



down area

making a difference in down | **health improvement plan**
2006 - 2008



endorsements of support and agreement to action

THE HEALTH IMPROVEMENT PLAN 2006 – 2008 IS A DEMONSTRATION OF COMMITMENT FROM PARTNER ORGANISATIONS TO BUILDING A HEALTHIER COMMUNITY IN DOWN.

As Chairman of Down District Council I am delighted to commend the work of the Down 2010 Health Team on the production of the first Health Improvement Plan for Down District. This document will contribute significantly to the community based work of many agencies and groups as they join together to tackle a wide range of issues that have an impact on the health of us all. Down District Council is fully committed to this approach for all our future, now and beyond 2010.

**Cllr. Carmel O'Boyle,
Chairman of Down District Council**

Down District Strategic Partnership is pleased to support this initiative, where all partners recognise they have a key role to play and can work together to make an important contribution to improving health and well being in Down District.

**Laurence Clarke, Chairperson,
Down District Strategy Partnership**

This plan represents the collective views and contributions of many groups, organisations and communities to address the wider determinants of health. The Eastern Health & Social Services Board appreciates the support and endorsement it has and will receive from partners in the development and implementation of this plan and the significant contribution this will make in improving the health and well being of all those living and working in Down District.

**Anne Lynch, Director of Planning and
Contracting, Eastern Health & Social
Services Board**

Down Community Safety Partnership fully supports the Health Improvement Plan as it promotes the three key safety principles: co-ordination, co-operation and partnership working. The Plan provides a vehicle for building relationships, combining resources and effectively improving the quality of life for all the residents in Down.

**Anne Mc Aleenan, Chairman of Down
District Community Safety Partnership.**

The Northern Ireland Housing Executive has always recognised the importance of good housing on health as expressed in its Housing and Health Strategy. It fully supports the development and implementation of the Down Health Improvement Plan in improving health and well being in Down.

Stewart Cuddy, Director of Corporate Services/Deputy Chief Executive, Northern Ireland Housing Executive.

The Down Health Improvement Plan provides a framework through which many organisations, groups and agencies can come together to work towards improving the health and well being of the community. The Health and Social Care Group fully supports and endorses the plan.

Ruth Patterson, Chairwoman, Down Health & Social Care Group.

Down Lisburn Trust is fully committed to improving the health and well being of the population of Down. We see the Health Improvement Plan as a key step in ensuring this vision is realised.

John Compton, Chief Executive Down Lisburn Health & Social Services Trust

EDRCN is determined to create real and lasting linkages between the communities of Down and public service providers in the area. The development and implementation of the HIP provides a significant opportunity to further realise this goal.

Jim McAfee, Chairman, East Down Rural Community Network.

The Department for Social Development fully supports the Down Health Improvement Plan. The DSD Mission statement- together, tackling disadvantage, building communities – encapsulates what the Department hopes to achieve through Neighbourhood Renewal. The Health Improvement Plan will play its part in Neighbourhood Renewal to achieve these goals and likewise Neighbourhood Renewal will be a key element in the Health Improvement Plan in Down District.

Liam Quinn, Deputy Director, Department for Social Development

The vision for a healthy community through the Health Improvement Plan is to be commended. I wish the Working Partnership of the Statutory and Voluntary Sector well in the delivery of the Health Plan for the Improvement and Well Being of the citizens of Down.

I would like to congratulate the Working Group on the document and the opportunities it offers through a range of Organisations.

Irene M Knox BA MBA Dip Lib Chief Executive South Eastern Education and Library Board



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foreword

THE HEALTH IMPROVEMENT PLAN (HIP) IS A STATEMENT OF COMMITMENT BY MANY OF THE KEY AGENCIES AND ORGANISATIONS IN DOWN OF HOW, TOGETHER, WE WILL WORK TO IMPROVE HEALTH AND REDUCE INEQUALITIES IN HEALTH WHERE THEY EXIST. AS SUCH, IT IS THE FIRST JOINT HEALTH IMPROVEMENT PLAN FOR THE DOWN AREA THAT BRINGS TOGETHER THE VIEWS OF STATUTORY, VOLUNTARY AND COMMUNITY PARTNERS. THE HIP HAS BEEN DEVELOPED BY THE DOWN 2010 INVESTING FOR HEALTH PARTNERSHIP TEAM (APPENDIX 1). WHILST REPRESENTING THEIR SPECIFIC ORGANISATIONAL CONTEXT THE MEMBERS OF THE TEAM BRING WITH THEM LINKS, KNOWLEDGE AND EXPERIENCE FROM A WIDE AND VARIED RANGE OF OTHER NETWORKS AND PARTNERSHIPS.

Our vision is for a healthier community in which individuals can realise their full potential, communities thrive and organisations work together to improve the quality of life for everyone.

This plan sets out the shared aspirations and common goals that we hope will provide the basis for public, private, community and voluntary organisations to work more closely together, making better use of all our resources, to achieve the vision of better health for all.

purpose

INVESTING FOR HEALTH (IFH) ¹, LAUNCHED IN MARCH 2002, PROVIDES A STRATEGIC FRAMEWORK FOR HEALTH IMPROVEMENT FOR NORTHERN IRELAND OVER THE NEXT 10 – 15 YEARS. ITS FOCUS IS ON REALISING REAL HEALTH IMPROVEMENT FOR EVERYONE AND REDUCING INEQUALITIES IN HEALTH WHERE THESE EXIST. THE STRATEGY TARGETS ACTION ACROSS SEVEN KEY OBJECTIVE AREAS THAT REFLECT THE FACTORS THAT AFFECT AND DETERMINE AN INDIVIDUAL'S HEALTH AND WELL BEING.

Health and Social Services Boards have been tasked with realising the Investing for Health Strategy through partnership working with communities and organisations from across the statutory, voluntary and private sectors. This Health Improvement Plan therefore represents the very significant contribution being made to health improvement from a wide range of partners within the Down area and how together we will work to make a sustained impact in the future.

a picture of our health

THIS PICTURE PROVIDES A BRIEF SUMMARY OF THE HEALTH AND WELL BEING OF THE PEOPLE OF DOWN AND IDENTIFIES A RANGE OF ISSUES THAT ARE RELEVANT AND ULTIMATELY AFFECT THEIR HEALTH STATUS. IT HAS BEEN DRAWN FROM A MORE DETAILED HEALTH PROFILE FOR THE DOWN AREA THAT HAS BEEN PREPARED BY THE DOWN HEALTH & SOCIAL CARE GROUP. ²

Our People

There are currently some 65,848 people living within the Down area across a range of towns, villages and rural areas. Table 1 illustrates the current structure of the population and how it is anticipated this will change by 2017.

Table 1: Population Change 2004 - 2017 (Mid Year Estimates)

Source: NISRA, 2005 ³

Population	Year 2004	Percentage of Total	Year 2017	Percentage of Total
Male	32,754	49.7	36,275	50.2
Female	33,094	50.3	36,040	49.8
TOTAL	65,848	100.0	72,315	100.0
Children Under 16	15,442	23.4	15,092	20.9
Working Age (16-64 Male 16-59 Female)	40,249	61.1	43,064	59.6
Older People (65- 84Male 60- 84 Female)	9,172	14.0	12,694	17.5
Elderly 85+	985	1.5	1,465	2.0
TOTAL	65,848	100.0	72,315	100.0

In general, the Down area is a rural locality with some of the least densely populated wards within the Eastern Health and Social Services Board area. Current population projections indicate that by 2017 there will be an increase in the general population of some 10% with the population of working age set to increase by just over 7%. The most significant change will be seen in the numbers of older people in the community. By 2017 it is estimated that there will be a growth in those aged 65-84 years of age of 38% and in the very elderly, 85+, a growth of some 50%. There will be a relatively small fall of 2% in the numbers of children under 16 in the population.³

Changes such as these have a significant affect on the demand for education, employment, leisure, health, housing, transport and social care within the area. As the population is ageing it is essential that this change is planned for and that services are in place to reflect the diverse needs that will emerge.

Down is also experiencing other significant changes in some of its smaller population groups who have in themselves particular health and social needs. Increasingly there are more people now living independently within the community who previously lived within some form of "institutional" care. People with long term mental health problems and those with a disability are now being supported to live independently and remain within the community as active citizens. Many older people are now living longer and remaining within their own homes but also experiencing less family support. There is a growing population of migrant workers and their families who have come into the area to realise work opportunities that exist. They bring with them particular needs in relation to both health improvement and accessing services and support. There is also an increasing awareness of the particular needs of those within our com-

munity who are homeless or displaced, who often have particular health and social needs and who have poor links into traditional services and support within the area.

Our Health and Well Being

Our health and well being is affected not just by access to good quality health and social care services but by factors such as:-

- Income
- Access to education
- Provision of job opportunities and our ability to work
- Housing, homelessness, safety leisure and environment
- Social care and community support
- Transport and access to services
- Opportunity to change our lifestyle and adopt behaviours that improve our physical, social, mental and emotional health.

Assessing the health of the people in Down therefore involves not just looking at the incidence of illness and death but considering many of the wider economic, educational, environmental and social factors that determine and effect the health status of an individual.

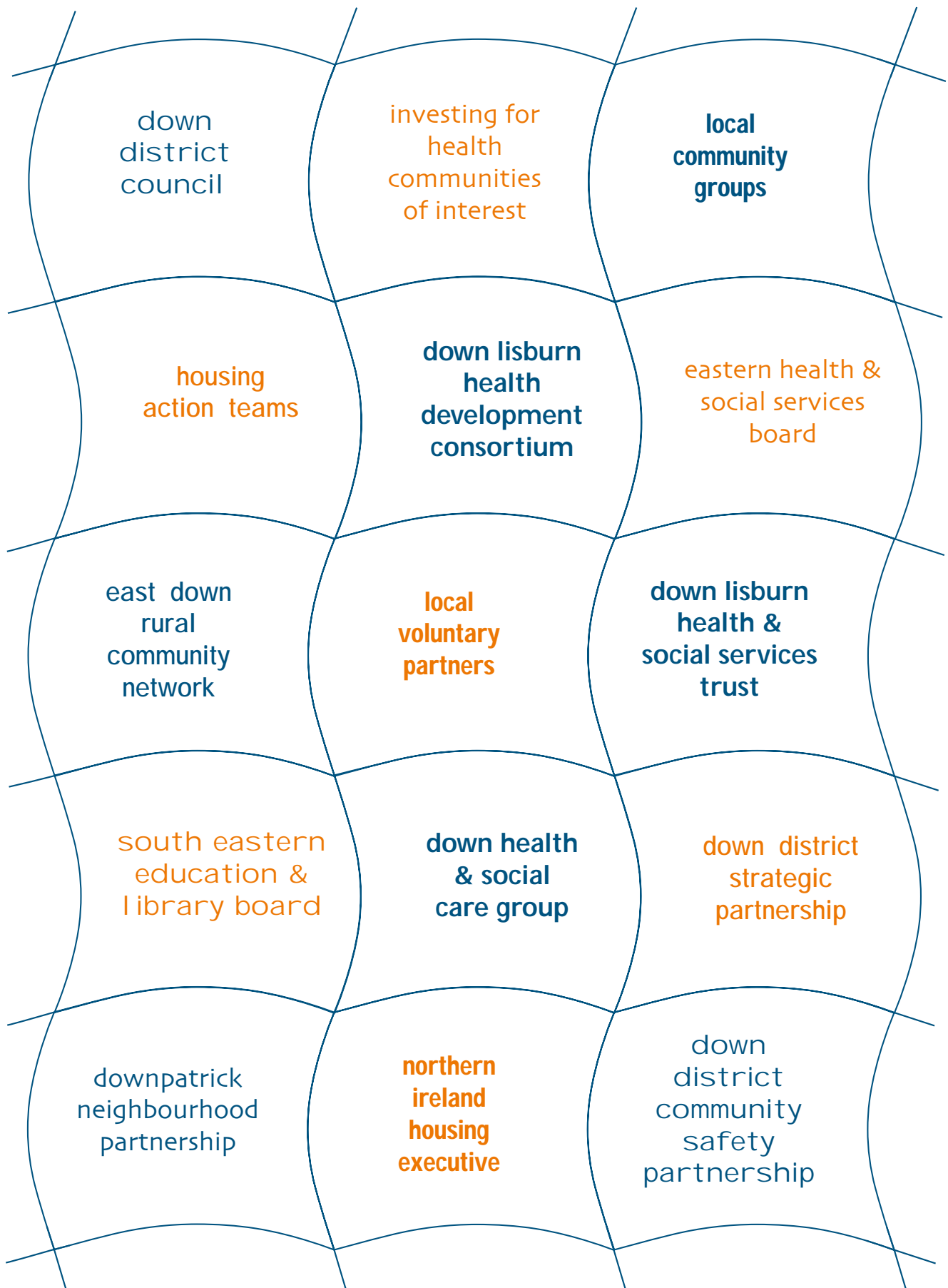
As part of the Health Improvement Planning Process the Down Health and Social Care Group have recently completed a detailed analysis of the health and well being of the local population. This analysis provides a valuable resource not just for those directly involved in the development of this Health Improvement Plan but for everyone working to address the health and well being of local communities. A number of the key findings of this profile are referenced throughout this Health Improvement Plan. (www.ehssb.n-i.nhs.uk)

working together to maximise health improvement

THE INVESTING FOR HEALTH STRATEGY RECOGNISES THE CENTRALITY OF PARTNERSHIP WORKING ACROSS AGENCIES, ORGANISATIONS AND COMMUNITIES. THE DOWN 2010 “INVESTING FOR HEALTH PARTNERSHIP” (APPENDIX 1) HAS BEEN DEVELOPED IN RECOGNITION OF THE NEED TO REALISE A MORE COORDINATED AND COLLABORATIVE APPROACH TO HEALTH IMPROVEMENT WITHIN THE AREA. THE PARTNERSHIP IS COMMITTED TO ENSURING THE OVERALL COORDINATION, DEVELOPMENT AND IMPLEMENTATION OF THE HEALTH IMPROVEMENT PLAN. HOWEVER, IT RECOGNISES THAT THIS CAN ONLY BE REALISED WITH THE SUPPORT AND COMMITMENT OF ALL THOSE ACROSS THE ORGANISATIONS AND COMMUNITIES OF DOWN WORKING TOGETHER FOR BETTER HEALTH FOR ALL. THE KEY ROLES AND FUNCTIONS OF THE INVESTING FOR HEALTH PARTNERSHIP ARE OUTLINED IN APPENDIX 2.

The following diagram illustrates some of the main networks and partnerships that exist and that have influenced the development of the Health Improvement Plan to date. As such they will also have a key role in the implementation of the targets and actions identified. Many other organisations not shown here and who have an important role to play in improving health and well being have influenced the development of this plan. There will be opportunities for everyone in Down to be involved in health improvement.

DOWN 2010 INVESTING FOR HEALTH PARTNERSHIP



The IFH partnership has been supported by a number of infrastructure developments across the Eastern area. These have involved the development of the “wellnet” website (www.wellnet-ni.com) that provides a mechanism to coordinate and communicate ideas, practice and approaches across the Eastern area by all those involved in health improvement. The PHDEB has also launched a public health matters website to provide easier access to health related data and information (www.publichealthmatters.org). In 2006-2007 work will commence with the NINIS to establish an IFH website that will assist partner groups and organisations access local health related data across all the key health determinants such as poverty, housing, transport, health behaviours, education, environment etc. (www.nisra.gov.uk)⁴ These elements of the infrastructure are designed to aid communication, help clarify roles and promote collaboration across all those who have a key role in improving health and well being.

focus:

The focus of activity for Investing for Health within the Down District has been to build capacity amongst individuals, communities and partners organisations to realise the goals and objectives of IFH. This work has been targeted at:

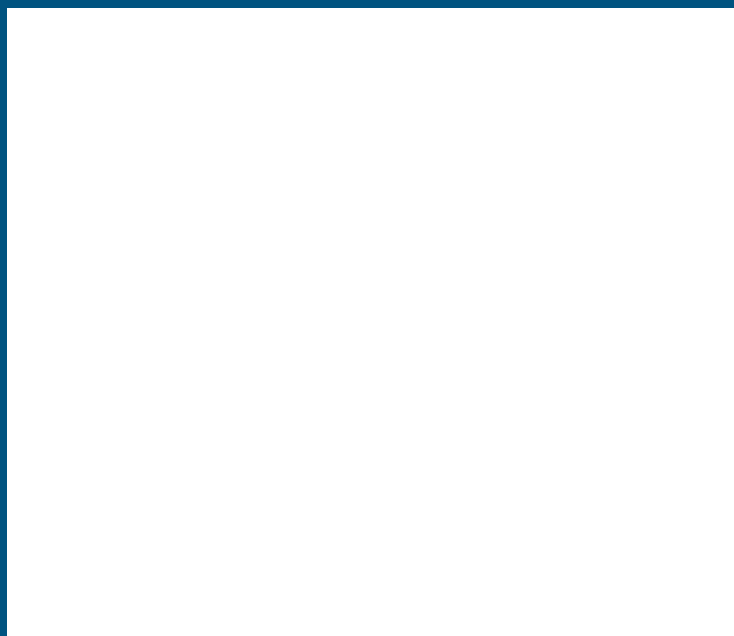
- Raising the profile of IFH within the strategic and operational agendas of key organisations and partnership networks;
- Providing support that will assist communities to identify their needs and priorities and create partnership approaches between communities and provider organisations to address these;
- Developing mechanisms and structures that foster a more integrated and co-ordinated approach to priority setting, planning and delivery;
- Supporting the development of actions and practice to address needs and priorities across a range of issues, settings and population groups;
- Ensuring that activity and practice is monitored and evaluated and that there are mechanisms in place that encourage the sharing of information, knowledge and learning across partners.

These priorities will remain at the centre of our work in 2006 – 2008 as we seek to develop a coordinated approach across all those who have a key role to play in improving health and well being for everyone living and working in Down.

making a difference in down

TAKING ACTION TO IMPROVE HEALTH AND WELL BEING

THE FOLLOWING SECTION OF THE HEALTH IMPROVEMENT PLAN IDENTIFIES THE KEY AREAS FOR ACTION THAT HAVE BEEN UNDERTAKEN IN 2004 & 2005 AND THAT HAVE BEEN AGREED FOR 2006 – 2008 ACROSS EACH OF THE SEVEN STRATEGIC OBJECTIVES OF THE INVESTING FOR HEALTH STRATEGY.

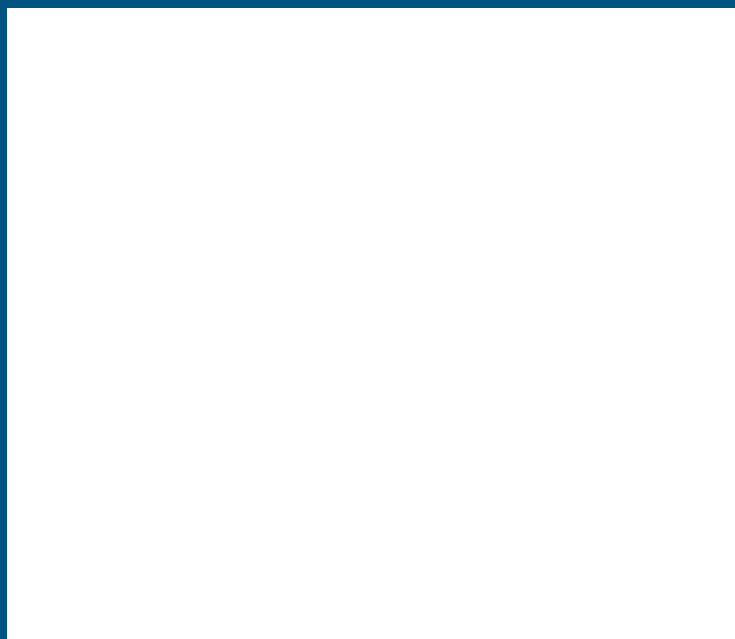


- Reducing poverty and disadvantage – particularly in families with children;
- Enabling everyone and young people in particular to develop skills and attitudes that will give them the capacity to reach their full potential and make healthy choices;
- Promoting mental health and emotional well being at individual and community level;
- Offering everyone the opportunity to live and work in a healthy environment and to live in a decent affordable home;
- Improving our neighbourhoods and the wider environment;
- Reducing accidental injuries and deaths in the home, workplace and on the roads;
- Enabling people to make healthier choices.¹

making a difference in down to -

REDUCE POVERTY AND DISADVANTAGE

Reducing poverty and disadvantage in communities and especially in families with children and targeting services towards those most in need.



Goal:

“All people, especially families with children, will have adequate income to have a healthy standard of living and to participate in society.”

Focus:

Poverty, low income, unemployment and social exclusion all have an impact on people's health and well being. Individuals and communities who experience disadvantage have significantly more illness and disability, a poorer quality of life and often die younger.

Our focus is therefore firstly to identify those communities within Down who experience significant levels of deprivation. Secondly, to create resource and support that will improve links and relationships with these communities and as a result, establish a clearer picture of their health needs and priorities. Thirdly, to work together with communities and partner organisations to develop approaches and services that can best address the needs and priorities identified. ^{5,6,7}

Our Health:

6% (3,950) of the Down population live in the most deprived areas in Northern Ireland;

The five most deprived wards in the Down area are Ballymote, Murlough, Cathedral, Ardglass and Shimna;

Of the 44,249 individuals aged 16 – 74 who are regarded as “economically active,” 61.3% (28,762) are involved in some form of employment whilst 3.7% (15,487) are unemployed. 35% are “economically inactive” and are either retired (10.6%), students (5.5%), looking after home/family (6.9%), permanently sick or disabled (8.6%), or other (3.5%).

6% (2,590) children live in Income Supported Households. Children born into poorer households experience poorer health throughout their life. ^{2,7}

progress so far

DURING 2004 AND 2005 THE FOCUS OF ACTIVITY AND INVESTMENT HAS BEEN ON:

- Establishing three Community Health Development Workers posts with East Down Rural Community Network who are now working with local communities in Ardglass, Ballynahinch, Castlewellan, Crossgar, Drumaroad, Dundrum, Downpatrick, Killough, Killyleagh, Saintfield, Strangford and Newcastle. Health needs assessments have been completed and actions put in place to develop local health improvement programmes, capacity and resource within these communities;
 - Establishing a Community Health Development Project for older people in partnership with Age Concern NI and Down Lisburn Trust to increase our understanding of the particular needs of older people and develop new services and opportunities to address these;
 - Supporting Community Health Development in the Flying Horse area and as a result, assisting the community identify their needs and priorities, improving access to health improvement opportunities and strengthening partnerships in the area between the community and provider organisations;
 - Increasing opportunities for the development of self help and volunteering in the community and as a result increasing local capacity and resource;
 - Targeting action to address the specific needs of vulnerable individuals and groups through supportive employment and housing schemes;
 - Securing significant new investment for the development of community infrastructure in the area through the Department for Social Development Neighbourhood Renewal Programmes in Ballymote and Cathedral wards
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priorities for 2006-2008

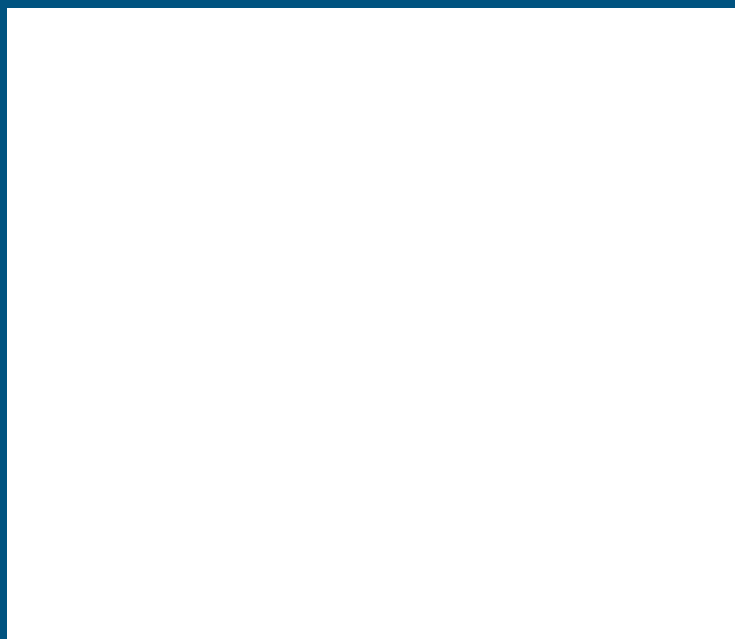
DURING 2006 – 2008 THE PRIORITIES FOR ACTION WILL BE TO:

1. Maintain the ongoing work within local communities to identify their needs and priorities, improve the range and availability of health improvement interventions and programmes to address these and support local communities in capacity building, community leadership, and community health development skills;
2. Support the implementation of major investment programmes within the area such as Neighbourhood Renewal, Community Safety and Economic Regeneration and work to ensure coordination of actions that will maximise health benefit;
3. Develop activities to identify and address the needs of specific populations within the community who may be in particular need such as children and young people, older people, people with a disability, those with a mental illness, those from ethnic backgrounds and those who are homeless;
4. Develop and pilot a community health development and social support project in the Greater Newcastle Area to address the needs of older people wishing to remain within their own community and live independently;
6. Identify and develop actions across partner organisations and within local communities that will improve the uptake of benefits across the area.

making a difference in down to –

ENABLE EVERYONE TO REACH THEIR FULL POTENTIAL

Enabling everyone and in particular young people to develop the attitudes and skills that will give them the capacity to reach their full potential and make healthy choices



Goal:

“All people and in particular young people reach their full potential through positive learning and life experiences”

Focus:

Education and learning are vital elements in helping people reach their full potential in life. Raising educational attainment for everyone and in particular those who experience disadvantage will have a significant impact on long term health and well being. It is important therefore to focus on giving children a good start through effective early years learning opportunities, to fully develop the knowledge, skills and abilities of children and young people, to ensure that education and training systems adequately prepare and maintain a skilled workforce and to provide life long learning opportunities for everyone. ^{8, 9}

Our Health:

61.6% (615) of pupils leave school with 5 or more GCSE's Graded A* - C (Northern Ireland average 57.9%);

38.2% (16,897) of adults aged 16 – 74 years of age have no qualifications (Northern Ireland average 41.6%);

2.98% (183) of children have special needs (EHSSB average 1.2%) ^{2, 3}

progress so far:

DURING 2004 AND 2005 THE FOCUS OF ACTIVITY HAS BEEN ON:

- Developing and implementing joint health and education programmes within the school and youth settings in relation to:
 - Health Promotion;
 - Early Years and Parenting;
 - Special Needs;
 - Looked After Children.
 - Supporting communities to address the needs of young people in relation to alcohol & drugs, sexual health and teenage health;
 - Improving the provision of opportunities for young people to participate in sport and youth based activities within their community;
 - Increasing the provision of Youth Workers in the area;
 - Improving access to training and support for sports club leaders to participate in the Down Club Mark Sports Scheme with the goal of enhancing opportunities to promote health through sport;
 - Establishing a multi-disciplinary team to identify and address the specific needs of looked after children and young people;
 - Developing the provision and coordination of "Early Years Services" with community, private, statutory and voluntary sectors and providing services and support for the under 4's through the Downpatrick Sure Start Project;
 - Creating new programmes and opportunities to encourage people back to learning.
-

priorities for 2006-2008

DURING 2006 – 2008 THE PRIORITIES FOR ACTION WILL BE TO:

1. Maintain support for the development of health improvement programmes and interventions that are designed to address the needs of children and young people within community, schools and youth settings;
2. Work with partners to realise the potential for better services in the area as a result of the Government's Children and Young People Funding Package. This will consider schemes such as Extended Schools, Early Years Services, support for looked after children, youth provision, child protection and addressing the needs of children with special needs and disabilities;
3. Develop the Down Clubmark Sports Scheme to increase access to health, sport and leisure opportunities in the area and establish a Community Sports Development Post;
4. Support the ongoing co-ordination and development of early years services in the area;
5. Expand the work of Downpatrick Sure Start across the area to address the particular needs of families with young children;
6. Work with partners to review and develop the provision and opportunity for lifelong learning and job skills training in the Down area;
7. Develop schemes that promote civic responsibility across the community.

making a difference in down to –

IMPROVE MENTAL HEALTH AND EMOTIONAL WELL BEING

Promoting the mental health and emotional well being of individuals and communities



Goal:

“People live and work in communities that enhance their mental and emotional well being”

Focus:

Many factors affect mental and emotional health such as poverty, conflict, discrimination, how we adapt to changing life events and social support. The focus of this plan is therefore to improve people’s mental and emotional health by addressing factors that affect the health of individuals and communities, improving access and co-ordination to education and support, increasing the emphasis on preventive strategies and approaches and supporting those who feel most vulnerable and who are often experiencing mental health problems. ^{10, 11}

Our Health:

1 in 5 people in Northern Ireland are affected by mental health problems such as stress, anxiety or depression;

30 – 40% of sickness absence in N. Ireland is estimated to be due to some form of mental or emotional disturbance; ¹⁰

Over 7,000 people in the Down area provide unpaid care for someone else who can be a family member, friend or neighbour. ²

progress so far:

DURING 2004 AND 2005 THE FOCUS OF ACTIVITY HAS BEEN ON:

- Developing a Mental Health “Community of Interest” that brings partners from across Community, Statutory and Voluntary sectors together to address local needs and priorities;
 - Establishing a Mental Health Promotion Specialist Worker to increase the profile, provision and coordination of local mental health promotion activities;
 - Piloting the “Mind Out” programme for young people in local post primary schools and providing support and training for teachers;
 - Working with communities to develop community based activities that are designed to meet the mental health needs of young people;
 - Providing suicide prevention training to local groups and organisations and exploring with partners the key areas for action in a suicide prevention strategy for the area;
 - Supporting the development of the “Good Morning Down” Project;
 - Developing a co-ordinated interagency approach to begin to address domestic violence within families and communities.
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priorities for 2006-2008

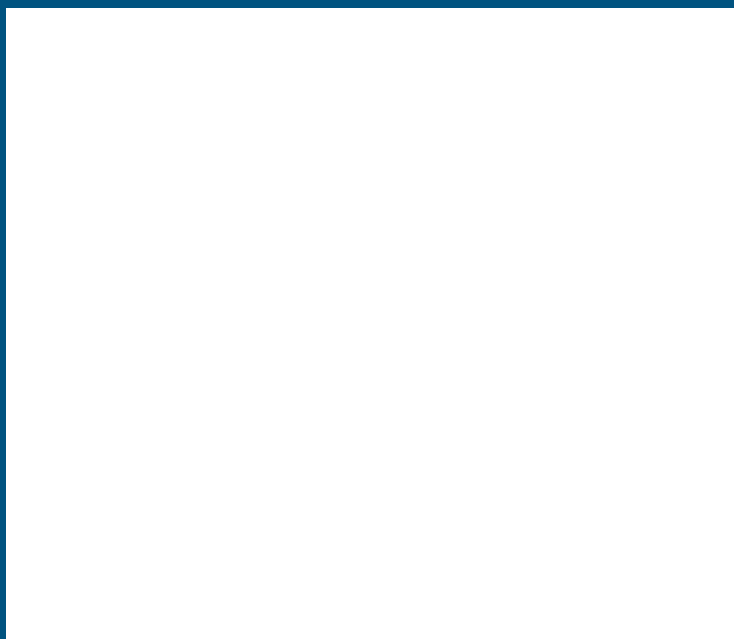
DURING 2006 – 2008 THE PRIORITIES FOR ACTION WILL BE TO:

1. Develop the work of the “Mental Health Community of Interest” in:
 - mapping current services and producing a directory of services across the community;
 - establishing training programmes for key workers;
 - supporting the development of a more coordinated range of programmes and actions to improve the mental health and well being of communities;
 - increasing the availability of information and self help materials within communities on mental health and emotional well being.
2. Increase public awareness and understanding of issues related to improving mental health and emotional well being and also reducing the stigma associated with mental illness;
3. Extend the provision of the “Mind Out” programme across local post primary schools in the area;
4. Support local communities to develop programmes and initiatives that address the health and social needs of individuals experiencing a mental health illness or difficulty;
5. Secure the resource for the Mental Health Promotion Specialist post as a means of realising a long term programme of action to improve mental health and emotional well being across the community and partner organisations;
6. Establish a Suicide Awareness Co-ordinator post to develop and coordinate a community/ interagency suicide prevention action plan for the area in line with the NI Suicide Prevention Strategy;
7. Assist the “Good Morning Down” Project to target the needs of vulnerable people in the area;
8. Support the implementation of interventions that are designed to address the incidence of domestic violence within families and communities.

making a difference in down to –

**ENSURE HEALTHY WORKING ENVIRONMENTS AND DECENT AFFORDABLE
HOMES**

Ensuring the provision of a healthy working environment and the opportunity to live in a
decent affordable home



Goal:

“Everyone has the option to live in a decent, affordable, warm home and work in a healthy environment”

Focus:

Maintaining and improving the conditions in which people work and live has a major impact on health and well being. Our focus will be on the need to maximise the opportunities for promoting health within the workplace and to ensure that the workplace environment in particular is healthy and safe. Housing that meets the changing needs of individuals and families is critical. Ensuring everyone has an affordable, warm and well maintained home will have a significant impact on health status. In particular there is a need to address the needs of those who are most vulnerable in our society such as the homeless, those with a disability, older people and those now living outside traditional residential care by continuing to improve the supply, appropriateness and quality of housing. ^{12, 13, 14}

Our Health:

73% of houses in Down District are privately owned (Northern Ireland average 70%);

7.3% (1,635) of households are occupied by lone parents with dependent children (Northern Ireland average 8%);

11.9% (2,659) of pensioners live alone (Northern Ireland average 12.8%);

318 people were homeless in 2004.

27% of households in Down District are fuel poor (more than 10% of income needed to achieve acceptable levels of heating in a house);

Fuel poverty is more likely to be experienced in homes where the head of the households is either very young (aged 18-24) or very old (aged 75+). ^{2, 3, 4}

progress so far:

DURING 2004 AND 2005 THE FOCUS OF ACTIVITY HAS BEEN ON:

- Maintaining the development and improvement of social housing within the District;
 - Providing access to grants to private sector homes for improvement;
 - Establishing a partnership to explore the development of accommodation for homeless people in the area;
 - Providing housing adaptations for people with a disability;
 - Coordinating the provision of independent living programmes to assist those moving from institutional care into the community and developing supportive housing provision in the area;
 - Improving links between housing and health and social care teams to improve the coordination in meeting the needs of vulnerable individuals in the community.
-

priorities for 2006-2008

DURING 2006 – 2008 THE PRIORITIES FOR ACTION WILL BE TO:

1. Develop the provision of social housing in the area and in particular the development of the Supportive Housing Programme designed to assist vulnerable individuals within the community;
2. Maintain local housing improvement and adaptation schemes that will improve the quality of housing accommodation for those with particular needs;
3. Provide a new temporary accommodation facility for homeless people in the area;
4. Maintain support and opportunity for those individuals wishing to move to independent living within the community;
5. Develop a coordinated action plan with partners that will begin to reduce the incidence of fuel poverty in the community that will include the piloting of a Warm Homes Scheme for 10 older people within the Newcastle area;
6. Monitor and evaluate the NIHE “Clever Homes” scheme pilot and consider its future development;
7. Support the implementation of the Smoke Free Workplace Policy Directive.

making a difference in down to –

IMPROVE OUR NEIGHBOURHOODS AND THE WIDER ENVIRONMENT

Improving our neighbourhoods and the wider environment



Goal:

“People live in a safe, clean, healthy, vibrant, sustainable neighbourhood with access to services and amenities”

Focus:

Protecting and enhancing the environment will not only conserve the character and distinctiveness of Down but also significantly impact on the health of individuals and communities living and working in the area. The focus is therefore to ensure a safe, healthy environment that is free from pollution, to promote the safety of everyone and reduce the fear and incidence of crime, to promote and improve mobility and access to services and to provide high quality leisure and recreation opportunities that are accessible to all. ^{6, 15, 16}

Our Health:

19.2% of waste in Down District is now recycled (Northern Ireland average 18.9%);

19% of households have no access to a car or van (Northern Ireland average 26%); ²

progress so far:

DURING 2004 AND 2005 THE FOCUS OF ACTIVITY HAS BEEN ON:

- Increasing waste recycling across the area;
 - Providing environmental education programmes in local schools and with community groups;
 - Supporting local community environmental improvement and clean up schemes;
 - Developing a strategic programme to maintain green space areas;
 - Implementing an environmental improvement scheme in Newcastle;
 - Improving the range of recreation, sport and play facilities across the District;
 - Improving water safety and quality;
 - Supporting five priority estates projects in Burrendale, Langley, Shrigley, Flying Horse and Ballyhornan;
 - Participation in the European Coastal Development Programme;
 - Working within local communities to promote safer, environmentally friendly bonfire and Halloween celebrations;
 - Providing accredited Community Safety training programmes and a small grants scheme to support groups to establish local community safety initiatives;
 - Working with partners to address illegal drinking and anti-social behaviour in local towns;
 - Supporting the ongoing development of the Down Community Transport Schemes.
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priorities for 2006-2008

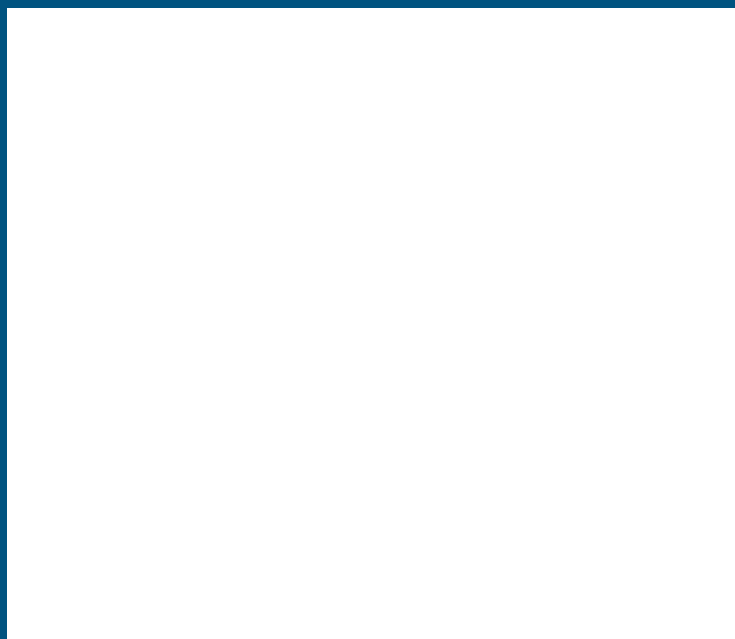
DURING 2006 – 2008 THE PRIORITIES FOR ACTION WILL BE TO:

1. Develop action within local communities to improve their local environment in relation to safety, play and green spaces;
2. Co-ordinate a programme to improve and develop access to the countryside and local leisure opportunities;
3. Promote the ongoing development of recycling schemes across the area;
4. Support the development of the next phase of the Priority Estates Programme;
5. Address local priorities in relation to Community Safety by providing:
 - a programme in local schools to raise awareness of health and safety risks in relation to bonfires;
 - an awareness raising campaign in relation to preventing domestic burglary;
 - development of "Neighbourhood Watch" schemes across the area;
 - implementation of the CSU "Lock Out Crime Scheme" in the area;
 - initiatives in Ballynahinch, Downpatrick and Newcastle areas to address illegal drinking and anti-social behaviour and;
 - provision of youth diversionary programmes throughout the area.
6. Maintain support for the ongoing development of the Down Community Transport Schemes.

making a difference in down to –

REDUCE ACCIDENTS IN THE HOME, WORKPLACE AND ON THE ROADS

Reducing accidental injuries and deaths in the home, workplace and from collisions on the road



Goal:

“Individuals are safer at home, at work, and on the roads”

Focus:

Accidents both in the home, at work and on the roads have a major impact on health and well being. In particular they affect the most vulnerable in our society namely children, older people and those who are experiencing particular social disadvantage. Significant progress has been made over recent years at improving safety in workplaces and in preventing accidents on the roads. The focus therefore over the next two years will be to maintain support for both of these areas but to target in particular the incidence of accidents in the home with the aim of reducing and preventing their occurrence particularly amongst children and older people. ^{17, 18, 19, 20, 21, 22}

Our Health:

A recent survey of 16 Accident and Emergency Departments in Northern Ireland found that:

- 41.4% of accidents occurred in the home;
- 15.2% occurred in the workplace;
- 19.5% occurred on the roads. ¹⁷

Hospital admission from the Down Area that resulted from accidents in 2004:

- 11.6% (71) resulted from road traffic accidents (EHSSB average 8.8%)
- 18.0% (110) resulted from home accidents (EHSSB average 17.5%);
- 3% (18) home accidents were to children under 16 (EHSSB average 2.5%);
- 8.7% (53) were the result of falls in those over 65 years (EHSSB average 9.4%). ²

progress so far:

DURING 2004 AND 2005 THE FOCUS OF ACTIVITY HAS BEEN ON:

- Developing an Eastern area wide education and training programme for key workers on home accident prevention;
 - Completing a mapping of activity and provision in relation to accident prevention across the Eastern area;
 - Supporting the development of local accident prevention programmes in schools, youth and community settings;
 - Providing home safety equipment to families involved in the Downpatrick Sure Start Scheme;
 - Piloting a “Fracture Falls” prevention programme within a range of local community and older persons settings.
-

priorities for 2006-2008

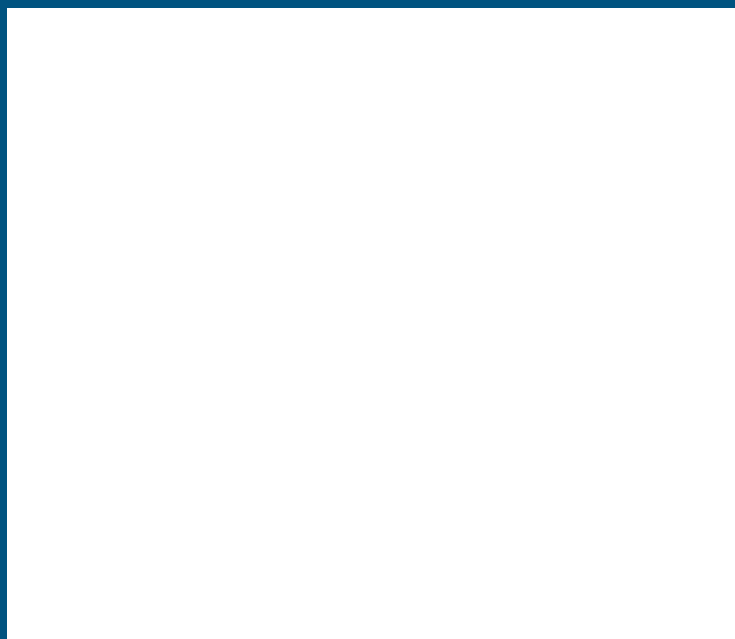
DURING 2006 – 2008 THE PRIORITIES FOR ACTION WILL BE TO:

1. Support the development of a local Home Accident Prevention Group (HAP) in the Down sector to develop and coordinate a local action plan on home accident prevention;
2. Provide support to local groups and organisations to develop programmes and projects to reduce home, road and workplace accidents in the community;
3. Provide ongoing education and training programmes on home accident prevention for key workers in the community and partner organisations;
4. Maintain the provision of home safety equipment for families within the Downpatrick Sure Start Scheme and develop similar schemes across the Down area;
5. Develop the provision of “Fracture Falls” prevention programmes for older people across a range of settings.

making a difference in down to –

ENABLE PEOPLE TO MAKE HEALTHY CHOICES

Enabling people to make healthier choices



Goal:

People have the capacity and are supported and resourced to make healthy choices"

Focus:

Assisting and supporting individuals to make healthy choices and adopt health promoting behaviours has a major impact on their long term health and well being and in particular a reduction in premature mortality and increased disability from heart disease, strokes and cancers. The focus is to promote healthy lifestyles in relation to issues such as nutrition, oral health, physical activity and sexual health and to reduce the harm that can be caused from the misuse of alcohol, drugs and smoking. In addition a particular emphasis is given to improving access to Primary Care services where the focus is on prevention and as a result, supporting people to remain within their own homes and communities. ^{22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33}

Our Health:

15% of Males and 23% of Females are obese (Figures are for the EHSSB Area and obtained in 1997);

The numbers of mothers within the Down area breastfeeding at discharge from hospital has risen from 31% in 1997 to 39% in 2004 (EHSSB average - 33% and 40% respectively);

64% of children attending playgroups were assessed as carries free and 27% of 11 year olds;

76% of males and 72% of females within the EHSSB area are physically active;

The numbers of pregnant women in the Down area smoking has fallen from 29.7% in 1997 to 23.9% in 2002 (EHSSB average is 29.5% in 1997 and 25.6% in 2002);

75% of adults within the EHSSB area are non smokers. ^{2, 34}

progress so far:

DURING 2004 AND 2005 THE FOCUS OF ACTIVITY HAS BEEN ON

Nutrition and Breast Feeding:

- Establishing a Nutrition Strategy Group to:
 - map local activity on food & nutrition issues;
 - audit training needs within Down Lisburn Trust and;
 - develop a local action plan.
- Developing links within local schools to develop action on nutrition;
- Providing "Cook-it" programmes with local communities;
- Piloting a "Community Gardens" project in Flying Horse area;
- Providing a "Fruit and Veg." scheme within Downpatrick Sure Start Project.
- Supporting the promotion of breastfeeding through:
 - staff training and development;
 - community education programmes;
 - breastfeeding support groups;
 - enhancing the provision of areas within public buildings for breastfeeding and;
 - achieving UNICEF Baby Friendly Certificate of Commitment within Downpatrick Sure Start Project and Down Lisburn Trust.

Oral Health:

- Promoting the use of the "3 2 1" Programme in local play schools and nurseries;
 - Providing dental health education programmes in Primary and Post Primary schools and local resource centres;
 - Working with local dental services to improve accessibility to dental services for the under 5's.
-

priorities for 2006-2008

DURING 2006 – 2008 THE PRIORITIES FOR ACTION WILL BE TO:

Nutrition and Breast Feeding: ^{23, 24, 25}

1. Develop the provision of local programmes to promote healthy eating and weight management within the community targeting children, young people, adults and older people;
2. Maintain support for local schools and youth settings to develop action to promote nutrition amongst children and young people;
3. Support the development of local community led nutrition programmes such as “Cook-it;”
4. Implement the “Weigh to Health” programme in Down area;
5. Maintain support for the promotion and uptake of breast feeding in the area.

Oral Health: ²⁶

1. Develop the “Save Our Smiles” campaign in the area;
2. Promote the increased use of the “3 2 1” scheme in local nurseries and play schools;
3. Support the provision of dental health education programmes in schools and resource centres;
4. Continue to work to improve the availability of dental services in the community and particularly within areas of disadvantage.

progress so far:

Physical Activity:

- Establishing the 'Health Wise' physical activity referral scheme in the Down area;
- Improving access to active living programmes for people with a disability and establishing the "Easy Access" Club in Down Leisure Centre;
- Developing the provision of local walking groups and walking routes in the area;
- Securing "Community Sports Development Funding" for three disadvantaged areas in Down;
- Supporting the development of the Down Clubmark Sports Development Scheme;
- Maintaining support for the 'Actively Ageing Well' programme with local groups;
- Developing an 'Active Lifestyles' programme within the Flying Horse area;
- Increasing the provision of physical activity through play and development programmes within local nurseries, play groups and in the Downpatrick Sure Start Project;
- Supporting the development of the Eastern Area "Playground Markings Project" within local primary schools.

Alcohol and Drugs:

- Developing the provision of the 'Chrysalis' Alcohol and Drug Programme to year 8 and 9 pupils in all post primary schools;
 - Piloting and evaluating the 'Walk Tall Together' personal development programme in local primary schools;
 - Developing the provision of the 'Tough Issues' parenting support training programme within the community;
 - Increasing the profile of the Dunlewey Substance Advice Service in the area;
 - Developing "Brief Intervention" Training programmes for key workers;
 - Supporting the work of the Down Alcohol and Drug Forum.
-

priorities for 2006-2008

Physical Activity: ²⁷

1. Develop the 'Health Wise' scheme throughout the area;
2. Provide training for local community leaders to implement the 'Health for Life' programme;
3. Develop the range and provision of local physical activity opportunities within the community targeted in particular at those with a disability and older people;
4. Maintain support for the development of walking groups and opportunities in the area;
5. Implement Community Sports Development programmes in Flying Horse, Langley Road, Shimna and Shrigley areas;
6. Undertake a base line survey of Year 9 pupils on participation in sport and physical activity;
7. Promote the ongoing development of the Down Clubmark Scheme;
8. Further develop the provision of physical activity opportunities within local nurseries, playgroups and Sure Start activities;
9. Develop the provision of cycle paths across the area.

Alcohol and Drugs ²⁸

1. Maintain support for the delivery of the 'Chrysalis' programme to all year 8 and 9 pupils and piloting the development of the programme with year 10 pupils;
2. Support the roll-out of 'Walk Tall Together' programme in local primary schools;
3. Increase the availability of 'Tough Issues' training programmes in the community;
4. Work with partners to increase the profile and availability of advice, counselling and support services in the area;
5. Provide a rolling programme of training on "Brief Intervention" and "Motivational Interviewing" for key organisations and individuals;
6. Seek support to resource a Brief Intervention Training Worker within the Downe Hospital Accident & Emergency Department;
7. Develop a community project to assist the Down Alcohol and Drug Forum and local communities address alcohol and drug issues.

progress so far:

Smoking and Tobacco Action:

- Establishing a local network of groups and organisations to address smoking issues within the community;
- Developing the provision of smoking cessation services in hospital, community and local pharmacies;
- Providing specialist training on “Brief Intervention” and “Smoking Cessation” skills to key workers interested in helping people stop smoking;
- Maintaining support for the implementation of the Northern Ireland ‘Smokebusters’ programme in local primary schools.

Sexual Health and Teenage Pregnancy Prevention:

- Establishing an interagency Sexual Health Improvement working group to develop and coordinate local action;
 - Producing a “Policy and Training Guidance Framework” on sexual health for partner organisations;
 - Completion of the “Flying Futures” pilot project for young people;
 - Establishing a “Totally You” sexual health project for young people in the Newcastle area;
 - Providing ongoing education and training programmes for key workers on sexual health, HIV/AIDS & Managing “Risk Behaviour.”
-

priorities for 2006-2008

Smoking and Tobacco Action: ²⁹

1. Develop the provision of local smoking cessation services;
2. Provide education, training and support for key workers in the community who are involved in helping people stop smoking;
3. Implement the Smoke Free Workplace Policy directive;
4. Maintain support for schools and youth settings to provide preventative education programmes on smoking and health to children and young people.

Sexual Health and Teenage Pregnancy Prevention: ^{30, 31}

1. Improve the provision and coordination of sexual health education across community and partner organisations;
2. Develop the provision and availability of education, training and resource programmes on sexual health for key workers within partner organisations and communities;
3. Develop action within communities to address the incidence of births to teenage mothers and their wider health needs;
4. Promote the local availability and provision of sexual health advice, support and family planning services in the area.

progress so far:

Access to Primary and Secondary Care Health & Social Services:

- Supporting the ongoing development of the Down Cardiac Rehabilitation programme;
 - Developing a new "Stroke prevention" programme in the area;
 - Implementing a "Diabetes strategy " across the area and funding for Specialist Nurses;
 - Appointing a Specialist Nurse in respiratory disease;
 - Establishing a Health Promoting Hospital Project in the Downe Hospital and appointment of a Co-ordinator to develop the project.
-

priorities for 2006-2008

Access to Primary and Secondary Care Health & Social Services: ^{32, 33}

1. Promote the development of a Primary Care Treatment Centre in Newcastle;
2. Increase access to local education and lifestyle programmes on chronic diseases;
3. Develop a sustainability plan for the Down Cardiac Rehabilitation and Stroke Programmes;
4. Improve the use of physical activity programmes as part of the care pathway for chronic disease management;
5. Implement the Health Promoting Hospitals Project with action targeted at:
 - developing support for breastfeeding and “Baby Friendly” provision;
 - addressing food and nutrition issues;
 - developing smoke free workplaces and access to smoking cessation services and;
 - improving information and communication on health.
6. Support the implementation of the Reform, Modernisation and Efficiency Agenda within Health & Social Services;
7. Develop access to:
 - a rapid response 24 hour nursing team in the area;
 - specialist nursing expertise for respiratory disease;
 - an integrated stroke rehabilitation service for the area and;
 - Diabetes support services for clients and their families.

conclusions

THIS DOCUMENT REPRESENTS THE COLLECTIVE VIEWS OF A RANGE OF KEY STAKEHOLDER ORGANISATIONS AND PARTNERSHIPS AS TO HOW BEST WE CAN ADDRESS AND IMPROVE THE HEALTH AND WELL BEING OF THE PEOPLE OF DOWN. IT HAS BEEN INFLUENCED BY A GROWING AWARENESS OF COMMUNITY NEED, STRATEGIC AGENDAS AND PRIORITIES AND THE EXPERIENCE OF A WIDE RANGE OF INDIVIDUALS, GROUPS AND ORGANISATIONS ENGAGED OVER MANY YEARS IN THE PRACTICE OF HEALTH IMPROVEMENT. IT REPRESENTS THE INVOLVEMENT OF A WIDE RANGE OF COMMUNITY AND ORGANISATIONAL PARTNERS WHO ARE COMMITTED TO REALISING HEALTH IMPROVEMENT FOR LOCAL PEOPLE. OVER TIME WE WILL SEEK TO GROW AND STRENGTHEN THIS PARTNERSHIP AS THIS IN ITSELF REPRESENTS A CRITICAL SUCCESS FACTOR IN REALISING HEALTH IMPROVEMENT FOR ALL.

The focus within the Health Improvement Plan has been to look at how and where we can seek to make an impact on the wider determinants of health. As such it is therefore not a definitive document but rather an outline of current thinking that has the potential for change and development as we move forward.

appendix 1

Membership of the Down 2010 Investing for Health Partnership Team

Eamon Bogue, South Eastern Education & Library Board Youth Services

Owen Brady, Northern Ireland Housing Executive

Laurence Clarke, Downpatrick District Strategic Partnership

Joe Dunne, Down Lisburn Health & Social Services Trust

Janine Hillen, Down District Community Safety Partnership

Melanie McClements, Down Lisburn Health & Social Services Trust

Patrick McCluskey, Down District Council

Nicholas McCrickard, East Down Rural Community Network

Dan McHugh, South Eastern Education & Library Board

David Patterson, Down District Strategy Partnership

Andrew Petrie, Department of Social Development

Chris Totten, Eastern Health & Social Services Board

Paul Turley, Down Health & Social Care Group

We wish to acknowledge the support and help to the group from Aine Creegan, Business Support Officer, Down Health & Social Care Group and Fiona Dunbar, Research Officer, EHSSB.

appendix 2

THE ROLL AND FUNCTIONS OF THE DOWN 2010 INVESTING FOR HEALTH PARTNERSHIP

The Down 2010 Investing for Health Partnership Team will:

- i. Work together as a partnership to maximise our ability to affect real health improvement in Down;
- ii. Seek to influence the priority, focus and commitment of others to engage in this vision;
- iii. Engage and seek to influence a range of other strategic agendas in the area that have a current or future impact on health improvement such as:-

- **Community Safety;**
- **Neighbourhood Renewal;**
- **Community Planning;**
- **Development of Health & Social Services;**
- **Priority Estates Programmes;**
- **Housing Strategies.**

- iv. Support a more co-ordinated approach to health improvement investment and funding in the area that:

- **Identifies current resource expenditure;**
 - **Works to influence current and future resource to address the needs and priorities of the plan;**
 - **Creates further opportunities for sharing of resource to address needs and priorities;**
 - **Explores and influences the focus of resource within mainstream services.**
-

- v. Develop a yearly implementation plan with SMART (specific, measurable, achievable, realistic within a timeframe) objectives that will allow us to progress and monitor actions to address the priorities of the Health Improvement Plan.
- vi. Work with partners and stakeholders to build our knowledge and information on health need and priority through local community health needs assessment and locality health profiles. This information will be shared widely amongst communities and partner organisations to ensure service planning processes reflect and reinforce our joint health improvement direction;
- vii. Work together to improve the capacity of our organisations to become “health improvement” organisations through influencing the focus of priority and resource, the skills and knowledge of staff and the programmes and projects that are delivered;
- viii. Involve local communities in a meaningful way that will equip them with the knowledge, information and skills to make changes that will result in health improvement in their locality. We will continue to support action to:
- **Identify local needs and priorities;**
 - **Maximise the use of existing community structures to realise health improvement;**
 - **Harness local expertise, knowledge and skills;**
 - **Maximise the opportunities for communities to fully engage in the planning and priority setting of local partners and service providers.**

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further information

If you would like further information on any aspect of the Health Improvement Plan please contact any of the members of the Down 2010 Investing for Health Partnership Team or Chris Totten, Investing for Health Manager, Down Lisburn Area, Lisburn Health Centre, Linenhall Street, Lisburn, BT28 1LU.

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Further copies of the Health Improvement Plan are available on line at:

<http://www.wellnet-ni.com>



down area

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2006 - 2008

