

Northern Ireland Healthy Living Centres Alliance

Defining a Healthy Living Centre - Draft (March 2015)

A Healthy Living Centre is a neighbourhood-based, community-led approach to health improvement providing services and support in communities experiencing disadvantage and health inequalities to:

- Identify and define the key health and well being issues and needs impacting on local people
- Design and implement a needs-led approach addressing inequalities in health and well being, taking a holistic approach and recognising the wider determinants of health
- Build Social Capital in terms of bonding within communities, bridging to create and support opportunities and linking to act as a conduit for better external connectedness
- Participate in and influence wider decision making processes that affect health and wellbeing

Distinguishing between a Healthy Living Centre approach to health and other approaches

The Healthy Living Centre approach to health improvement is community-led, where local people are involved in determining issues and participating in solutions. A Healthy Living Centre is fundamentally different from the provision of community-based health services as HLCs are concerned with community, or neighbourhood, as the focus of, and mechanism for, change rather than community as a setting for health practice. The Healthy Living Centre approach is also different from the participation of communities in pre-determined health initiatives (participation as a means to achieve programme outcomes).

These methods are important in their own right and can be compatible with a Healthy Living Centre Approach. Indeed effective community-based service such as a Healthy Living Centre, may emerge from this wider approach. It is however, important to make a clear distinction if we are to better understand the nature of Healthy Living Centres as a community-led health approach to health improvement.

Healthy Living Centres, therefore, are community-led health improvement initiatives i.e. adopting a bottom-up partnership approach engaging local people and organisations, as local assets, to work collectively to address health inequalities and to improve the health of their neighbourhood, town or village.

It is the ability to reach residents experiencing high levels of health inequalities, often referred to "hard to reach" or "seldom heard", which distinguishes a Healthy Living Centre from other health providers. Furthermore, it the ability of the Healthy Living Centre Alliance to strategise to work together regionally to reach residents experiencing high levels of health inequalities which distinguishes Healthy Living Centres from other providers and networks.

Preferred Model of a Healthy Living Centre

Overarching Principles

- Acting as a conduit for better local collaboration, interaction and connectedness with other service providers in the public, private and community, voluntary and social economy sector (CVSE), translating high level policies and strategies into local action plans.
- Acting as member of the Healthy Living Centre Alliance, promoting collaboration and development of best practice with other HLCs.
- Based in and led from within areas experiencing high levels of health inequalities in Northern Ireland, both urban and rural, delivering both universal and proportionately targeted interventions.
- Ideally, targeting populations of at least 10,000 residents in an urban area and at least 5,000 in a rural area.
- Focusing on both individual and community health and well being needs, providing positive health solutions to impact upon longer-term health improvement.
- Adopting a Prevention and Early Intervention approach: services utilising evidence-informed approaches targeting prevention and early interventions that address the wider determinants of health.
- Committing to developing a research and evidence-based approach to service improvement.

Corporate Governance

- HLCs are affiliated to the NI Healthy Living Centres Alliance, the terms of which are provided in the Memorandum of Understanding; subscribe to the Service Delivery Model set out below and adhering to HLC Alliance Overarching Principles, Corporate Governance, Service Delivery Model and Communications, Marketing and Branding.
- The Alliance Strategic Steering Group will develop a process, possibly a social franchise initiative, to admit new members into the Alliance, with an emphasis on filling geographical gaps where HLCs are not currently represented.
- The HLC Alliance will develop its own corporate strategy to be updated annually.
- Each HLC is established under clear not for personal profit basis and be a viable going concern i.e. solvent and trading.
- Each is established as a charitable company, or belong to one such company, and have a skilled board of directors or trustees, with representation from the local neighbourhood, with proper corporate structures of governance and accountability i.e. the PHA (formally Clear) Standards of Corporate Governance.

Service Delivery Model

- Each HLC may specialise in health topics such as physical health, mental health, alcohol etc who work within professional competencies and acknowledge limitations in same.
- Each produces a Health Improvement Plan, delivered to a high quality, meeting the needs of the local neighbourhood as set out below.

- Each HLC will be a catalyst and resource providing leadership, training and capacity building to address at least three of the following key risk factors which lead to the development of chronic conditions:¹
 - sedentary lifestyles combined with poor diet and nutrition
 - smoking
 - stress and poor mental health
 - alcohol and drugs misuse
- HLCs will be able to develop and specialise on other health improvement projects and programmes, reflecting local need and culture as well as specific organisational strengths.
- The approach focuses on investing in social capital i.e. building the knowledge and capability of people and communities within the designated area of benefit, utilising collaborative partnerships to improve health primarily but also in respect of education, environment and local government, acknowledging the wider determinants of health.
- Delivery is based on prevention and early intervention strategies and action plans using strengths-based approaches.
- The approach emphasises doing things with people, not for people.
- Creative ways of sharing good practice demonstrating best practice regarding the above four key risk factors, and other health improvement matters where appropriate, will be devised through bespoke training within the membership of the HLC Alliance and with other strategic partners.

Communications, Marketing and Branding

- Alliance members will use the established brand or trademark on all hard and electronic correspondence such as letterheads, e-mails, newsletters and other communications and, where appropriate, refer to their membership of the Alliance in the media.
- Creating a pro-active media profile to support the community-led approach, "getting the message out" locally within the local community i.e. newsletters, social media and highlighting impact and success stories to a wider audience.
- The Alliance will develop a communications strategy as part of the Corporate Plan for the benefit of each member organisation.

ENDS

¹ The Alliance agrees, as of March 2015, that all 14 Healthy Living Centres will work towards implementation of conjoined approaches with regard to these factors but that, given the specific nature of New Life Counselling's work with regard to addressing the root causes of poor emotional health, it will help develop a special relationship within the Alliance in pursuance of this matter. Furthermore, with regard to WISPA, which is specific to women and physical activity, and which has only one staff member, the Alliance will seek to assist WISPA address its capacity within the North Belfast area.