



A partnership between Southern Group Environmental Health Committee,  
Southern Area Councils and the Public Health Agency. Funded by the Public Health Agency.

- Funded by PHA
- 3 Health Inequalities Workers
- Southern Area Councils
- Initial 2 year duration
- Multi- agency Steering Committee
  - Councils, PHA, SHSCT

## AIMS

- Champions for 5 District Councils
- Improve health outcomes.
- Link between local government, service providers & communities
- Target marginalised, disadvantaged
- Raising awareness
- Motivating access
- Identify barriers



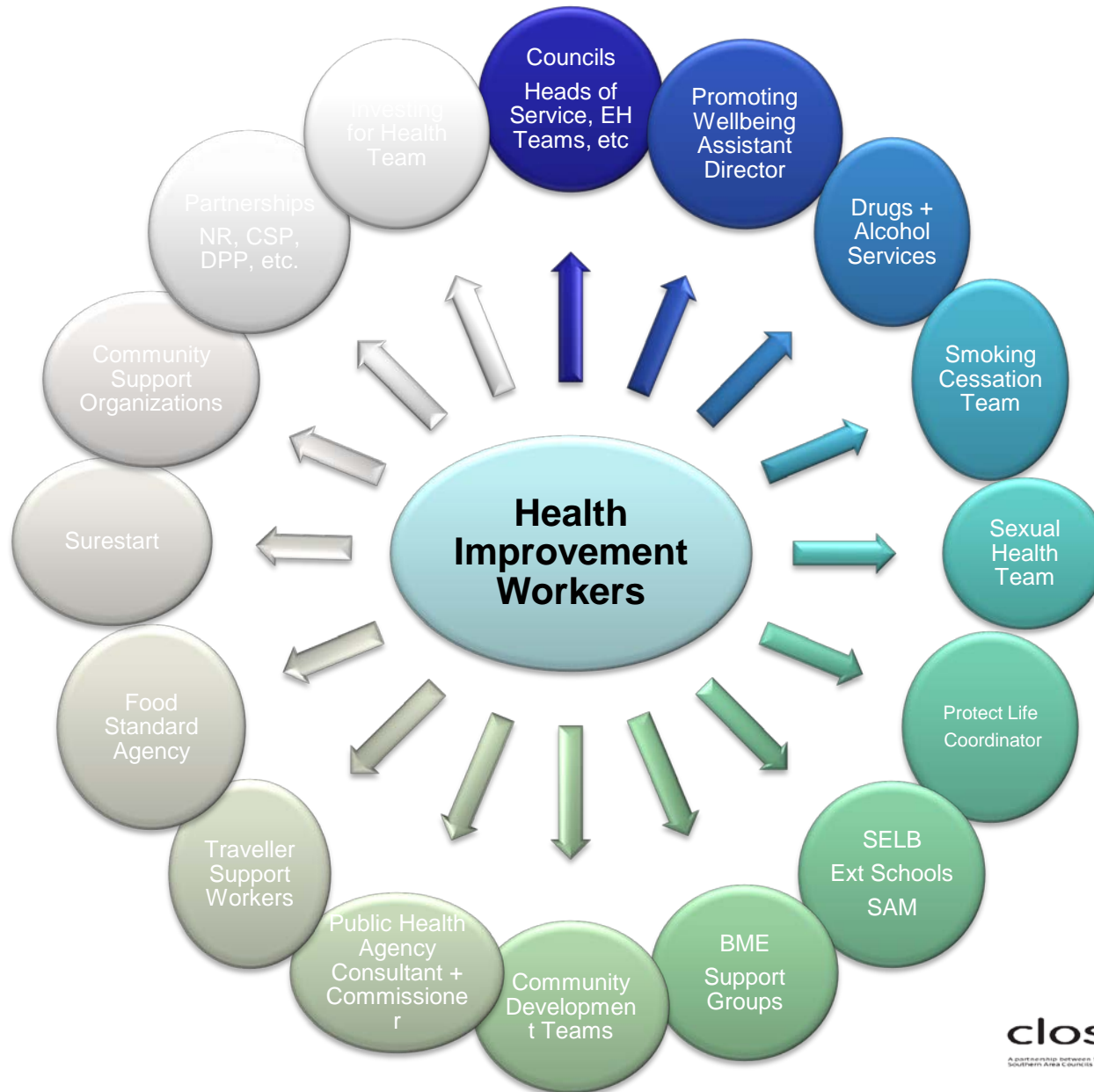
# Key Issues

1. Nutrition and promotion of Healthy Eating
2. Smoking Cessation + Interventions
3. Drugs and Alcohol
4. Sexual Health + Teenage Pregnancy
5. Male Health



*As defined by Department of Health*

# PARTNERS



# Health Inequality in NI ... The Facts

## Highest v Least Deprived

- Twice as likely to die from smoking
- Three times as likely to die from suicide
- Four times as likely to have heart or lung disease
- Five times as likely to die from alcohol or drugs
- Males die 7 years earlier in highest deprived areas
- Females die 4 years earlier in highest deprived areas



# Community Development Approach



# Taxi Drivers – Drive for Health

- Rationale
  - Complaints to EH Dpt
  - Best Practice in the North West
- Portadown and Lurgan areas
- Lifestyle Choices
- Profile of Programme
  - Number of participants / demand
  - Programme Content



# Social Marketing Sexual Health Project

- Rationale
  - Reduce STI and Teenage Pregnancy
- Partnership with Young Enterprise
- 2 Schools and Youth Group
- Profile of the initiative
- Outcomes
  - Social Marketing Campaign

Pilot Programme  
Transferable



# Stop Smoking

- **Community consultations with Barnardos (NR Youth Engagement Service) and the LITE Project (A&D)**
- **Achieve specific behavioral goals in relation to smoking**
- **Confidentiality Issues**
- **Location of Southern Regional College (Armagh Campus) – NICE Guidelines**
- **Long-term behavioral change in target populations**
- **Weekly incentives to persons with a low CO reading. Specialist smoking cessation support by SHSCT, elements incorporated each week e.g. lung age, April Age progression software etc**

## **Overall success rate of initiative**

- 79% self reported quit at 4 weeks
- 64% CO validated at 4 weeks

## **How this compares with Southern LCG area and NI figures**

- NI Total Quit rate 51.5%
- Southern LCG Quit Rate 52.7%

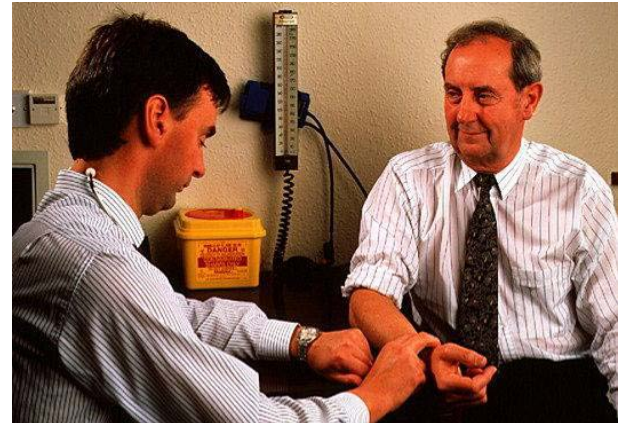
## **Within the Southern LCG area**

- 52.7% self reported quit at 4 weeks
- 57.7% CO validated at 4 weeks



# GP Male Evening Clinics

- Male life expectancy major health inequality
  - Don't access primary care health services
  - Less opportunities for interaction in family, community and health settings
- Mapped trends of male life expectancy to identify areas using NINIS
- Progress to date
  - Dungannon Town Centre (2010), Clogher Valley (Spring 2011), Keady, Armagh (proposed for Summer 2011)
  - Referrals to secondary care





# Newry & Mourne Civic Alcohol & Drug Forum

## Leadership

## Partnership Building

## Brokerage

At risk and vulnerable  
Underage drinking  
Binge drinking  
Anti social behaviour  
Community issues  
Harm reduction  
Road Safety  
Life Expectancy

Community  
Safety

District  
Policing

Health  
Inequalities

Leadership is  
needed to  
create the  
strategic  
framework that  
can address  
cultural  
attitudes

Voluntary

Community

Statutory

**LOCAL GOVERNMENT** : Mayor as first citizen chairs the partnership to give a district wide coordinated approach.

# Transferable

- Scope and adoption of best practice
  - SCR Pilot Programme + NR Areas
  - Taxi Driver Initiative and plans to roll out to other areas
- Identifying, supporting community groups to access funding streams
- Identifying community needs
- Pilot approaches, evaluated and measured
- Innovativeness and flexibility
- Identified and overcome barriers to communities and south out new pathways.
- Different approaches are adopted in each Council area, dependant on the health profile, culture and needs of the various communities
- Transfer or adopt by other areas across the region - Lessons and new practices

# Sustainable

- Champion health agenda within local council, developing new partnerships which will be sustainable after the length of the project. (e.g. SHSCT and C&V sector)
- Increase capacity for partnership work, within and beyond local Council
- Raise awareness of root causes outside the behavioural factors
- Ripple effect generated within individuals, families, households and communities
- Build Capacity for leaving legacy
  - Traveller & Homeless Support Workers trained in specialist smoking cessation
  - Motivated key support workers to become Cook It Facilitators

# Contributions to Environmental Health Practice & Knowledge

Contribute directly to CEHOG objectives:

**Inclusiveness:** Include and involve all the people of NI in our strategies; those of all cultures, those that are vulnerable, less well represented and those that are hard to reach

**Health Improvement:** Work with our communities to identify the causes of health inequalities and develop partnership plans to change them

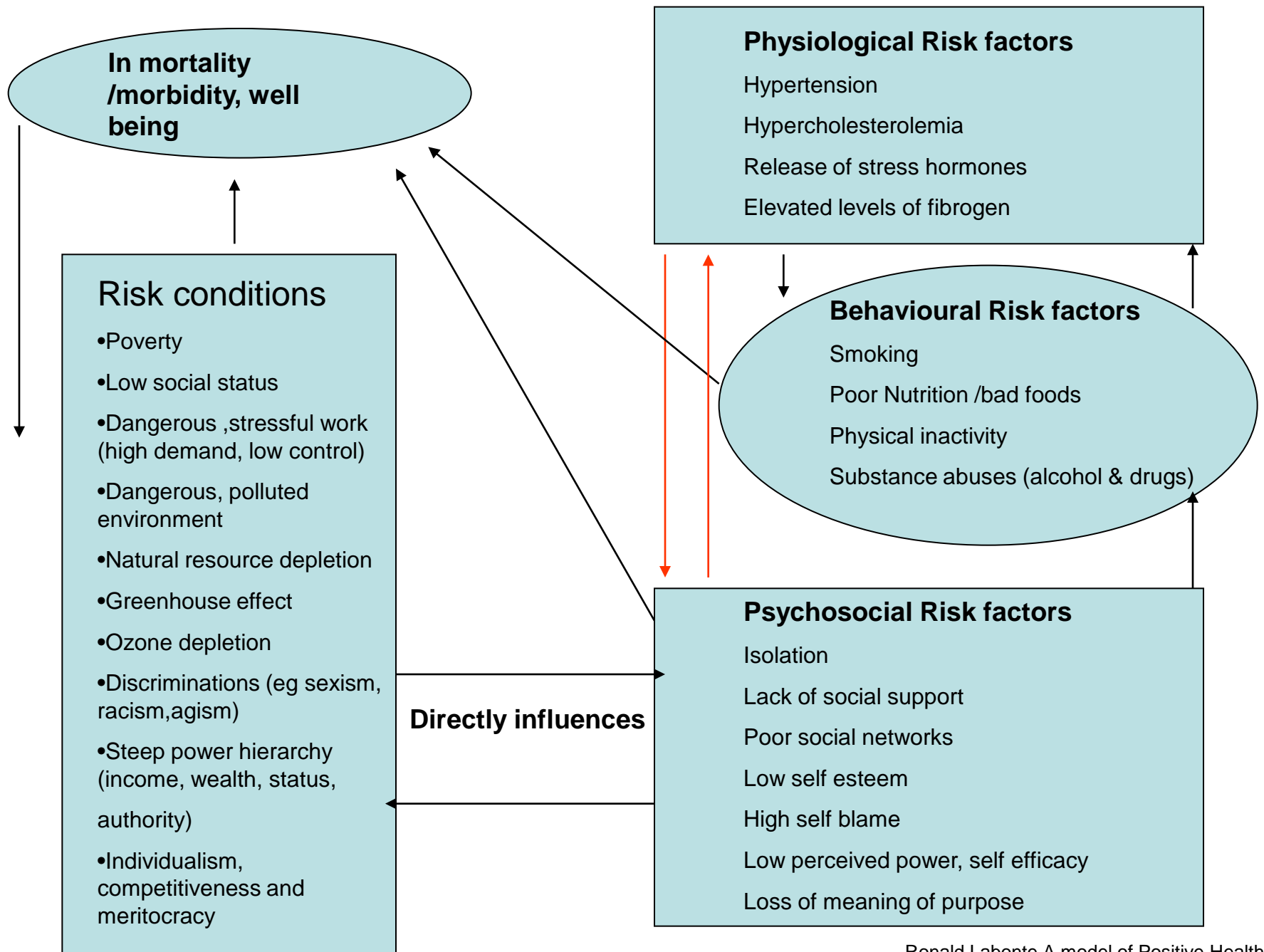
**Healthy Choices:** Help our people improve their health by enabling informed decisions regarding the foods and goods they purchase and the lifestyle choices they make

[Link to statutory inspections](#)

[Links to organisations for pilot of NI Healthy Eating Award](#)

[Links to other Projects](#)



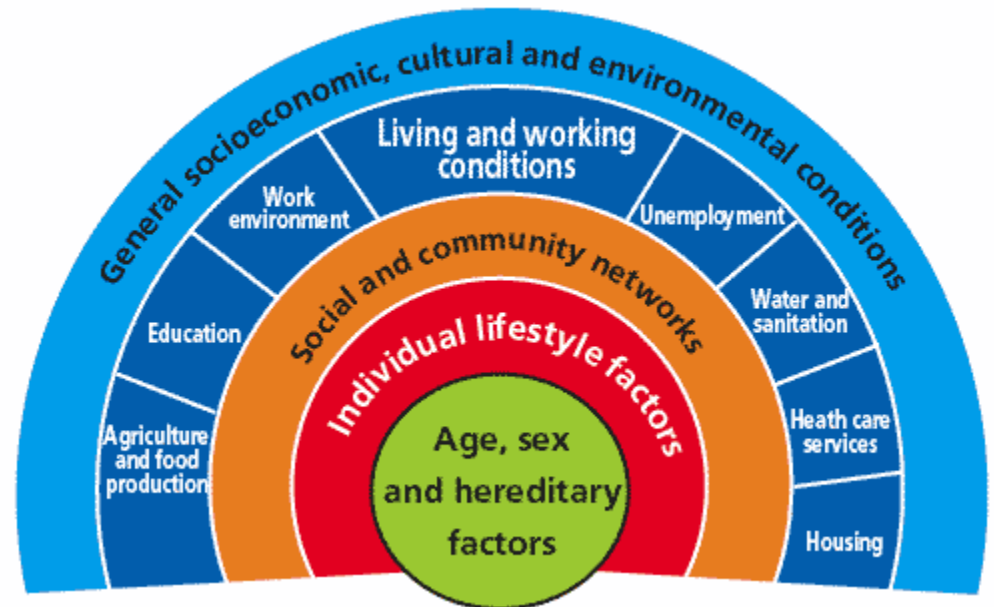


# Community Planning

## Definition

*Any process through which a Council comes together with other organisations to plan, provide for or promote the wellbeing of the communities they serve” (Local Govt Taskforce. 2006. P16).*

- Based on principle that those affected have a right to participate in the process and influence the outcome
- A means for managing development towards social change



# Value for Money

- Project Resources v Project Benefits
- Project Resources £150k pa
- Economic cost to society in comparison to preventing ill health
  - Hospital cost of treating smoking related illnesses in NI is in the region of £119m pa\*
  - NI Cost of obesity - £500m pa cost to economy\*\*
  - UK Cost of Diabetes to Health Services - £1m per hour\*\*
- Closing the Gap is currently undergoing an external evaluation

\* NI Tobacco Action Plan

\*\* A Fitter Future for All

The health and well being of today's children depends on us having the courage and imagination to rise to the challenge of doing things differently, to put sustainability and well being before economic growth and bring about a more equal and fair society.”

Marmot – Fair Society, Healthy Lives 2010

