIG.

In relating to the wider environment HLCs have:

- provided a catalyst for identifying need;
- built up local infrastructure and provided a vehicle for the delivery of a broad range of services;
- acted as a bridge between statutory sector priorities and the needs of individuals and communities;
- initiated and facilitated partnership working on the delivery of locally sensitive services.

What impacts are HLCs having?

External evaluation and monitoring of HLCs have noted:

- behavioural change among users and clients with improvements in actions and activity relating to health;
- significant outcomes achieved in terms of reduced demands on statutory services;
- increased feelings of wellbeing and improvements in health;
- contributions to increased social capital through the development of community networks and civic engagement.

How do HLCs contribute to policy and strategy?

What HLCs deliver and how they deliver it clearly aligns with current policy and strategy at a regional and local level.

What

HLC initiatives, such as programmes for young mothers, hazard checks in the home, nutrition programmes and energy efficiency interventions are all helping to meet the objectives of policy and strategy.

How

Partnership working, community development, developing locally sensitive services, building social capital, addressing the broad determinants of health and evidence based approaches all actively contribute to a range of policies and strategies, such as *Programme for Government, Investing for Health, and A Healthier Future*.

HLCs will continue to play an essential role in working with key statutory, voluntary and community sector partners to deliver upon key local and regional strategies. With a local focus (and often the only delivery structure) HLCs are well placed to improve the health and wellbeing of the most disadvantaged and deprived communities across Northern Ireland.

Meeting friends at old time dancing in Ardoyne/Shankill Health Partnership.



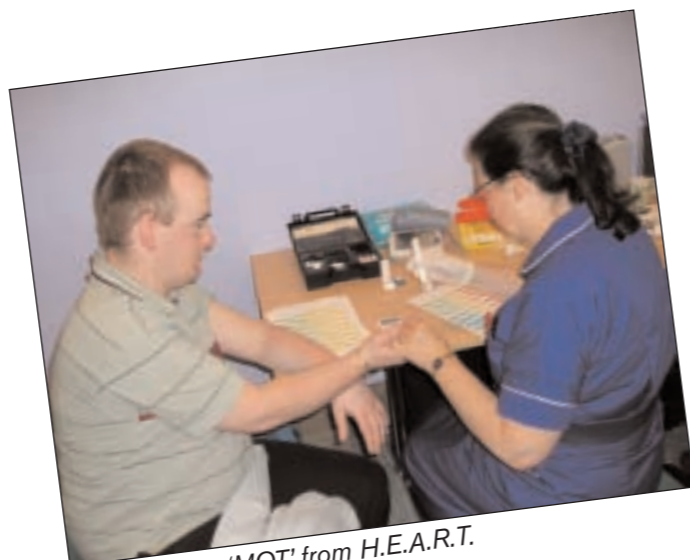
Armchair aerobics at Actively Ageing Well.

Photograph by Derek Speirs

Moving forward...

The immediate key priorities for the Healthy Living Centre Regional Alliance are to:

- create consensus by engaging key audiences in terms of lobbying and raising the profile of HLCs, eg government departments, MLAs, the public, the emerging health structures;
- inform and build support by demonstrating the impact of HLCs on improving health and tackling inequalities and highlighting the skills, expertise and relationships being developed within local communities;
- shape the future by working with stakeholders across all sectors to embed the HLC work and approach into the restructuring and delivery mechanisms for health, social care and community regeneration.



Receiving an 'MOT' from H.E.A.R.T.

A PDF of this document can be downloaded from www.healthpromotionagency.org.uk

**For further information contact:
Danny Power, Chair,
Healthy Living Centre Regional Alliance
Email: danny@frankgillcentre.com**

HLCs in Northern Ireland

Actively Ageing Well
Age Concern Northern Ireland
3 Lower Crescent
Belfast BT7 1NR

Ardoyne/Shankill Health Partnership
Ardoyne Community Healthcare Centre
Ardoyne Avenue
Belfast BT14 7DA

Bogside and Brandywell Health Forum
The Gasyard Centre
128 Lecky Road
Brandywell
Derry BT48 6NP

Derg Valley Healthy Living Project
33a Main Street
Castledearg BT81 7AS

EBCHIP
Bloomfield House
395-405 Newtownards Road
Belfast BT4 1RH

H.E.A.R.T
106 Albert Street
Belfast BT12 4HL

Ligoniel Health and Regeneration Project
Wolfhill Centre
148 Ligoniel Road
Belfast BT14 8DT

New Life Counselling
25 Ardoyne Road
Belfast BT14 7HX

New Lodge/Duncairn Community Health Partnership
206 Duncairn Gardens
Belfast BT15 2GN

Peninsula Healthy Living Partnership
4 Church Grove
Kircubbin
Newtownards BT22 2SU

Promoting Opportunity – Promoting Independence Disability Network
Unit 1, TSL House
Batchelors Walk
Lisburn BT28 1XN

South Belfast Highway to Health
95 University Street
Belfast BT7 1HP

TASSK Healthy Living Centre
Old Technical School
Downshire Road
Banbridge BT32 3JY

The 'Arc' Healthy Living Centre
116-122 Sallyswood
Irvinestown BT94 1HQ

The Base
Unit T9
Dungannon Enterprise Centre
2 Coalisland Road
Dungannon BT71 6JT

The Oak Project
The Basement
1 Lower Main Street
Roslea BT92 7PP

The Old Library Trust Healthy Living Centre
Central Drive
Creggan
Derry BT48 9QG

Top of the Rock: Community Health Project
Unit 2
689 Springfield Road
Belfast BT12 7FP

Women in Sport and Physical Activity (WISPA)
Community Sports Development Unit
331-333 Shankill Road
Belfast BT13 3AA



Healthy Living Centre Regional Alliance



Health Promotion Agency for Northern Ireland
18 Ormeau Avenue, Belfast BT2 8HS.
Tel: 028 9031 1611 (voice/minicom). Fax: 028 9031 1711.
www.healthpromotionagency.org.uk