

Partnership Profile

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Why HAZnewz “Transitions”?

On 1st April 2009 the responsibility for the Health Action Zone transferred to the new Public Health Agency. What remains consistent is our commitment to tackling health inequalities in whatever new structures emerge.

This HAZnewz special “Transitions” edition communicates some of the history and achievements of HAZ past and present and looks at future developments which, at the time of writing should map the way forward. Transitions sets out the thinking

behind HAZ, the journey taken and future plans. Now is also a good time to take stock of what has contributed to the HAZ success and acknowledge the people and organisations who made it possible - and enjoyable. Over the

years this has meant the hard work of literally hundreds of organisations and individuals. If you are reading this then, chances are, you are one of them and now is a good time to take credit for what has been achieved.

Farewell to the Belfast Trust ...

A few words from

William McKee, Chief Executive

“It may be a truism to say that ‘change is a constant’ but it is certainly applicable to today’s challenges in health and social care and the profile of need in Belfast.

Throughout the ten years of the Health Action Zone, change has been at the heart of everything it does - changing our interpretation and understanding of need; changing how we improve health and wellbeing through developing new approaches to old problems; building partnerships and alliances as a force for change to create greater impact on the determinants of health. HAZ has made an important contribution to our understanding of these issues and what we can do collectively to improve outcomes.

Tackling inequalities presents a real challenge - there are no easy solutions. Now, perhaps more than ever, the community, voluntary, statutory and private sectors need space to bring together the best that they can offer to address the most persistent problems. This is the essence of the HAZ approach and the focus of the next phase HAZ Action Plan.

From 1st April 2009 the HAZ staff team moves into the new Public Health Agency which is committed to making a real difference to health and wellbeing in Northern Ireland. We wish them every success in the new endeavour. The business of Belfast Trust is to deliver safe, improving, modernising, cost effective health and social care - but our purpose is to improve health and wellbeing and tackle health inequalities. We will play our part, in partnership with the new Agency, to ensure this aim is realised.”



Pat McCartan, Chairman with senior management of Belfast Trust and the HAZ Team at a recent reception to mark the HAZ move into the Public Health Agency.

NORTH AND WEST BELFAST HEALTH ACTION ZONE

The Health Action Zone was set up in 1999 shortly after the Secretary of State for Health for England announced the policy initiative in 1998 which led to the establishment of 12 Health Action Zones across England. Four Health Action Zones were set up in NI between 1999 and 2001 each tackling the broad agenda of health inequality.

In establishing the Health Action Zone, North and West Belfast, in April 1999, the government sought to bring together all those contributing to the health of the local population of North and West Belfast in order to ‘trail blaze’ and implement locally agreed strategies for tackling inequalities and improving health. It preceded and informed the cross-departmental strategy Investing for Health.

By 2003 the English Health Action Zones, which operated with significant dedicated budgets, had been either wound up or subsumed into Local Strategic Partnerships after only three to four years of their expected seven year lifespan. The model adopted in NI was different, based on building partnerships and making best use of the partners’ existing resources as well as attracting new funds.

The Belfast Health Action Zone (HAZ) is now an established partnership involving statutory, community, voluntary and private sector organisations working to address inequalities in health and wellbeing across Belfast.

The ‘HAZ approach’

In 2006 the North and West Belfast Health Action Zone - Follow Up Case Study was written to assist HAZ Council with its future planning. An attempt was made by author Dr. Leslie Boydell, then Institute of Public Health, to distill the HAZ approach.

Key elements noted were:

- Working with local communities and eliciting their perception of need;
 - Creating a unique forum of statutory and non statutory agencies;
 - Agreeing shared interests and goals;
 - Establishing a ‘transactional’ environment;
 - Working collaboratively and using existing resources to meet need; and
 - On-going evaluation, reflection and learning
- Important concepts underpinning this are the idea of the developmental pathway and communities on trajectories. A key element of the developmental pathway is, that whatever work HAZ undertakes, it is part of a coherent, overall strategy, to address an intractable problem at a key point in its development, to try to maximise impact.

One of the goals of HAZ is to influence mainstream service delivery. The traditional view of mainstreaming is to pilot innovative schemes in the form of a project, subject them to rigorous evaluation and demonstrate that they work. The alternative is to develop new thinking and to use this to influence policy so that existing services are delivered differently. This is a more gradual process which is at the heart of the HAZ approach.

Analysing Need

From the beginning, tackling social exclusion and inequalities in health and wellbeing lay at the centre of the Health Action Zone in North and West Belfast. The importance of information to assist this task was not underestimated – information is powerful for local communities, planners and those who sought to develop creative solutions to persistently difficult problems. It is for this reason that North and West Belfast Health Action Zone developed a comprehensive multi-agency database that would provide information to assist them identify key areas of need, develop approaches to meet such need and to monitor progress over time.

At the same time, there was commitment to the widest dissemination of information amongst the partner organisations and the community generally in North and West Belfast. Accordingly, the HAZ Council agreed to produce a series of occasional papers designed to promote the database.

The first paper in the series – The HAZ Profile Document 2002 provided a general profile of North and West Belfast across a range of demographic, socio-economic, health status and need indicator factors at ward level.

The paper looked at issues of inequality between North and West and South and East Belfast, both within the Belfast District Council area. These two areas enable comparison within the same city, thus avoiding the problem of dealing with urban and rural differences.

The 2006 Socio-economic Profile went further than re-stating the pattern of ill-health and social and economic disadvantage. It presented an analysis of those patterns with a number of inescapable conclusions which confirmed the priorities and approval adopted by the Health Action Zone.

Key poverty indicators continue to inform HAZ planning. A brief outline of current work appears on pages 6 and 7.

Developmental Pathways

At an early stage the HAZ Partners examined their strategic priorities and identified the areas of common interest where need was greatest and where mutual cooperation would have the greatest impact. This approach led to a concept now known as “Developmental Pathways”, an idea which can genuinely be attributed to the development of the mature Partnership within the Health Action Zone. Essentially a Developmental Pathway outlines the inputs of each organisation to tackle an area of

need. The key, however, is to ensure that the sum of these inputs is greater than the parts of the whole. The Developmental Pathway affords all Partners “collaborative advantage” and by focusing this energy enables the significant contribution of partners required to address persistently difficult issues.

The first four Developmental Pathways in the Health Action Zone were designed to address the needs of:

Travellers, Schools, Neighbourhood and Long Term Unemployed people.

Travellers

The Health Action Zone Accommodation and Health Improvement for Travellers Action Group was established in 2000 and aimed to improve the overall health and wellbeing of the Traveller community in North and West Belfast.

The group was led by the Northern Ireland Housing Executive, in partnership with North and West Belfast Health and Social Services Trust, Belfast Education and Library Board, Belfast Institute of Further and Higher Education, the Department of Employment and Learning, An Munia Tober, Clanmill Housing Association, Belfast City Council, the Council for Catholic Maintained Schools, Barnardos, the Royal Group of Hospitals and North and West Belfast Health Action Zone. The Group’s action plan had 5 strategic aims

incorporating activities relating to:

- Community Development;
- Accommodation;
- Health Improvements;
- Employability; and
- Improved Communications and Prejudice Reduction

During the lifetime of the Programme, Belfast Traveller Support Group and Belfast Traveller Education and Development Group merged to form An Munia Tober. Their aim is to work towards a situation where Travellers in Belfast have access to all services that meet their social, economic and cultural needs.

Following a recent review, the work of this group is being reshaped and refreshed to take account of changing needs and structures.



Derek Hanway chats to President Mary McAleese at the launch of An Munia Tober.

Prevention of Suicide and Self-harm

The HAZ Task Group began work in 2005, developing an inclusive and comprehensive approach to the Prevention of Suicide and Self-harm in North and West Belfast, publishing their report in June 2006. Following discussion with the Health Action Zone Council and all of the Partners, an Implementation Group was established and began work in October of the same year. Key areas of work have progressed under the Chairmanship of a range of community, voluntary and statutory partners in order to ensure that progress is made against critical areas known to be important in the prevention of suicide. The Prevention of Suicide and Self-harm Implementation Group held a workshop to review progress on the



The delegation meets Minister for Health Michael McGimpsey.

implementation of their plans on 12 November 2008. Acknowledgement of the progress made on all key areas – Schools, Prevention of Self-harm, development of Support Services, Training and Communications, as well as a new area led by Belfast

City Council to develop a Community Cluster Response Plan, was reported to the Implementation Group. The Group concluded its deliberations with a clear set of actions both in terms of the Partnership itself, and of the need to evaluate the impact of

the work thus far. The findings of the independent evaluation (2009) will inform the future developments of the work. The group have recently appointed Irene Sherry, Ashton Centre as joint Chair together with John McGeown, Belfast Health and Social Care Trust.

Sexual Health

In 2002 North and West Belfast Health Action Zone (HAZ) developed 'A Strategy to Promote the Sexual Health and Well-being of Young People in North and West Belfast'.

The aim of the strategy was to promote the sexual health and well-being of young people in North and West Belfast. The key purpose was to enable young people to develop the knowledge and skills to make informed decisions and choices about personal relationships and sexual health.

Following the implementation of this strategy and a range of initiatives completed under the Sub-groups such as R.S.E., Services for Young People, and information and advice, alongside research, projects and publications the work entered a new phase as Belfast Trust identified funding to mainstream the work and appointed a full-time Sexual Health Improvement Practitioner.

The long-awaited DHSSPSNI Sexual Health Strategy has now been published and following a recent planning day a new Sexual Health Project Board Action Plan is being drafted to take the new priorities forward.



Spelling it out: Human Rights Commissioner Monica McWilliams; Chief Executive, Belfast Trust, William McKee; Minister for Education, Caitriona Ruane; Chair, Education Sub-group, Joanna Gregg; Haz Leader, Mary Black, and David Cargo, Chief Executive, BELB., at the launch of RSE: Making It Happen in 2007.

Healthy Living Centres

The Health Action Zone established and facilitated a network of Healthy Living Centres in the Belfast area. Recent work on evaluation with the Health Promotion Agency and Institute of Public Health, established a working group to consider the sustainable development of the Healthy Living Centres.

The Healthy Living Centres is an innovative model of health intervention with a focus on preventative work, taking a bottom-up approach. They deliver a range of services and activities including complimentary therapies, smoking cessation, dance classes, armchair aerobics, healthy eating, stress reduction, counselling, a range of exercise classes, weight management and so on.

Healthy Living Centres are in operation across Northern Ireland. They are community-driven partnerships, delivering services that respond to public health priorities and aim to promote and improve the health and wellbeing of people in areas of multiple disadvantage.

The Centres in the Belfast Area are now funded through Investing for Health, EHSSB.

Integrated Services for Children and Young People

Integrated Services
for Children and Young People

Developing Integrated Services for Children and Young People has been a key workstream for the Health Action Zone since its inception in 1999.

Specifically, the Health Action Zone is working to improve the life chances of children and young people, demonstrated by increased achievement levels; a commitment to 'life long learning' and an increase in employability. The hope is that this will lead to the taking up of new lifetime opportunities and the possibility that a long-standing cycle of disadvantage can be broken.

A central goal of this particular initiative is that the aspirations of children and young people, and those of their parents, must be significantly raised.

A successful application to the Integrated Development Fund for £5m was submitted in 2004 and funding was released in April 2007. However, centrally the Programme aims to have lasting impact, creating new ways of using existing resources effectively.

A priority of the programme has been the consistent local engagement of individuals, schools, staff and managers working on the ground, and politicians.

The Area Partnership Boards have led the process of setting up Local Implementation Action Groups (LIAGs) in Greater Shankill and West Belfast. Each LIAG has to demonstrate that it has fully engaged with all local areas within the Partnership Board areas. These are at Neighbourhood Partnership level in West Belfast,



An early start is important to improve life chances.

and in Greater Shankill through the Greater Shankill Community Convention. In both cases this means the direct involvement of local people and front line staff, in possession of the most accurate understanding of local needs.

An independent evaluation of Integrated Services has now been completed by Quaesitum and at the time of writing recruitment of staff necessary to deliver the Integrated Services Programme by the Greater Shankill and West Belfast Partnership Boards is well underway.

Fresh Fruit

The Fresh Fruit in Primary Schools project ran in around twenty-five primary, nursery and special schools in North and West Belfast and was funded by the Department of Health and Social Services and Public Safety.



The Health Action Zone - "Fresh Fruit in Primary schools" initiative was popular and included giving schools control over the supply of fruit from local suppliers.

Evaluation showed that the project was right on target, meeting many of the current needs for children to have better nutrition, attitudes to health eating, and less snacking on high calorie, high fat foods.

In addition, the programme had led to an inter-agency approach to nutrition in schools, including the implementation of standards, training and the development of resources for teachers.

Communities in schools

The Communities in Schools (CIS) programme, a key development HAZ pathway, was set up in 2000 to tackle educational disadvantage in North and West Belfast. The aim was to put in place structures and frameworks to co-ordinate the work of a range of statutory, voluntary, community organisations and businesses at six post-primary schools, locating the services where the children are and to act as a bridge between schools and the community.

CIS Evaluation

The independent CIS evaluations provided the quantitative and qualitative evidence to support the positive impact of the CIS project on the pupils, schools, teachers, parents and the wider community.

The CIS evaluation also highlighted the importance of the HAZ partnership being in place to facilitate better co-ordinated action leading to clear outcomes at a local level. This experience directly informed and influenced the Extended Schools Initiative and Project Manager; Bernie Mooney, was seconded to the Department of Education to help with the planning and development of this regional initiative, which in turn has led to the development of the Full Service Schools, all of which seek to better meet need and improve outcomes.

Extended Schools Programme

In June 2006 the then Minister for Education, Maria Eagle announced a £10m package to develop "Extended Schools" across NI using the experience and learning from the Communities in Schools programme to inform and develop the initiative. The cluster of 6 post primary schools in N&W Belfast has provided an model of good practice for the Extended School Programme currently being rolled out across 127 schools in Belfast and a total of 500 schools across NI.

Considering Poverty - Current HAZ Indicators

Today there is a wealth of data available that provides information on poverty and social deprivation in Belfast. Dr. Mike Morrissey has consistently highlighted this disparity for HAZ which in turn has informed action.

There is strong evidence that poverty and deprivation have been historically concentrated in certain parts of Belfast. For example, Table 1 lists the Belfast wards that have been in the most deprived quintile of wards in four successive studies of deprivation.

The results shown in this table are illuminating. Despite the studies coming from several different sources, (one academic, the other three commissioned by the Northern Ireland Statistics and Research Agency), and thus engaging with different methodologies, the same wards **repeatedly appear** across all four studies as specific areas of deprivation.

The Belfast City Council (BCC) research project, organised around the specific BCC geography of 'City Places,' also highlights the geographical distribution of relative poverty within Belfast and has useful comparative measures for viewing Belfast relative to the rest of Northern Ireland. Table 2 (below) summarises the findings.

Table 1

Townsend 1991	Robson 1991	Noble 2001	Noble 2005
Ardoyne	Ballymacarett	Ardoyne	Ardoyne
Clonard	Clonard	Ballymacarrett	Ballymacarrett
Crumlin	Duncairn	Crumlin	Crumlin
Duncairn	Falls	Falls	Duncairn
Falls	Island	New Lodge	Falls
Glencollin	New Lodge	Shankill	New Lodge
New Lodge	Shaftesbury	St. Annes	Shankill
Shankill	Shankill	The Mount	The Mount
St Annes	St Anne's	Upper Springfield	Upper Springfield
Upper Springfield	The Mount	Whiterock	Whiterock
Whiterock	Woodvale	Woodvale	Woodvale

Table 2

Summary Poverty Indicators for City Places						
City Place	Northern Ireland = 100		Belfast = 100		Ratio: Social Grade Households E/AB	Average Capital Value of Domestic Properties
	% of Households in Relative Poverty unequivalised 2004/05	% of Households in Relative Poverty, equivalised, 2003/05	Mean Gross Household Income (before transfers & Housing Costs)	Median Gross Household Income (before transfers & Housing Costs)		
East 1	133.2	109.3	103.3	103.9	1.5	£90,039
East 2	156.2	125.2	95.2	95.2	2.1	£83,495
East 3	109.0	98.3	99.6	101.5	0.4	£135,256
East 4	92.9	86.2	106.8	108.9	0.2	£175,271
East 5	99.3	87.5	104.5	106.6	0.3	£154,924
North 1	189.3	133.5	65.4	68.7	13.1	£52,221
North 2	158.0	139.9	75.7	78.0	3.1	£74,612
North 3	138.2	136.5	76.3	80.7	3.3	£82,233
North 4	125.6	114.9	85.6	89.2	1.7	£73,012
North 5	92.3	91.1	114.3	118.7	0.3	£114,298
North 6	150.1	120.5	102.3	101.8	2.4	£83,636
South 1	138.8	107.8	104.8	105.0	1.1	£131,386
South 2	115.0	95.4	95.9	94.1	0.4	£116,121
South 3	100.7	86.3	112.5	114.8	0.2	£190,165
South 4	94.8	86.2	116.5	117.5	0.3	£224,195
West 1	128.9	124.9	71.7	75.3	1.4	£85,303
West 2	134.0	126.0	79.9	83.0	3.0	£116,368
West 3	126.3	143.6	70.4	73.7	6.3	£84,951
West 4	143.3	124.4	72.7	75.3	3.5	£53,484
West 5	102.8	114.6	85.8	87.1	1.3	£103,475

Source: Constructed from data provided by NISRA and the Development Department BCC

As we can see from the Table, there are City Places (namely North 1 and West 3), that have simultaneously, high concentrations of households with incomes less than 60 per cent of the Northern Ireland median, low average incomes of households with heads unemployed or in routine occupations and relatively low capital values for domestic properties.

These tables tell us **where** the poorest households/groups are situated, but it is necessary to consider further information to find out **who** is affected by poverty.

Table 3 shows the correlation between the Multiple Deprivation Measure score for an area and income poverty source against household characteristics for areas in Belfast. The Table shows us that there is a high correlation with these measures in households where adults are not in work, those in lowest occupational and class location; and those without educational qualifications. This data is useful at building up an idea of who the poor are, and what characteristics they have in common. These should be taken into consideration in any Anti-poverty measures.

Table 3

Variable	Correlation Coefficient (MDM 2005)	Correlation Coefficient (Income Poverty 2003/04)
Working Age Economic Inactivity	0.90	0.91
Unemployed and long Term Unemployed	0.89	0.89
Households without Car or Van	0.86	0.89
Workless Households with Dependent Children	0.83	0.92
% in Routine Occupations	0.80	0.81
% without Qualifications	0.78	0.86
Households headed by Lone Parent	0.78	0.91
Social Grade E Households	0.75	0.83

As we can see from these sources, there is strong evidence to suggest that certain areas of Belfast remain significantly deprived when we consider them in relation to statistics for both Northern Ireland as a whole and the rest of the City. Also, the measures as shown in Table 3 above help us to gauge the key characteristics of poverty and social deprivation so that we can ensure that the measures directed at eradicating poverty and deprivation are all the more effective.

What this tells us is that there is an even greater need on the part of government agencies and communities to radically address this gap.

Belfast City Council – taking the health of the city’s people seriously

There has been so much change in the health and community sectors recently it is not surprising that people are thinking - is it all worth it? Will it make a difference? And what is next?

Belfast City Council, which has been represented on HAZ Council since its inception, is optimistic that in the end the changes which have happened and which are about to happen will make a very real difference to people's lives. The City Council, although still facing the prospect of change itself under the local government focus of the Review of Public Administration (RPA), is clear that the health of the people living and working in the City is one of its priority areas of work going forward into this new era when some functions such as regeneration; local planning control; and more economic development powers will be returned to the eleven new Councils planned for 2011. The Belfast City Council's agenda is driven by the local Councillors who represent their constituencies and bring forward the issues affecting communities on the ground. Health is very high up this agenda. When it comes to an area as complex as health, where there are so many agencies involved, the Council can use its political remit to show leadership on behalf of the City and bring all of the agencies together to plan to address the issues of greatest concern. This is what the new power of community planning planned for 2011 will bring about. Much focus is likely to be on how we bring up and support our children and young people so there are fewer risks to face; how we reduce mental illness; how we support older people to stay healthy; and how we reduce some of the known killers such as smoking, obesity, drug and alcohol misuse. This is a big challenge and given the current financial climate, it is all the more important that we work closely to create the biggest impact on improving health and well-being outcomes for people. The focus will be on practical on-the-ground programmes in local areas which will involve local communities.

Cllr Cathal Mullaghan, Chair of the Health and Environmental Services Committee, (right) says:

"Creating a city which has healthy people, needs joined up working across local agencies which deliver services as well as between agencies and communities and also across government departments. People will only become healthier if they have good housing, education, and job opportunities. Things will only get better when we deal with deprivation and the huge differential in health between the rich and the poor. The recently announced arrangements for the new Public Health Agency in which they will work jointly at a local level with District Councils provide an opportunity to do just this".

Belfast City Council delivers many services that help people to live healthier and better lives, including maintaining beautiful parks and playing fields, operating local leisure facilities (with subsidised rates for the less well off), protecting health and safety by inspecting restaurants, reducing pollution and dealing with neighbourhood problems such as antisocial behaviour, graffiti and noise.

For more information please contact Tom Crossan in the Health and Wellbeing Team. Tel. 90320202.



Councillor Cathal Mullaghan

HAZ Phase III Action Plan 2009- 2011

For over ten years the Health Action Zone has been developing and testing new ways of working to address persistent areas of need. It is still a learning organisation that has taken evaluation and critical thinking seriously. This has been achieved using the resources and funding of all partners. In preparation for this third phase Action Plan HAZ initiated a major consultation on what the HAZ Council believe are the major challenges facing the city – the Programme for Change. The inclusive process confirmed existing HAZ priorities as well as new areas for action. In particular there was strong support for the HAZ approach to be expanded to other parts of the city. In the absence of an agreed city wide strategic plan the HAZ has set out five challenges – a lack of aspiration, high levels of relative poverty, significant educational underachievement, continuing fear for local safety, and ongoing lack of good relations within and between communities. All future

HAZ action will work toward impacting on these challenges which underpin the development of health and well being. The Health Action Zone team have now become part of the newly established Public Health Agency, which will have a responsibility for health protection, health improvement and development to address existing health inequalities and public health issues for all the people of Northern Ireland. The increase in profile and importance given to public health presents an unparalleled opportunity to accelerate the work of previous years and push for major change. The overwhelming evidence confirms Belfast as a place with stark patterns of disadvantage using any measure over time. Good data exists on which areas and which groups are at greatest risk of poverty and disadvantage, mirrored in patterns of health inequalities. A recent analysis by Dr Mike Morrissey points toward the necessity of addressing both geographic areas and specific

population groups and for a radical intervention. In a decade Belfast has become the fastest growing city in the United Kingdom leading to a physical transformation of the city. However, of the 64 cities studied Belfast is ranked 25th in terms of economic prosperity, yet 59th in terms of social deprivation. The conclusion – that Belfast is prosperous but unequal – can only serve to heighten the need for change, particularly in light of the severity and impact of the current economic downturn.

In the development of this plan three clear levels of HAZ operation have been articulated.

Frameworks:- Building frameworks and capacity for collaboration most often at strategic level (inter agency, inter community, intra community)

Strategies:- Developing strategies on specific themes or areas of work to guide implementation

Action Plans:- Forming and/or implementing action plans derived from strategies.

The HAZ recognises that in addition to the new RPA arrangements for local government, education and health in particular, there is a need to resolve the future of partnership working and involvement at more local levels. As such, wherever possible, the HAZ will align with each of the five Belfast city Area Partnerships, in local government pilots as a prime focus for interventions to ensure that a clear thread exists between broader partnership building, strategy development and the local implementation of action planning. How we do our business is important - Partnership and Participation remain key tenets of HAZ working. Community development is a core pillar of HAZ, and this engagement and participation is embedded within each work programme.

The broad workstreams of the new HAZ action plan are:-

1. Strengthening the close working between education, health and social care and community and voluntary organisations through a new alliance.
2. Developing a model of integrated community development and action at local level.
3. Expanding existing and new thematic areas of co-ordinated strategy and action such as sexual health, mental health and wellbeing including the prevention of suicide and self-harm.
4. Development and implementation of Integrated Services for children and young people.
5. Development of co-ordinated approaches to specific areas or communities of need, for example, Travellers.

We can be reached at:

Public Health Agency, Belfast Health Action Zone Offices, 5th Floor, 16 College Street, Belfast BT1 6BT.

T: (028) 9023 7026

F: (028) 9023 7452

W: www.haz-belfast.org