

# **EVALUATION OF LEEDS HEALTHY LIVING CENTRES**

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**Georgina Webster**



The seven Healthy Living Centres in Leeds are funded by  
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This evaluation was commissioned jointly by all seven Healthy Living Centres

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## FORWARD

*Seven Healthy Living Centres* were set up in Leeds in 2002/3. Their bids for funding to the New Opportunities Fund were rigorously supported by the Leeds Health Action Zone, who saw this as an opportunity to tackle health inequalities in the most deprived neighbourhoods of the city, and to develop some sustainable structures for community involvement in health.

Each of the healthy living centres is *different*, and that is part of their strength. Each has developed in ways appropriate to its own communities, while illustrating core values of equity, flexibility and responsiveness, and a holistic view of health.

This evaluation shows they have been *successful* in meeting those original aims. They have tackled health inequalities and developed effective structures for community involvement. The health of the large number of individuals who have used their services has improved, and those individuals have become active participants in improving their own health and that of their communities.

Within this variety, their success has been due to their use of both *community development and organisation development approaches*. That is, they have acted as facilitators and innovators, providing community support and health promotion activities to local people in ways that they have appreciated and responded to. They have helped them to use these experiences as a springboard to further positive development. At the same time, they have facilitated partnerships between agencies and groups, so that they can work together to achieve more than they could on their own. They have brought these messages into mainstream organisations and encouraged them to change. Their success has also been due to their understanding of the crucial link between supporting socially excluded groups to engage in healthy activity, and building the capacity of communities to sustain this change.

The healthy living centres are now *well placed to act as key vehicles* to drive forward the priorities of the Leeds Initiative, especially those associated with health and wellbeing, and with building the capacity of the most deprived communities. It is timely for the healthy living centres, with their particular expertise, to get together with public health professionals from the PCTs and local authority, in order to decide how this effective partnership development can be sustained into the future. At the same time they need to, and can be, more tightly linked to the structures and priorities that are working to improve the city as a whole, and the most deprived groups within it.

## 1. BACKGROUND

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### 1.1 Policy and Funding Context

In January 1999 the *New Opportunities Fund* (NOF) launched its healthy living centres grant programme. Funded by the National Lottery, it aimed to ensure that by the end of 2002, at least 20% of the population of the UK were within the catchment area of a healthy living centre. NOF sought applications which:

- Targeted the most disadvantaged areas and groups
- Responded to community needs and built upon community strengths
- Encouraged community involvement at every stage, from design to delivery
- Involved organisations from the private, public and voluntary sectors
- Would provide a diverse and innovative range of facilities, services and activities
- Reflected local health priorities as set out in local health plans

Organisations across the city of Leeds seized this opportunity to tackle disadvantage and improve health and wellbeing. A variety of voluntary organisations worked with NHS primary care groups (which later became primary care trusts – PCTs) to develop healthy living projects and bids to this new programme. This development activity was supported by the then Leeds *Health Action Zone* (HAZ), a government initiative which was itself concerned with bringing about health improvement through partnership work and community involvement. The dedicated time of a HAZ development worker, along with a development budget, was allocated to support healthy living centre bids within priority neighbourhoods from each of the five localities. In addition two city wide bids were developed: one focusing on mental health within the black and minority ethnic (BME) communities, and one bringing together the community of Armley Prison with its neighbourhood.

These seven bids proved successful and, following a period of intensive developmental work, by the middle of 2003 all seven projects had begun operations. NOF funding was agreed for five years, which commitment has been maintained by the Big Lottery which took over from NOF. In addition the five PCTs between them have committed a small amount of revenue to each healthy living centre (HLC). Following the demise of the HAZ national programme, the work of the HLCs is now positioned within the national agendas of tackling health inequalities, neighbourhood renewal and regeneration, and choosing health.<sup>1</sup> At the same time the HAZ coordinator post has been lost.

## **1.2 Local Context**

The *Leeds Initiative* was established as the Local Strategic Partnership for Leeds. It is required by government to be the overarching partnership of the public, private and voluntary sectors which develops and delivers a joined up community strategy and local neighbourhood renewal strategy. The Leeds Initiative has

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<sup>1</sup> For a discussion of these policies please see Section 4.2 on Strategic Opportunities

developed a Vision for Leeds 2004 – 2020 which embodies these priorities. It is led by a partnership board, working through two parallel executives: the ‘Narrowing the Gap’ Executive and the ‘Going up a League’ Executive. Linked to this are six theme strategy groups, one of which is the *Healthy Leeds Partnership*, and five district partnerships. Voluntary and community sector involvement in designing and delivering this structure and its strategies is coordinated by Voice, the community empowerment network for Leeds.

*Structurally*, the seven HLCs are positioned within the voluntary sector. Two are members of the city wide voluntary sector Health Forum, which is coordinated by Voice through a facilitator funded by the PCTs. The two representatives of the Health Forum which sit on the Healthy Leeds Partnership happen to be from two HLCs, but this is not by design. At district level some district partnerships have developed a voluntary and community sector subgroup, and/or a health subgroup, to which the local HLC will belong.

*Strategically*, the work of the HLCs is positioned within the Health and Wellbeing Strategy developed by the Health Partnership of Leeds Initiative. Their work may also feature in the district plans of the district partnerships, which cover the full range of themes, but these are new and are in the early stages of development.

In terms of relationships, the HLCs all have strong connections to the five PCTs which provide support, reciprocal membership of PCT and HLC groups, and funding, although there is a concern that this may change with PCT amalgamation into one Leeds wide PCT. There are equally strong relationships with the broader voluntary and community sector, and to individual voluntary organisations and community groups within their area, in terms of support, joint work and networking. Their connection to the *local authority* is the most fragile of these three sectors, although this may change as the district partnerships develop; these are led by the local authority and are still in their early stages.

### **1.3 Structure and Focus of Projects**

Each of the seven HLCs is distinct from each other. They vary in terms of their particular focus and structure, while each meets the requirement of the NOF as described above. Two are city wide, while five cover a particular neighbourhood. Two have developed their own centres from which their activities are run, while five develop or support activities run at partners’ premises. Two have independent management committees, while five are run as a separate project with its own steering group, but managed by a lead agency.

The *variety* is largely dependant on the state of the *community infrastructure* for each catchment area, at the time of the development of the project. For example:

- *Jigsaw* – a poor visitor centre building, combined with a lack of connection between the local community and the prison based within it, helped to inform the decision to bid for a new visitors centre and a programme of activities within it which would impact on local groups and prisoners’ families, as well as on prison staff and prisoners themselves
- *Memho* – this grew out of a recognition that the many smaller BME communities and groups across Leeds were not accessing mental health services, and so this project focuses on building the confidence and capacity of these groups so that they can engage more effectively with their communities, and provide activities within their own premises which improve mental health and wellbeing
- *Hamara* – this large NOF funded centre grew out of the ambitions of the South Leeds Elderly and Community Group to provide a centre which would regenerate the area – this community based BME organisation was able to use a health focus to kickstart a bigger infrastructure project for the community, with a particular focus on the needs of young people and isolated elderly
- *West Leeds Healthy Living Network* – this was an area of a number of small community organisations and underused community buildings, with little outside support, and so this HLC prioritised supporting these small organisations to deliver healthy living outcomes, as well as the development of a stand alone, large, new voluntary organisation to support those organisations
- *Feel Good Factor* – the Chapeltown and Harehills area of North East Leeds had a number of active independent community and voluntary organisations, each supporting their own community; this HLC brings them together to focus on health, by supporting activities at community centres which are run in ways appropriate to that particular community.
- *Healthy Living* – this project was set up in inner East Leeds, in an area which had few community or voluntary organisations; the project has focused on running simple activities which draw people, who are not used to involvement, into activities which promote health and wellbeing; and on creating new links between individual statutory and voluntary organisations in the area
- *Active 4 Life* – this project has used three host centres to provide added value to community based services and facilities that already existed in the area; it has focused on activities promoting healthy bodies and minds, and healthy families, as well as developing a new network to coordinate health promoting activity and information from all sectors

Within this variety, there are some activities which are *common to all* HLCs. For instance all seven support activities which focus directly and explicitly on increasing physical exercise and activity for priority groups; all have a focus on encouraging and supporting healthy eating and diet; and all support activity designed to improve mental health and wellbeing. All work within a holistic approach and social model of health. At the same time, all seven have found it necessary to carry out work which explicitly builds the capacity of the community to run its own affairs, and develops community infrastructure; this latter has a broader focus than health and wellbeing, but each project has found it necessary in order to sustain improvements and developments in that area.

The table below provides an outline of the structure and focus of each project.

<b>HLC Name</b>	<b>Catchment</b>	<b>Structure</b>	<b>Focus/ Objectives</b>	<b>Typical activities</b>	<b>Activities run at...</b>	<b>Staff</b>
Jigsaw	City wide (prison); local neighbourhood in West Leeds	HLC joined with families team to form 1 organisation	4 communities – prisoners, prison staff, prisoner families, local neighbourhood 5 themes – family, mental health, physical health, welfare rights, health information and referral	Salsa, massage, yoga, CAB sessions, counselling, alcohol awareness, anger management	Visitors Centre	2 full time 4 part time
Memho	City wide	Managed by Touchstone. Steering Group of partner/ member agencies	2 functions – mental health; capacity building of BME community 5 themes – healthy eating, exercise, social/recreational, information/advice, complementary therapy	Healthy eating workshops, walking groups, Tai Chi, reminiscing activities, art/craft sessions, eating out, benefit advice, domestic violence support, counselling, homeopathy	Community centres run by member/partner organisations	2 full time 1 part time
Hamara	South Leeds – Beeston Hill & Holbeck	Independent Board runs HLC and Youth Access Point	Aims to break cycle of poor health & social disadvantage by using a holistic approach to build confidence, involvement & capacity 9 strands - information & advocacy, primary care, health promotion, physical activities, learning/ training, older people, community safety, women, youth	CHD sessions on secondary prevention, cardiac rehabilitation, tackling obesity, GP referral scheme, training in employment skills, walking groups, aerobics, tai chi, after school activities	Hamara Centre	9 full time 10 part time
West Leeds Healthy Living Network	Armley, Bramley, Wortley & Swinnow	Independent Board	5 themes – capacity building, physical activity, food work, environmental work, training & community health education	Community health educators programme, community development with small groups, development of food work, growing & environmental projects,	Community venues	2 full time 15 part time



				work with BME communities		
Feel Good Factor	Chapelton & Harehills within North East Leeds	Managed by Unity Housing Association. Steering Group of partners	Aims to improve health through improved opportunities for and promotion of healthy living, physical and mental wellbeing 5 themes – food, dance art & exercise, access, walking, young people	Healthy eating sessions, dance and art classes, newsletter, benefits advice, walking groups, training walk leaders, information on sexual health, radio plays on health issues	Community centres in area	2 full time 3 part time
Healthy Living Project	Inner East Leeds	Managed by East Leeds Health For All; Management Group of 5 key partners	Aims to improve health and wellbeing 5 themes – healthy homes, healthy eating, families & communities, over 60s, mental health	Workshops on safety issues, home maintenance, healthy eating, supporting café, physical & leisure activities, stop smoking sessions, money management, support groups, advocacy	Premises of partner agencies	2 full time 4 part time
Active 4 Life	Inner North West Leeds	Managed by Cardigan Centre Steering Group of partners	Aim to develop healthier lifestyles, enabling self responsibility individually & collectively, supported by a coordinated network 3 themes – healthy minds & bodies, healthy families, information & networking	Physical activity sessions e.g. yoga & Pilates, support groups, massage, arts & craft sessions, walking groups, health network & directory	Community venues across area	3 full time 2 part time

## 2. EVALUATION FRAMEWORK

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### 2.1 Purpose of Evaluation

All seven HLCs have made plans for the evaluation of their own projects, and provision for this has been made within the NOF allocation.<sup>2</sup> In addition, the projects decided as a whole that it would be useful to have a joint interim evaluation of how well the HLCs are working in meeting the health and wellbeing agenda. The purpose of this joint evaluation is:

- To evaluate the *cumulative impact* of 7 healthy living centres in Leeds on delivering the public health agenda
- To look at examples of *best practice* from the different HLCs and to highlight lessons that could be learnt by others
- To investigate how well placed HLCs in Leeds are to deliver public health initiatives in light of national and local policies in the *short, medium and long term*

The original lottery funding for healthy living centres comes to an end in 2007 (the precise date varying with the different start times of the projects). This joint evaluation is timely in terms of considering the strategic implications and sustainability issues of this work for the future.

### 2.2 Strategic Approach

This evaluation uses a strategic framework to focus the discussions and analysis. The framework combines a grassroots community development approach with a strategic organisation development approach; this approach is followed by all seven HLCs.

Community development has a *long history* within the UK. It is a process which brings about the involvement of people in taking action regarding the issues which affect their lives and their well-being. It is about helping people define their own needs and how they can best be met, individually or collectively. It is usually about helping people to set up and run their own groups and organisations, and network with others in their area, in ways that are open, participative and encourage the involvement of all.

Traditionally community development has taken place at the '*grass roots*' - in neighbourhoods, or within communities of interest. However, it is also about

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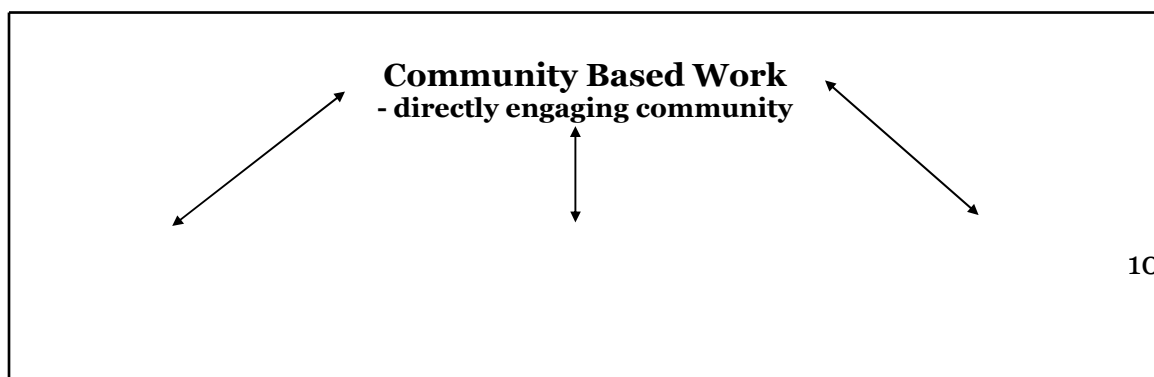
<sup>2</sup> Evaluation reports for each of the HLCs are available from each project. Each project evaluation has been or is being carried out by a different evaluator. This joint evaluation does not attempt to duplicate that work, but rather to look at the overall impact of the HLCs for Leeds and strategic implications for the future.

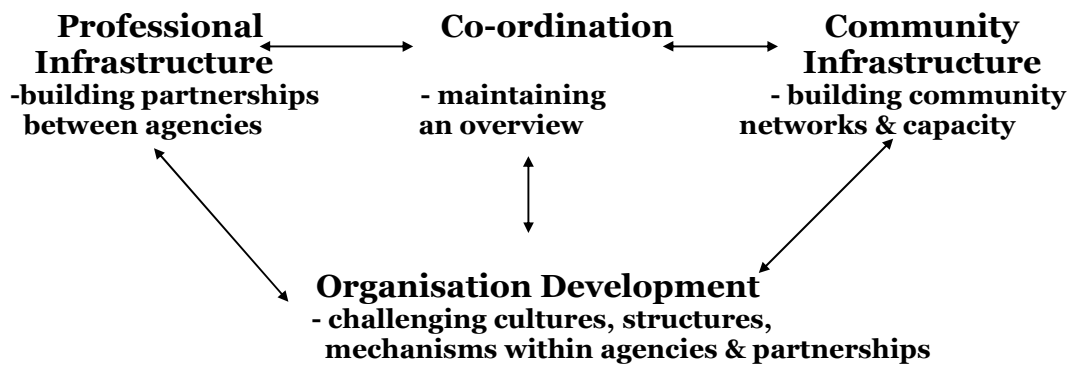
helping people build and acquire the skills, knowledge and confidence so that they can enter into partnership with other groups and organisations, and influence the policies and decisions taken by those organisations which affect their lives - what is currently called 'capacity building' and 'sustainability'. Therefore it is not just about working at local level. It also needs the involvement of those who work *strategically* and at decision making levels, across statutory and voluntary organisations and partnerships, so that they can work to open up decision making structures and develop strategies which enable, rather than inhibit, the involvement of communities. Thus it is a complex process and the involvement of all these people, at different levels, necessitates a strategic and organisation development approach.

Within a health context, a community development approach to health emphasises the *holistic nature of health*, and a positive approach to health, well-being and its promotion. It is an approach ideally suited to gain community involvement in health and to build partnerships with and between organisations. It operates within a view of health improvement which focuses on addressing *inequalities in health*. Community development is an effective method in reaching and helping people articulate hitherto 'silent' or marginalised voices, as it prioritises their views and opinions and their empowerment, rather than those of the agencies which affect them.

In an organisational context it has an obvious link to *public health* because of the role it plays in defining health needs from a local perspective. Local people invariably have a wide definition of health and the factors which influence their health. Equally, community development plays a facilitative and enabling role in bringing together local people and local agencies to take collaborative action on meeting those needs. Thus community development and health has a clear link into many of the core functions provided by health trusts and local authorities, as these functions are seen as influential in improving health and well-being. Community development and health has a clear role in health *commissioning* and in health promotion; but it also has a providing and *delivery* role, helping primary health and social care services and other agencies to work with local people to plan and improve services. It also supports the establishment of community based and/or community run health and health care services.

Therefore a community development and health project can operate at many *different levels*. The diagram below shows how the five different elements of a community development and organisation development approach to health and wellbeing, can work together to deliver change. It is particularly suitable in this context as each HLC operates at all five levels.





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This evaluation also draws on nationally developed and recognised good practice in community participation health projects.<sup>3</sup>

### 2.3 Methodology

This evaluation was carried out between August and December 2005. A list of material studied and of participants interviewed is found within appendices I and II.

<i>August 2005</i>	Briefing meeting and refining of focus of evaluation
<i>September 2005</i>	Study of written material from each HLC, including monitoring and evaluation reports
<i>October 2005</i>	Group interviews at each HLC with members of steering groups & relevant agencies
	Individual interviews with key city wide players
<i>November 2005</i>	Draft report prepared
<i>December 2005</i>	Presentation of draft report & working up next steps
	Final report prepared

<sup>3</sup> 'Community participation for health: A review of good practice in community participation health projects and initiatives', published by the Health Education Authority (England), 2000, and researched and written by Labyrinth Consultancy

### 3. EVALUATION FINDINGS

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#### 3.1 Community and Partnership Involvement and Development

The Leeds HAZ took the decision to support these seven HLC bids to NOF because it saw them as playing two key roles; tackling health inequalities in deprived areas, which is pursued in the next section of this report, and developing structures for community involvement in those areas, which is explored here. All seven HLCs are especially strong in both community involvement and partnership development. They see these processes as key to bringing about improvements in health and wellbeing of groups who are especially disadvantaged in this regard. As such both community involvement and strong partnerships are products or *outcomes* of the HLCs work. In turn, these provide the HLCs with important drivers for delivering additional *outcomes* in health and wellbeing.

HLCs deliver *community involvement in health and wellbeing* in a number of different ways:

- *adding value* to the community involvement work carried out by existing community groups and voluntary organisations in the area (including the development of local volunteers)
- *developing new community groups/services/facilities* for and with communities in their area
- *developing community networks* between communities in their area
- *building community capacity* of groups and individuals within their area

All HLCs have *developed strong partnerships* which are helping to deliver improved health and wellbeing, in terms of prevention, health promotion and service development. Each HLC is itself an example of a partnership, and has worked to develop that partnership into an effective structure for change, in order to deliver new improvements in health and wellbeing for priority groups. Partnership development is carried out in the following ways:

- *development of HLC* into a real and effective partnership
- *developing other local partnerships* to deliver change in health and wellbeing
- *supporting new and existing partnerships* for change

- *linking statutory bodies with communities* for consultation on services and strategies

Some examples are described in the tables below<sup>4</sup>

		<b>COMMUNITY</b>	<b>INVOLVEMENT</b>
<b>adding value</b>	<b>developing new groups &amp; facilities</b>	<b>developing community networks</b>	<b>building community capacity</b>
<ul style="list-style-type: none"> <li>• link worker signposts groups to wider initiatives &amp; resources <i>ME</i></li> <li>• support activities in a number of community centres <i>A4L</i></li> <li>• bring together large number of separate community groups &amp; centres to network &amp; focus on health <i>FGF</i></li> </ul>	<ul style="list-style-type: none"> <li>• visitors centre used as new community resource <i>JP</i></li> <li>• established families forums to put concerns to prison governor <i>JP</i></li> <li>• set up new self help groups &amp; helped with funding bids <i>A4L</i></li> <li>• new community radio station spreads healthy messages <i>FGF</i></li> </ul>	<ul style="list-style-type: none"> <li>• service users forum <i>ME</i></li> <li>• community cohesion subgroup <i>HA</i></li> <li>• act as voluntary sector network as none other exists in area <i>WL</i></li> </ul>	<ul style="list-style-type: none"> <li>• produced pack &amp; guidance on how to get involved <i>ME</i></li> <li>• focal point for community to respond to events of July05 <i>HA</i></li> <li>• secured ERDF bid for New Wortley Development Board <i>WL</i></li> <li>• provide training in community development <i>HL</i></li> </ul>

		<b>PARTNERSHIP</b>	<b>DEVELOPMENT</b>
<b>developing HLC</b>	<b>developing other partnerships</b>	<b>supporting partnerships</b>	<b>linking organisations with communities</b>
<ul style="list-style-type: none"> <li>• steering group comprises all BME members &amp; PCT <i>ME</i></li> <li>• work with partner agencies to</li> </ul>	<ul style="list-style-type: none"> <li>• uniquely brings together 4 sectors; prison, health, Leeds Council, residents associations</li> </ul>	<ul style="list-style-type: none"> <li>• new health promoting prisons group with 3 way focus on prisoners, staff, families <i>JP</i></li> </ul>	<ul style="list-style-type: none"> <li>• enabled community participation in health &amp; environmental projects <i>WL</i></li> <li>• residents move</li> </ul>

<sup>4</sup> Key for tables on community involvement and partnership development: *A4L* is Active 4 Life; *FGF* is Feel Good Factor; *HA* is Hamara; *HL* is Healthy Living; *JP* is the Jigsaw Project; *ME* is Memho; and *WL* is the West Leeds healthy living network.

<p>deliver joint services <i>HA</i></p> <ul style="list-style-type: none"> <li>• annual consultation with users to draw up next year's programme <i>HL</i></li> <li>• new Partnership Forum for networking &amp; developing HLC work <i>HL</i></li> </ul>	<p>e.g. through Community Safety event <i>JP</i></p> <ul style="list-style-type: none"> <li>• exploring working together with Parents Resource Centre <i>HA</i></li> <li>• new environmental network <i>WL</i></li> <li>• new district health &amp; social care partnership <i>FGF</i></li> </ul>	<ul style="list-style-type: none"> <li>• key member of faith partnership of 2 churches, 1 mosque, 4 voluntary groups <i>HA</i></li> <li>• key player in district &amp; city wide partnerships e.g. Area Partnership Board; Leeds Health Forum <i>WL</i></li> </ul>	<p>on to involvement with other organisations <i>HL</i></p> <ul style="list-style-type: none"> <li>• set up new Health Network to bring groups &amp; organisations together <i>A4L</i></li> <li>• linked NHS consultant with African Caribbean communities re: spreading information on glaucoma <i>FGF</i></li> </ul>
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### 3.2 Ways of Working: What Works and Why

The seven HLCs in Leeds share a number of approaches which work in terms of targeting the most disadvantaged groups in their area, and engaging priority 'hard to reach' groups in healthy activities in ways that are most appropriate to those groups. At the same time they have all been successful in drawing in local agencies to form partnerships, which are effective in supporting these new activities. Examples of both of these processes are given in the section above.

In addition, key to these successes are a number of supporting systems developed by the projects:

- *Evaluation* was built into HLCs from the beginning. This is supported by a budget. It includes ongoing monitoring and evaluation of individual project activities and events, as well as evaluating the effectiveness of the project overall. Some evaluation is carried out internally, while some involves an external, independent evaluator. It has helped to ensure a planned, evidence based approach to project development.

For example, *Active 4 Life* has monitored individual activities and initiatives from the beginning, and then brought in an external evaluator to evaluate and inform the final three years of its work. In this process both internal and external evaluations were brought together to inform each other and the project's ongoing programme of work. This has proved a key vehicle for informing stakeholders of the outcomes of the work of the HLC.

Also the *Healthy Living Project* in East Leeds commissioned an external evaluation in the third year of its life. This evaluation found that the project has met many of its short, medium and long term outcomes and has built good networks with local people and agencies. It is responsive to the local population and it consults appropriately. The evaluation argued that the core purpose of the HLC, of achieving sustainable change in individuals and communities, needs to be brought explicitly into all its work, through enabling participants to make a step change to take the impact of a particular HLC activity into the rest of their lives. This recommendation has now been taken forward.

- All HLCs work through *partner organisations*. Sometimes this is about supporting and/or resourcing activities which are provided by other organisations, or provided at their premises. Sometimes this involves the HLC in directly providing a service themselves, but with the support of a partner body. It has helped to ensure that successes and lessons learnt are cascaded through and embedded within a variety of local organisations.

For example, *MEMHO* explicitly focuses on delivering improvements in BME mental health by funding small groups and agencies, who then become partners, to deliver services appropriate to their particular BME community. Each group is given the same funding of £6k to develop and provide an activity, so that equality is encouraged between groups. They also then become members of the HLC steering group, and so involved in activities which strengthen their capacity to develop, with support from the HLC Link Worker. In this way smaller BME groups are given a place and a voice; barriers are broken down between individual communities; and groups are strengthened to improve their work.

- All HLCs facilitate *networking* between community groups and with statutory and voluntary organisations. This is a planned and structured approach which results in shared information, decisions to provide joint services or activities, and new creative approaches to meeting health and wellbeing needs. The HLCs also network between themselves via the seven coordinators.

For example, the *Jigsaw Project* uses an explicit, planned and structured approach to network development so that their work impacts on life inside the prison (bringing the outside in, through providing health facilities for prisoners and staff) as well as better relationships with both prisoners and families (bringing the inside out, through support to families). Health and wellbeing is the focus of the work with all four groups (prisoners, staff, families, neighbourhood) and this provides an equality which breaks down barriers to access.

- A *holistic approach to health* is followed by all HLCs. This allows them the flexibility to act on the broader determinants of health as well as on health and health care services



For example, *West Leeds Healthy Living Network* began by targeting the general population of the area, and thus built credibility and trust with the community. It has worked to develop local community venues, and supported groups to use volunteers. It was then able to focus down on health, always stressing the social connections of activities. People may come to a walking group for the social support it provides to tackle isolation, but because of the nature of the activity on offer, it also increases the amount of regular physical exercise participants carry out.

Also the *Hamara Centre* was funded by NOF, as well as Neighbourhood Renewal, SRB, Leeds City Council and a number of charitable trusts, as a new, bold community resource. It acts as a centre where a holistic range of services are provided, which tackle the barriers of language, access, cultural and religious sensitivity, and ensure a broad takeup of services. Some of these are explicitly health focused, such as the CHD sessions which are supported by the PCT; but others are wider, such as the training courses in employment skills.

- The Leeds HLCs work within a *strategic framework* which utilises community and organisation development approaches. This allows them to focus on work which influences mainstream organisations, as well as work which impacts directly on individuals and communities themselves.

For example, the *Feel Good Factor* sets up a working group for each strand of its work, which brings partners together to develop a needed initiative; the mobile crèche was created in this way by bringing together the college, surestart and local women. It has prioritised participation in the healthy activities it runs by the most excluded and thus built up trust with those groups. They used this relationship to link African Caribbean people with an NHS glaucoma consultant, to disseminate health promoting and prevention information on this theme.

Appendix III contains seven case studies as examples of best practice within each HLC. They describe what works and why in great detail. They are:

Active 4 Life	<i>Sahara Women's Refuge</i>
Feel Good Factor	<i>Fit and Fab Weight Management Programme</i>
Healthy Living	<i>Working with Over 60s</i>
Jigsaw	<i>Individual Support Across Traditional Boundaries</i>
West Leeds HLN	<i>Community Health Educators</i>
MEMHO	<i>Service Users Forum</i>
Hamara	<i>South Asian Community Based Cardiac Rehabilitation Service</i>

### 3.3 Impact on Inequalities <sup>5</sup>

The work of the seven HLCs has been especially strong in tackling inequalities. Their original focus was on tackling *health inequalities*. This has been achieved by a three pronged approach:

- *reaching* the most excluded groups, with the poorest health, in their areas, especially from the BME communities
- *involving* those people in activities which are health enhancing
- forming relationships with local statutory and voluntary *partners* to support and provide services for groups previously excluded.

In this way the HLCs have successfully tackled many of the *risk factors* that impinge on health and wellbeing, especially those connected with physical exercise, food and diet, and mental wellbeing. They also provide information and support to help people *choose health*.

In doing so, HLCs have also served to tackle wider inequalities which are themselves *determinants of health*, such as education, community safety, employment, liveability and involvement in public life.

The following table gives a few examples of the different groups reached, and the initiatives resourced to tackle inequalities, by each of the HLCs

<b>Jigsaw Project</b>	<b>MEMHO</b>	<b>Hamara Centre</b>	<b>West Leeds</b>
<ul style="list-style-type: none"> <li>• Prisoners e.g. drugs &amp; alcohol work which reduced reoffending</li> <li>• Prison staff e.g. stress reducing sessions</li> <li>• Families e.g. money/benefit advice, access to children's health services</li> <li>• Local young people – youth club sessions</li> </ul>	<ul style="list-style-type: none"> <li>• African women asylum seekers, blind Asian, elderly African Caribbean, Chinese community (&amp; others) e.g. walking, homeopathy</li> <li>• Raise expectations about what is possible re: choosing health</li> </ul>	<ul style="list-style-type: none"> <li>• South Asian communities e.g. CHD prevention, rehabilitation, tackling obesity</li> <li>• Isolated elderly BME communities e.g. aerobics, tai chi</li> <li>• Young people e.g. after school clubs, youth access point, training in employability skills</li> </ul>	<ul style="list-style-type: none"> <li>• Travellers, refugees, asylum seekers, gypsies</li> <li>• Community health educators spreading healthy messages to peers</li> <li>• Identifying &amp; supporting people from deprived estates who want to make a difference</li> </ul>
<b>Feel Good Factor</b>	<b>Healthy Living</b>	<b>Active 4 Life</b>	
<ul style="list-style-type: none"> <li>• South Asian men &amp; women, Vietnamese community,</li> </ul>	<ul style="list-style-type: none"> <li>• Over 60s – exercise, trips, socialising</li> <li>• Target those not</li> </ul>	<ul style="list-style-type: none"> <li>• Parents e.g. craft classes, stress management, acupressure</li> </ul>	

<sup>5</sup> For detailed information on outcomes for each of the HLCs, see the case studies described in Appendix III of this report, and the individual evaluation reports from each project.

<p>African Caribbean groups, young people (&amp; others)</p> <ul style="list-style-type: none"> <li>• Activities which help to prevent &amp; manage heart disease, stroke, diabetes e.g. smoking cessation 1:1 sessions</li> </ul>	<p>yet involved</p> <ul style="list-style-type: none"> <li>• Impact on risk factors e.g. involvement in physical exercise has boosted confidence &amp; lead to stop smoking classes; also tackle social isolation &amp; mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Children e.g. school cooking clubs</li> <li>• Older people e.g. walking groups &amp; leaders training course</li> <li>• Women's refuge e.g. meditation, reflexology, massage</li> </ul>	
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### 3.4 Capacity for Sustainability

All seven HLCs are currently and individually considering this issue, and developing forward strategies. This is in respect of mainstreaming current work, as well as looking towards new resources for developing the work once Big Lottery funding ceases.

A number of *common issues* connected with sustainability have emerged in this process:

- The *individual evaluations* of each of the HLCs are/will be useful tools in highlighting which aspects of the work of the HLCs are key to delivering current and future priorities for health and wellbeing for Leeds
- The capacity of each HLC for drawing in *other funding and resources in kind* since 2002, which is considerable, is a key factor in considering future support and ensuring this additional support for these initiatives is not lost
- *Strategically* the focus of the debate lies within the priorities of the Leeds Initiative as a whole, and the Healthy Leeds Partnership in particular. Yet structural linkage between the HLCs and city wide policy arenas is currently poor
- The five district *PCTs*, and the planned single city wide PCT are leading partners in this debate, because of the focus on health. They are strong supporters of all HLCs, giving some funding as well as partnership, strategic and operational support. This relationship needs to be continued after the forthcoming amalgamation into one city wide PCT.
- The five *district partnerships*, and the local authority which leads these partnerships, are potential key players in this discussion, because of the broader district wide implications concerning neighbourhood renewal, regeneration, community capacity building and infrastructure, and the wider

determinants of health. These partnerships are new so linkage with them needs to be strengthened.

- The *voluntary sector* at both local and city wide levels are key players across the board. This presents some problems. The HLCs are positioned within this sector yet they could, more accurately, be seen as voluntary/statutory partnerships in themselves, crossing both sectors. A positioning which is solely within the voluntary sector is problematic as this sector has a much bigger agenda than health, and so the specific issues developing from the work of the HLCs cannot get adequately represented or tackled here.
- Other key players are particular to each HLC. For example, discussions about the sustainability of the work of the *Jigsaw Project* are also taking place with the prison and with the new National Offender Management Service
- Some HLCs are working towards *independence* as an organisation, while others may stay within an existing *lead organisation*
- There is a debate concerning the *city wide versus neighbourhood* focus of HLCs. Some of the district based HLCs are considering taking on some city wide functions. There is also an argument for seeing the whole of inner city Leeds as one catchment area, as the wards within it are the most deprived across Leeds.
- The seven HLCs have focused on both health improvement and wellbeing, as well as on building community capacity and infrastructure. They have found that, in order to tackle health issues faced by the most deprived groups, they have had to carry out work, and resource activities, under both of these strands. This *dual approach* does not necessarily sit easily within current funding streams as they are played out across Leeds. This issue needs to be tackled within a strategy for sustainability

Each HLC is tackling these issues in ways appropriate to its current structure and the infrastructure of support in its area. For example:

The *Jigsaw Project* is now an integral part of the Armley Prison Visitors Centre, which is in the process of setting up as an charitable company limited by guarantee. It recognises that it is meeting key agendas around health, preventing reoffending, prison obligations to families, and local youth provision. It is meeting these agendas through joining up all four sectors, which gives added value to the achievements of each; yet no one agency is responsible for all. They feel they must address this in their forward strategy.

*MEMHO* has set up a working group to look at strategic planning and sustainability. While they are working intensively with their small BME partners to develop the capacity of those groups to be sustainable (e.g. helping with funding applications and development work), they feel that many of those BME

communities are not yet strong enough to enter into the tendering/commissioning processes themselves. They see a need to continue their work and feel they must represent themselves more strongly with their PCT and link into other partnerships, such as the Learning Disabilities Partnership Board.

The *Hamara Centre* is developing a new three year Business Plan with its Board of Trustees. This will focus on three areas of work: health and wellbeing (linked to the Choosing Health agenda), older people, and young people (linked to the Every Child Matters agenda). It is interested in being commissioned to provide services within these three areas. It will also work on developing its internal infrastructure so it is not so dependant on the Director. It is exploring the possibility of operating beyond its current catchment area, at least for some services, and developing a trading arm as a social enterprise.

The work of the *West Leeds Healthy Living Network* is included in the local health plan of the West Leeds PCT, and in the Strategy for Success for West Leeds District. It wants to become more involved in service delivery for the NHS (e.g. expanding the Community Health Educators initiative to city wide) and to target services at priority groups. It also wants to keep its broad community development approach, and to link more strongly to the new West Leeds District Partnership to support its community capacity building work. Its board is currently preparing a forward strategy which it will put to the PCT and local authority . It feels strongly that the HLC needs stability to continue in order to deliver lasting change in health inequalities within 10-15 years.

The steering group of the *Feel Good Factor* is working towards independence from Unity Housing by June 2006. It wants to market its work in appropriate ways, illustrating where it sits within the bigger policy agenda. It wants to continue to provide appropriate services and is also considering social enterprise. It has a good profile with the PCT which supports its work and acknowledges its achievements in reducing health inequalities and delivering health improvement. It needs to raise its profile with the new North East Leeds District Partnership. It wants to keep the balance between the involvement of statutory partners, and its local community identity, and feels this must be explained within a forward strategy

*Healthy Living* is currently discussing its future, and looking for facilitation to explore this further. Currently it feels it would like to be funded in the future by a mixture of grant funding and commissioning by the statutory sector. Given the fragility of community groups in the area, it feels there must be a strong voluntary sector voice in the area. It is considering a possible merger between three initiatives in East Leeds – Healthy Living, East Leeds Health For all, and Ebor Health Matters.

The steering group of *Active 4 Life* has a subgroup working on its forward strategy. It has just lost one of its three key partners in the area, as the local

future of the Family Service Unit is uncertain. It is exploring other partners for its work on 'healthy families' which provide opportunities for clearer strategic links to the Every Child Matters agenda, and structural links to the developing Children's Trust. It sees part of its future in being commissioned to undertake work for the PCT which delivers parts of the Choosing Health agenda. It feels it must get better at publicising what it does, what it achieves and how it achieves it. These themes will be pursued through its ongoing evaluation.

## 4. CONCLUSIONS

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### 4.1 Added Value of Projects

All seven HLCs operate as partnerships between individual organisations and groups. What is the added value of their work; what is achieved which would not be achieved by those organisations acting alone, or without the HLC?

- The HLCs give added value to the *work of the PCTs* in tackling health inequalities. The HLCs provide access to priority hard to reach groups, and innovations in ways of involving those groups in health promoting activities. They provide a small but capable workforce with community development backgrounds. The PCTs provide public health and service development expertise. Working together, they can develop new, and use existing, models of good practice in tackling health inequalities

*For example* they have influenced the food strategy for Leeds. They have provided a strategic community development input into discussions on service issues for health and social care.

- The HLCs add the value of a *focus on health and wellbeing* to the community involvement work carried out by groups and organisations in their area, and city wide. These groups already engage some people in a range of activities. The HLC provides a health dimension to their work, and also builds their capacity to deliver health promotion and health services.

*For example* they introduce health services (such as the Womens Therapy and Counselling Service) to groups who have no history of access to those type of services (such as Dosti, the Asian women's group)

- The HLCs develop the *capacity of local organisations* to act more effectively and to network with each other to deliver a stronger community infrastructure for change. This gives added value to existing work, making groups stronger and more sustainable, so that they can respond to local challenges more effectively. This impacts on such priorities as community cohesion, educational attainment, community safety, liveability and employability, which in turn are determinants of improved health.

*For example* they have supported the district partnerships to operate more effectively by facilitating a district wide voluntary and community sector network, or a health network to feed into those district partnerships. HLCs who operate from a single centre provide a single point of access for a range of services and support

This evaluation has identified issues which need to be tackled in order for this added value to continue to be realised. HLCs are flexible and can respond quickly to community needs, which helps to maintain the trust and involvement of the community in their activities. PCTs and local authorities must follow a government agenda, albeit allied to local priorities, and are more inflexible in how they respond to local challenges. In order to safeguard the sustainability of this added value, these different organisational cultures need to be reconciled within a resourcing/commissioning/funding context.

#### **4.2 Strategic Opportunities**

These opportunities lie within:

- the *priorities* set within local policy agendas, particularly in relation to tackling inequalities, choosing health, regeneration and neighbourhood renewal
- the *structures* set up to deliver those priorities
- use of *advocacy* to build a recognition of the place of HLCs in seizing those opportunities.

##### Local Policy Agendas

Health policy for Leeds is influenced by a number of government policies, allied to local priorities. While just a few are referenced here, as being the most central to the mission of HLCs, others include the same requirements, albeit linked to different themes. For example the 'Every Child Matters' agenda, and the regeneration agenda, all insist on partnership development, community involvement, tackling inequalities especially in provision and access, and joined up thinking and delivery.

The aim of the government's action programme on *tackling health inequalities*, is to reduce inequalities in health outcomes by 2010 by 10% as measured by infant mortality and life expectancy at birth. It is a national Public Service Agreement for both the health service and local government.

The programme of action designed to achieve that target is based on four themes:

- Supporting families, mothers and children
- Engaging individuals and communities
- Prevention of illness and treatment and care
- Addressing the underlying determinants of health

As part of the programme for action, government gave a commitment to deliver services for hard to reach groups through 257 healthy living centres clustered around areas of deprivation. Leeds HLCs deliver activities and initiatives which impact directly on each of these themes. They also provide examples of operationalising at least two of the five discrete principles which should guide how health inequalities are tackled in practice:

- Targeting specific interventions through new ways of meeting need, particularly in areas resistant to change
- Delivering at a local level and meeting national standards through diversity of provision

The programme of action gave the lead locally to PCTs in driving forward health inequalities work with a range of partners, while for local authorities tackling health inequalities has become a priority.

This programme was taken further forward in the more recent government publication '*Choosing Health*<sup>6</sup>. This sets out 'how government will work to provide more of the opportunities, support and information people want to enable them to choose health. It aims to inform and encourage people as individuals, and to help shape the commercial and cultural environment we live in so that it is easier to choose a healthy lifestyle.'

It reiterates the commitment to tackling health inequalities described above, and it is clear to see how Healthy Living Centres make a direct contribution to this agenda by supporting disadvantaged people, in disadvantaged neighbourhoods, to make healthy choices in the communities where they live. They develop and support local partnerships to make health everybody's business.. They have developed new approaches which have worked to engage and support local people around health improvement.

Another key theme of this publication is local communities leading for health. It aims to 'maximise the positive impact of the local community setting with measures that include:

- investment and new initiatives in disadvantaged and deprived communities
- promoting partnership between the public and voluntary sectors with business to develop national and local champions for health and extend opportunities for people to take up healthy lifestyles in local communities.

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<sup>6</sup> 'Choosing Health: making healthier choices easier', Department of Health, 2004



HLCs have a clear role to play here, and can illustrate how they are helping to develop ‘well ordered and stable communities, with good access to services, clear leadership, cohesion and strong partnerships between local government, business, the voluntary sector, health services and community organisations, to provide an environment that helps people make healthy choices’. They are also examples of voluntary organisations which are ‘much better than the statutory sector at engaging with groups of people who face most difficulties or who do not access traditional sources of advice on health’. They have ‘increased opportunities for healthy choices’ through the initiatives and activities they have set up. They have helped to ‘deliver equity by targeting groups and areas with the worst health outcomes’.

The government’s strategy on *neighbourhood renewal* reiterates these themes. This requires local strategic partnerships to demonstrate how they are narrowing the gap between the most disadvantaged neighbourhoods and groups and the rest within their area, in terms of health, educational attainment, employment, crime and community safety, and liveability.

The local strategic partnership for Leeds has developed a strategy for health and wellbeing which is consistent with national strategies on tackling health inequalities and on choosing health. The Leeds strategy has a vision that ‘Leeds will be a healthy city for everyone who lives, visits or works here, promoting fulfilling and productive lives for all. We will reduce inequalities in health between different parts of the city, between different groups of people and between Leeds and the rest of the country.’<sup>7</sup>

There are a number of ways in which the approach adopted and developed by the HLCs closely reflects the focus and priorities described within this strategy. For example, in clarifying the local connection between health and wellbeing, the strategy notes that:

‘the health and wellbeing of communities and individuals depends on a complex interplay of social, economic, environmental, psychological, biological, cultural and spiritual factors. Health contributes to wellbeing by enabling us to make the most of our lives, at home, at work and at play. It affects the opportunities available to us, our income, social life, comfort and happiness. So we need to take direct action to improve health, prevent ill-health and to provide care and treatment for those who need it at the time they need it.’<sup>8</sup>

The stated aim of all healthy living centres in Leeds is to improve, and impact on, both the health and the wellbeing of its local residents. In this connection the HLCs have developed work which has impacted directly on all five priorities of the health and wellbeing strategy. For example:

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<sup>7</sup> ‘Framework for Action’, Healthy Leeds Partnership, February 2005

<sup>8</sup> *ibid*

- *Priority 1: make sure that social, economic and environmental conditions promote a healthy, positive and sustainable society* – HLCs work to address poverty and housing issues, such as providing welfare rights advice and home heating improvements to priority groups
- *Priority 2: protect people’s health, support people to stay healthy and promote equal chances of good health* – HLCs work to promote health in ways appropriate to different groups, such as physical activity groups for elderly Asian men
- *Priority 3: provide high quality, sustainable and accessible services for those who need them and when they need them at home, in treatment centres or in hospitals* – HLCs work to promote access to health and social care services for disengaged groups, such as access to mainstream services by prisoners and their families
- *Priority 4: make sure that everyone can play as full a part in society as they want by reducing barriers which prevent people from being involved in everyday life* – HLCs work to make it as easy as possible for people to become involved in their local community, such as work on community capacity building and training with priority groups
- *Priority 5: establish effective partnership working to improve health and wellbeing in Leeds* – HLCs work to involve community and service user groups in partnerships, such as service users forum established by MEMHO

These HLC initiatives and activities have added value to mainstream work on tackling health inequalities. They impact particularly on the ‘narrowing the gap’ stream of Leeds Initiative, especially regarding the ‘differential takeup of preventive measures’ and carrying out the ‘community development and capacity building’ without which ‘our priorities cannot be delivered’. HLCs also contribute directly to tackling the ‘main problems’ outlined in the health strategy, including poverty, poor housing conditions, drug and alcohol misuse, lack of physical activity and poor nutrition, sexual ill-health and unequal access to services and opportunities.

### Strategic Structures

The *Healthy Leeds Partnership* is the partnership tasked with delivering the priorities of the Leeds Initiative strategy for health and wellbeing described above.

Each of the five *District Partnerships* are tasked with developing a local plan which will deliver these priorities at local level. However these district partnerships are new, and the relationship between their plans and the overarching strategy for health and wellbeing needs to be pursued further.

Currently access to the appropriate district partnership varies with each HLC, while access to the Healthy Leeds Partnership is dependant on their relationship with the voluntary sector health forum.

It is unclear how the HLCs will influence and help to deliver the developing priorities of the *Local Area Agreement*, currently being negotiated with the Government Office.

### **4.3 Proposals for Ways Forward**

#### Short Term

1. Promote the delivery achievements of each HLC with their local/district or city wide stakeholders. This should include the PCT, local authority (particularly linking to the Health and Wellbeing workstream within its Corporate Plan) and other key players
2. Promote the delivery achievements of the HLCs as a whole with key city wide structures, including the Healthy Leeds Partnership and Voice
3. Build on these promotions to begin a dialogue with key PCT, local authority and partnership bodies concerning the future role of HLCs
4. Ensure the delivery achievements of the HLCs are included in discussions on developing the LAA

#### Medium Term

5. Develop a plan with the Healthy Leeds Partnership and District Partnerships which ensures the sustainability of the work of the HLCs in the context of meeting the priorities of Leeds Initiative. This plan should include:
  - a. Community capacity building work as well as health and health promotion services
  - b. A 'mixed bag' of mainstreaming aspects of the work, commissioning services, developing social enterprises and grant aid.
  - c. City wide as well as district functions, which may involve some mergers
  - d. A mechanism for strategic coordination of the work across the city
6. Ensure that business planning expertise is available to all HLCs in developing their plans for the future

### **4.4 Next Steps**

A workshop was held at the Hamara Centre on 7<sup>th</sup> December with HLC representatives and some of the key stakeholders from statutory organisations, to present and discuss the evaluation report. The proposals for ways forward described above were accepted. In addition the following points were made:

- Health inequalities persist within certain population groups as well as within certain neighbourhoods, and so a 'healthy living approach' to tackling health inequalities is appropriate for the whole of Leeds
- The PCTs and local authority can work with individual HLCs to assess the qualitative impact of their work on key targets
- While it is important that the HLCs influence the work and priorities of Leeds Initiative as a whole, via the Healthy Leeds Partnership, it is also important that PCTs and the local authority develop mechanisms (or use existing mechanisms) for the HLCs to link formally and strategically with them
- HLCs can play an important role within a mixed provider approach to the delivery of health and wellbeing services, with their innovatory approaches and focus on delivery of health and wellbeing outcomes
- A dialogue is developing about joint strategic commissioning between the PCTs and the local authority; the HLCs need to be involved in this from the beginning
- Leeds Initiative have appointed a new Health Programme Manager whose brief includes community involvement and linkage between the Initiative and the voluntary and community sector. This post can help provide the strategic coordination for HLCs which had been lost with the demise of the HAZ.

## **ANNEXE I: MATERIAL STUDIED**

### **The Jigsaw Project**

- Armley Prison Visitors' Centre Annual Report 2004 – 5
- The Jigsaw Project Newsletters
- Second Stage Application to NOF
- Annual Monitoring Report to NOF 2003/4 and 2004/5
- Evaluation of Alcohol Awareness Programme 2005
- Draft Version of Strategic Plan 2005-10 for Armley Prison Visitors' Centre

### **West Leeds Healthy Living Network**

- Network News Summer 2005
- Annual Report 2003-2004
- NOF Report 2004
- Annual Monitoring Report 2003-4
- Draft Evaluation Report 2005

### **Feel Good Factor**

- Newsletters
- Annual Monitoring Report 2003-4 & 2004-5
- Business Plan August 2001
- Unity Housing Annual Report 2004
- Menu of Activities 2004-5

### **Hamara**

- Draft Business Plan 2005
- Annual Report 2004
- Needs Analysis Report 2002

### **Healthy Living**

- Annual Newsletter September 2004
- Business Plan September 2001
- Evaluation Report July 2005
- Annual Monitoring Report 2002/3 & 2003/4

### **Active 4 Life**

- Evaluation Report 2004-5, April 2005
- Documents associated with Evaluation Report
- Annual Monitoring Report Healthy Living Centres Programme 2004/5

### **Policy Reports**

- Choosing Health: making healthier choices easier, Department of Health, 2004
- Tackling Health Inequalities: a programme for action, Department of Health, 2003 *and* Status Report, 2005

- Health and Wellbeing: Framework for Action, Leeds Health Partnership, 2005

## **ANNEXE II: EVALUATION PARTICIPANTS**

### **Project Interviews**

#### Memho

Rachel McCluskey, North West PCT  
 Anita Chan, MEMHO Coordinator  
 Alison Lowe, Director Touchstone  
 Kate Gimlett, East Leeds PCT  
 Awtar Sagoo, People In Action  
 Yimin Chen, Leeds Chinese Community Association  
 Ann Rodriguez, Hamara Centre

#### West Leeds Healthy Living Network

Bernadette Murphy, Coordinator  
 Mark Law, Chair and Non-Executive Director of West Leeds PCT  
 Steve Crocker, West Leeds Area Manager, Leeds City Council

#### Feel Good Factor

Beverley Weekes, Chair  
 John Coleman, Social Services Area manager  
 Andy Taylor, Unity Housing Association  
 Pia Bruhn, North East Leeds PCT  
 Rifhat malik, Leeds Health Focus  
 Ray Duffell, North East Leeds PCT  
 Corrina Lawrence, Coordinator  
 Kevin Spencer, New World Steel Orchestra

#### Healthy Living

Anna Frearson, East Leeds PCT  
 Michelle Anderson, East Leeds Neighbourhood Team, Leeds City Council  
 Sue Balcomb, East Leeds Health For All  
 Mags Shevlin, Coordinator

#### Hamara Healthy Living Centre

Hanif Malik, Director  
 Mark Hannigan, South Leeds PCT  
 John Bracewell, Neighbourhood Renewal Team, Leeds City Council

#### Jigsaw Project

Susie Griley, Coordinator  
 Ian Blakeman, Governor HMP Leeds  
 Carole Clark, West Leeds Area Management Team, Leeds City Council

Howard Mills, Regional Commissioning Manager, Probation Service  
Jon Fear, West Leeds PCT

Active 4 Life

Julia Upson, Coordinator  
Penny Bainbridge, Cardigan Centre  
Ian Cameron, Leeds North West PCT  
Nicola Thompson, Leeds North West PCT

**City Wide Interviews**

Christine Burnett, Policy Director for Health Improvement, Leeds Initiative  
Lisa Parkin, Participation Manager, Voice  
Adrian Booth, Director Policy and Planning, Leeds PCTs  
Greg Fell, Public Health Programme Manager, North West PCT  
Liam Murphy, Chief Regeneration Officer, Leeds City Council  
Liam Hughes, Chief Executive, East Leeds PCT  
John England, Deputy Director of Social Services, Leeds City Council

**ANNEXE III: CASE STUDIES**

These case studies have been prepared by each Healthy Living Centre

	<i>Sahara Women’s Health and Relaxation Project: Active 4 Life</i>
Rationale	<p>Active 4 Life’s core principle is to work alongside disadvantaged ‘invisible’ communities who are on the periphery of mainstream service. This project was designed to meet at least two of Active 4 Life’s objectives i.e.</p> <ul style="list-style-type: none"> <li>• To identify problems related to health and social care concerns, building on broad issues identified so far, which include: food, drug misuse, mental health, poor quality environment and unsupported families.</li> <li>• To set up programmes of health improving activities such as physical activity and stress reducing activities.</li> </ul> <p>The project found that women who have experienced domestic violence are more likely to have poor health, chronic pain problems, depression, addictions, difficulties in pregnancy and have attempted suicide than women who have not experienced such violence. They also found that violence debilitates women and girls, physically, psychologically and socially, sometimes with lifelong results. This can be compounded by racism as experiences of racism can have a powerful effect in deterring people from seeking help from services about which they have low expectation. An understanding of the impact of domestic violence on the mental and physical health of women was of the utmost importance.</p>
Process	<p>After an introductory meeting with residents and workers, the Active 4 Life development worker consulted them about complimentary therapies and agreed to provide five sessions as well as a taster on physical exercise.</p>

Content	The five relaxation sessions covered meditation, massage, reflexology, nail manicure, and facials, The exercise class focused on awareness and understanding of basic posture and body alignment using static positions, breathing exercises and creative visualisation. The breathing, with the combination of isometric contractions (non-moving), worked to raise the pulse and warm and maintain the appropriate body temperatures.
Results	<p>The project had a positive impact on all those involved. The women were able to develop social connections, friendships, and explore the possibilities of increased community participation.</p> <p><b>Individual outcomes</b></p> <ul style="list-style-type: none"> <li>• Four of the women whom attended the course stated that the course had improved their health</li> <li>• Two people said that they had met new people and made new friends</li> <li>• Participants felt they learnt how to relax and understand their bodies and its needs</li> <li>• All of the women hoped that their physical activity would increase as a result of the taster session</li> </ul> <p><b>Future activity</b></p> <ul style="list-style-type: none"> <li>• All requested more sessions on physical activities</li> <li>• Some requested sessions on self esteem and confidence building; or mental health and wellbeing; or stress management; or a women's group.</li> </ul> <p><b>Community involvement</b></p> <ul style="list-style-type: none"> <li>• Since the sessions several of the women have become more involved in the community.</li> <li>• Two women have since been for assessments/ or made enquiries for counselling services</li> <li>• Several women were involved in setting up a women's group.</li> <li>• Two of the women have accessed our recent Eating for Improved Health and well being programme and are set to go on some walks we have planned.</li> <li>• One lady has accessed our swimming programme</li> <li>• One lady said she is looking to get back into work and enquired about volunteering opportunities, she was also involved in making decisions about grant applications, administered by the Cardigan centre, (The healthy living grants).</li> </ul>

	<i>Individual support across traditional boundaries: Jigsaw Project</i>
Rationale	<p>The fundamental principle of the Jigsaw Project is to work with all parts of the prison community – prisoners and their families, prison staff and the local community - to address health inequalities.</p> <p>Research shows that up to 80% of prisoners are illiterate, approximately 70% are using drugs before imprisonment, almost half have complex mental health disorders, and half do not have a GP. Financial exclusion affects families of prisoners whilst a parent is imprisoned, along with distress, isolation and the need to make ends meet. An estimated 125,000 children in the UK have a parent in prison.</p> <p>By providing services to local residents and prison staff, who also have particular</p>



	health needs, the Jigsaw Project extends the principle of treating each person accessing its services equally and with decency and respect.
Process	The Visitors' Centre provides information, advice and support to families visiting HMP Leeds. The Jigsaw Project runs a range of services that work inside the prison and from the Visitors' Centre. Complex cases are dealt with through sound partnerships with the prison and in the community.
Content	<p>Jane lives in West Leeds with her 4 year old son. She came into the Visitors' Centre in a state of shock about her husband's sentence for drink driving, which was unexpected. She was frantic about her husband's state of mind and what he might do to himself in prison. She had not had any contact with her husband and this was her first visit.</p> <p>A family support worker spent time listening to Jane and identifying ways in which she could be supported. Jane had just been made redundant and the mortgage and debts were in her husband's name. As she could not have direct contact with her husband, she was at a loss how to progress.</p>
Results	<ul style="list-style-type: none"> <li>• Jane received support and a listening ear to move her through her initial shock</li> <li>• Jane was referred to the CAB worker, who provided advice about what benefits Jane could claim, and options if she returned to work</li> <li>• With the co-operation of wing officers, the CAB worker met with Jane's husband and arranged for him to take on sole liability for the debts, releasing Jane of any responsibility</li> <li>• A long standing insurance claim that had not progressed in several years was resolved through liaison with Jane and her husband, and a final payout was made. This enabled the debts to be sorted and provided money for childcare, so Jane could consider going back to work.</li> <li>• Jane's husband was seen by the family support worker, who referred him to the Leeds Counselling service run through the Jigsaw Project</li> <li>• He also attended the Alcohol Awareness Programme for prisoners. At the end of the course he stated he was determined to become a better role model for his son.</li> <li>• Following her husband's transfer to another prison, Jane came back to the Visitors' Centre to use some of the healthy living services on offer to the local community.</li> </ul>

	<i>Fit and Fab Weight Management Programme: Feel Good Factor</i>
Rationale	<p>Feel Good Factor's (FGF) main aim is to improve the health of people in Chapeltown and Harehills through improved access to opportunities for health living and promotion of physical and mental well being.</p> <p>The Fit and Fab programme was developed in response to a community needs assessment that identified that people wanted more support and help in both achieving sustainable weight loss and become more physically active.</p> <p>This is an area of high social deprivation, where indicators demonstrate high levels of Coronary Heart Disease, Strokes, Diabetes, Cancers and Obesity. It was felt that a programme such as this would go some way in addressing the rising levels of obesity and related risks of diabetes, high blood pressure and CHD in the local community. It also addresses the area of support that have been often overlooked as a major factor in sustaining long term behaviour change, creating</p>

	self esteem and confidence building.
Process	Having taken on board the needs of the community using an evaluation process, several meetings were arranged with partner organisations who would contribute to developing a programme, which would cover the main elements – Healthy Eating , Mental Well Being and Physical Activity. This partnership consisted of FGF, NHS Community Dietician and NHS Mental Health Practitioner.
Content	<p>The Fit and Fab Club consisted of a 2 hour session over 12 weeks which include elements of;</p> <p><b>Healthy Eating</b></p> <ul style="list-style-type: none"> <li>• Information and examples of healthy eating</li> <li>• Benefits of a healthy diet and the introduction of food diaries</li> <li>• Triggers that cause bingeing eating and dealing with cravings</li> <li>• Diary Analysis</li> </ul> <p><b>Physical Activity</b></p> <ul style="list-style-type: none"> <li>• An initial fitness assessment and BMI check for participants</li> <li>• An average of 20 to 30 minutes exercise built into each session</li> <li>• Weighing in sessions</li> <li>• Support in identify a physical programme suitable to the individuals needs.</li> </ul> <p><b>Mental Well Being</b></p> <ul style="list-style-type: none"> <li>• Thoughts and moods</li> <li>• Body Image</li> <li>• Raising Self Esteem</li> </ul>
Results	<p>The project had a positive impact on all those involved.</p> <p><b>Individual outcomes</b></p> <ul style="list-style-type: none"> <li>• A total of nearly 3 stone weight loss</li> <li>• Many expressed greater self esteem and confidence, had made new friends and greater motivation.</li> <li>• One expressed that it helped her to think about what she was eating</li> <li>• All of the women stated that their physical activity had increased as a result</li> </ul> <p><b>Future activity</b></p> <ul style="list-style-type: none"> <li>• Programme reviewed and changes made to ensure a more flexible approach to community involvement and participation.</li> </ul> <p><b>Community involvement</b></p> <ul style="list-style-type: none"> <li>• Since the sessions, two women have asked to be a part of the next programme as motivators.</li> <li>• New programme design to ensure greater accessibility</li> <li>• New programme will allow for continued participation in terms of support.</li> <li>• Many of the women, have become members of FGF and are attending other healthy living activities provided by FGF.</li> </ul>

	<i>South Asian Community Based Cardiac Rehabilitation Service: Hamara</i>
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<p><b>Rationale</b></p>	<p>Prevalence of Coronary Heart Disease and Diabetes is high amongst the South Asian Population. Recent national and local reports <sup>9</sup> state that there is a great deal of primary preventative as well secondary prevention work required to tackle health inequalities. Current services offered at the LGI and St James's were not catering for the needs of the South Asian Communities who experienced many barriers e.g.</p> <ul style="list-style-type: none"> <li>• Language</li> <li>• Lack of culturally/religious appropriate environment especially for female Muslims.</li> <li>• Lack of understanding of the benefits of Cardiac Rehabilitation</li> <li>• Lack of bi-lingual culturally/religiously trained staff</li> </ul> <p>Good models of practice set up around the country showed that community based facilities with appropriately trained bi-lingual staff and culturally trained professionals could work in parallel to target the 'hard to reach' communities living in inner Leeds.</p>
<p><b>Process</b></p>	<p>The Lead Cardiac Nurse Specialist approached Hamara to establish the first South Asian Community Cardiac Rehabilitation Service, with the support Leeds Health Focus, who had considerable experience delivering primary preventative work around CHD and diabetes. A lot of planning took place in order to establish the appropriate personnel, the training/qualifications needed to skill up staff to deliver the service, and the content of the cardiac rehab sessions.</p>
<p><b>Content</b></p>	<p>Twice weekly sessions are run at Hamara for six weeks. The patients are referred by the Cardiac Rehab Nurse who visits the patient once they have been discharged from the hospital which is phase 2. The Cardiac Nurse assesses and refers the patient onto the programme which is phase 3.</p> <p>The sessions are delivered by a BACR trained fitness professionals, Cardiac Nurse and our bi-lingual trained, male and female Health Development Workers (HDW) staff. Together they offer the following sessions:</p> <ol style="list-style-type: none"> <li>1. B.P health check by the nurse who assesses the patient</li> <li>2. Pre-shuttle test delivered by fitness instructor to ascertain the patients level of fitness</li> <li>3. 45 minute low intensity exercise session</li> <li>4. A 15-30 minutes relaxation session</li> <li>5. Educational sessions covering topics such as what is heart disease, medication, healthy eating/cooking, welfare rights, and benefits of exercise.</li> </ol> <p>The sessions are delivered in the relevant languages where necessary e.g. Mirpuri, Urdu. The content of the sessions are discussed to ensure that the information is culturally appropriate, patient/user friendly.</p>
<p><b>Results</b></p>	<p>The programme is a much needed service which takes into account the issues/barriers in accessing mainstream services. The South Asian patients receive support and help in managing their heart disease from culturally/faith sensitive bi-lingual trained staff. This service is a positive step in tackling health inequalities and has been welcomed by patients and their families who strive to deal with family members who suffer from heart disease.</p>

<sup>9</sup> The British Heart Foundation report, Chronic Illness amongst the Pakistani Community by the Nuffield Institute, NSF framework for CHD, the Governments healthy strategy document – 'Choosing Health, the LDP

	<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Five South Asian Male patients have benefited from this service so far.</li> <li>• Patients are more confident in dealing with their heart disease and have overcome fear that they can exercise safely with trained staff.</li> <li>• The service is currently looking to accept patients from other areas of Leeds until a similar service is set up within their own PCT.</li> <li>• The service has been welcomed by other Cardiac Staff across Leeds and the possibilities of expanding the service are in the pipeline.</li> <li>• This service is unique in meeting the cultural, faith and language needs of South Asian patients affected by heart disease.</li> </ul>
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	<i>Working with Over 60s: Healthy Living East Leeds</i>
<b>Rationale</b>	<p>Healthy Living aims to improve the health and well-being of local people in a way which brings about lasting change and sustainability. One of its work themes is “Healthy Choices - Over 60s”, to work with and extend the impact of existing organisations (Burmantofts Senior Action and Richmond Hill Elderly Action) working with older people in the community.</p> <p>The original workplan specified a gardening group for over 60s, with the health objectives of reduced isolation and improved communication; increased physical activity; reduced hospital admissions; improved mobility and reduced stress.</p>
<b>Process</b>	<p>Conversations with older people identified little interest in the gardening group, but an interest in a number of other activities including dancing, which had the potential to meet the same health objectives. Following a number of taster sessions, a line dancing group was set up in Richmond Hill. Extensive publicity through posters, leaflets, RHEA and visits to sheltered housing schemes generated initial interest.</p>
<b>Content</b>	<p>The classes run weekly at the community centre, using qualified line dancing instructors. Their warmth and humorous style, together with the enthusiasm and popularity of the Healthy Living worker are crucial in encouraging people to participate. Social activities, including line dancing parties, day trips and a weekend away, bring line dancers together from across the area. The sessions provide a friendly and relaxed environment with lots of opportunity to socialise as well as dance.</p>
<b>Results</b>	<p>Word of mouth and continued publicity meant that the class became very popular and two further classes started – one for improvers and one in a different part of the area which is separated by a large main road. Following interest from people under 60, and a review of Healthy Living policy about age restrictions on activities, the classes were opened to all.</p> <p><b>Health Outcomes</b></p> <p>The line dancing classes are very popular with between 45 and 60 people dancing every week.</p> <ul style="list-style-type: none"> <li>• 81% of participants say that their health has improved as a result</li> <li>• 92% have made new friends</li> <li>• 98% say they are happier</li> </ul> <p>37% of participants define themselves as having a disability or limiting long-term health condition, including two deaf participants, and a woman with severe ME, who reports that it is the best form of exercise she has tried for regaining fitness. One participant is a walk leader and as a result several of the group now go</p>

	<p>walking together regularly.</p> <p><b>Community Involvement</b>          People from the groups now volunteer to make the refreshments, collect the money, help to organise and fundraise for trips. Individuals have gone on to participate in and volunteer at other Healthy Living activities and activities in their local community. Friendships have developed between people across the area.</p>
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	<i>Service Users Forum: MEMHO</i>
Rationale	<p>The overall aim of the MEMHO HLC project is to improve the mental health and physical well being of the Minority Ethnic communities in Leeds by offering them and involving them in new health improving activities.</p> <p>We intend to meet our aims by:</p> <ol style="list-style-type: none"> <li>1 Increasing the capacity of existing community agencies and buildings to define and deliver healthy living activities.</li> <li>2 Ensuring that majority of funding is fed directly into activities, chosen by users/ beneficiaries.</li> <li>3 Safeguarding funding and providing capacity building support for smaller organisations.</li> <li>4 Improving and supporting access to mainstream services for all partners</li> <li>5 Supporting partners in managing and delivering projects thus improving and sustaining service to users.</li> </ol> <p>The value that underpins the principle of the MEMHO project is inclusion, thus user involvement has become an essential aspect of MEMHO project.</p>
Process	<p>In the partner agent recruitment process, MEMHO requires all partner agents to lead a consultation with their users, making sure the activities are what the users need. Once they have become MEMHO's partner agent, their users are encouraged to get involved on a regular basis.</p>
Content	<p>The partner agents are required to have a consultation process of at least 15 user questionnaires to support their application. This is the initial stage of user involvement. MEMHO has been facilitating a Service User Forum as the next stage of user involvement. We hold a regular monthly Forum for the users at a different venue. The format of the Forum is to invite partner agents to talk about their services, how users can get involved etc. Users are also encouraged to speak about their concerns on a specific issue or their needs. The facilitator of the Forum will try to support the users to look for a way to address it. One user representative is nominated by the users who will attend the monthly Steering Group meeting. The user representative will have first hand experience in how MEMHO is operating. He/She is expected to give input of future planning as a collective body.</p>
Results	<p>The activities of all our partner agents are set out to be user led to meet the requirement of MEMHO. The annual evaluation of the MEMHO project indicated the satisfaction level of users is relatively high. It is because our users feel they own the project in the way they are involved. They have felt less isolated and been included in the process of service provision. Their quality of life has been improved because of the experiences and skills they gained by involvement in the process. The feedback from them is they want to come out more, to join in</p>

	the activities and they have a part to play.
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	<i>Community health Educators: West Leeds HLN</i>
Rationale	The Community Health Educator (CHE) model is an empowering health promotion model. The guiding principle is that to fully engage people in making their own choices about health, (as well as the need to tackle the wider social, political and economic determinants of health) we start from where communities and individual are and build their capacity through community development approaches by training up local people who are trusted by the community members. They take the role of conscious awareness raising through facilitating discussion and critical questioning of issues that concern the community. <sup>10</sup>
Process	The Community Health Educators Project was established in response to the needs of the local communities. While the majority of people have a good understanding of the main health messages e.g. reduce alcohol intake, stop smoking, do more exercise, and eat more fresh fruit and vegetables; the Network found that the ability of people to move from an understanding of the key messages to actually taking action was very limited and on the whole people found changing their behaviours very difficult and even harder within the family context.
Content	<p>The model of Community Health Educators has existed in various formats for a number of years; however much of it was based around the idea of training local people to enable them to be empowered and therefore make a difference by offering training and enhancing their career opportunities.</p> <p>The model West Leeds Healthy Living Network has established is two fold, firstly it offers local people the opportunity to take part in a free 14 week course (we provide child care and travel expenses) after which (if suitable) we employ them as Community Health Educators on a sessional basis.</p>
Results	<p>The first course ran with 12 women from the local community; most of them had not received any training or education since leaving school. One was a recovering Heroin User, a couple had been diagnosed with depression, one woman has a disabled child, and one woman had suffered from domestic violence. We had 4 Asian women and the rest were white women (no men!). All 12 completed the course and 10 signed up to be community health educators, the other 2 securing full time work. The Community Health Educators are paid a sessional rate of £10.40 per hour (this includes holiday pay) plus travel.</p> <ul style="list-style-type: none"> <li>• 23 sessions have been undertaken.</li> <li>• Community Health Educators are booked up until January 2006.</li> <li>• In total 2471 people from the communities of the West have interacted with, attended sessions, took part in health activities or collected health information from stalls run by the Community Health Educators.</li> <li>• Of those 2471 people that the Community Health Educators have interacted with or received advice and information from, 1722 attended sessions lasting a minimum of one hour.</li> <li>• Session times varied from one hour to half a day.</li> <li>• The Community Health Educators have covered a huge scope of topics such</li> </ul>

<sup>10</sup> Lai Fong Chiu (2003) Application and Management of the Community Health Educator Model. Nuffield Institute for Health

	<p>as; Weight management, Coronary Heart Disease, Smoking cessation, Sexual health, Healthy eating and cooking, Gentle exercise, Diabetes and how to use the N.H.S effectively.</p> <ul style="list-style-type: none"><li>• There has been a wide range of clients from Men's Health sessions with the prisoners of Armley jail to healthy eating sessions for teenage Mums.</li><li>• Two of the Community Health Educator's have gone on to take up administrative health related posts.</li><li>• Two of the Community Health Educator's have now joined West Leeds Healthy Living Network as part time trainee Community Health Development workers.</li><li>• One Community Health Educator has used the course in conjunction with another qualification to gain access to the second year of a Health Promotion degree at Leeds's Metropolitan University.</li><li>• All sessions with out exception have received positive feed back.</li><li>• The new October course is three times over subscribed.</li><li>• Community Health Educators have been working all over the West of Leeds from Armley to Pudsey at a variety of different venues.</li></ul>
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