









How can anchor organisations, such as EastSide Partnership, play a role in the governance of Urban Green and Blue Spaces (UGBS) to deliver health and related socio-economic outcomes?

Introduction

Drawing on work in Scotland, Henderson describes Community Anchors¹ as non-relocatable, multipurpose, independently governed, community-led organisations that focus on local service design and delivery as well as broader social, economic and democratic development. Their functions include: partnershipworking with public sector bodies and agencies to co-produce services and support local plans; community governance and dialogue; managing community engagement through boards or committees of local people and facilitating forums and consultations; advocacy and political influence; working to raise and address local issues; attracting funding; and, partnering with other organisations to influence wider policy and investment decisions.

Summary

- Governance of UGBS is essential to leverage maximum health and related socio-economic outcomes.
- Anchor organisations have capacity to develop, deliver and manage green infrastructure; integrate environmental with health and wellbeing interventions; develop at scale active travel; cluster and support neighbourhood groups; and provide technical assistance and micro-funding to community organisations.
- Anchors such as Eastside Partnership have delivered community wealth-building connecting **poverty**, inclusive economic development and health interventions at point of delivery.
- Coordinating neighbourhood projects to identify and engage underrepresented people and areas in the use of UGBS is a priority for such anchors.
- Community anchors require specific support, including investment, capacity building and preferential policies in order to sustain the impact of UGBS on health and inclusion outcomes.

Urban Green and Blue Spaces (UGBS) have potential to improve health and wellbeing, health inequities, and provide co-benefits for the environment, economy, and society. Connswater Community Greenway (CCG) is a significant asset that leverages interrelated economic, social and environmental value across east Belfast. EastSide Partnership (ESP) demonstrates a capacity to sustain health outcomes and innovate with experimental interventions because it delivers community anchor functions across services and neighbourhoods. This brief highlights the need for a more strategic approach to the governance of community health, based on anchor organisations capable of working at scale across deprived places.

What does the evidence show?

ESP has developed as a community anchor organisation by accumulating 10 properties with a combined value of £4.7m. Every year, ESP invests over £700,000 in the local economy, putting nearly £400,000 into salaries and has 200 people in employment or training. They now operate 5 wholly owned businesses in arts and tourism; property development; information technology; education and training; and EastSide Greenways (ESG) who operate the Connswater Community Greenway. This includes a Family GP centre with 6,700 registrations; a community and retail space/complex; and a number of community service hubs. Using the Scottish anchor framework (above), GroundsWell maps out how ESP delivers an integrated range of services, including community health and wellbeing programmes.

Under community control

Local representation on the Board of the Partnership as well as on EastSide Greenways. Community development and capacity building, particularly through the Neighbourhood Renewal programme.

Taking a holistic approach

Internal services include greenways, health, social inclusion and anti-poverty work. Five separate companies within ESP provide a whole-of-life approach to the most excluded people and places in east Belfast.

Providing a physical hub

Ten facilities provide a base for GP services; family support; mental health counselling; retail; access to work; and community development.

Providing leadership

Lead organisation across a number of programmes, including labour market interventions; Urban Villages strategy and the Neighbourhood Renewal programme for Inner-East Belfast.

Focal point for community services

Integrated services across health, poverty, labour market and employment, using the Greenway to mobilise neighbouring communities.

Own and manage local assets

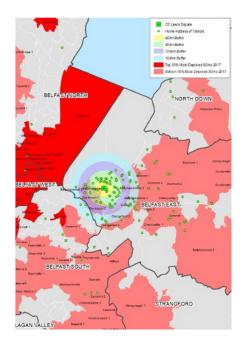
ESP owns ten assets valued at £5.5m, including doctors' surgery and family health service; shopping and community service centres; dedicated spaces for community health, counselling and labour market integration.

EastSide Partnership, community anchor and health impacts

GroundsWell identified the value of ESP as an anchor organisation as well as its capacity to strengthen the connection between green infrastructure and health outcomes. The key findings are detailed below.

The ability to manage and integrate open space. The EastSide Visitor Centre on C.S. Lewis Square is an active travel hub with Walk Wheel Cycle Trust, offering multiple cycling options. ESP see the Square being redeveloped as the physical heart of east Belfast, connecting with the Comber Greenway, the Glider bus service and the major road network. They have developed the Square with the visitor centre and 'container' restaurant and propose to build a small hotel and extend the centre as a community museum. Volunteering programmes, including citizen science projects on water and ground quality, are also delivered via the centre, while the coffee shop has created an active hub for local people and tourists.

The Groundswell survey of 464 users showed that there was a footfall of around 160,000 users on the Square over 12 months. It also showed that 65% of users said that it enabled them to take more physical activity and 61% felt that it had improved their overall health. ESP see the value of the Square as an economic, as well as a social and community space for surrounding neighbourhoods. It has developed as a venue for outdoor events, local markets and concerts and creates significant value for Eastside and the wider east Belfast economy. Fig.1 overleaf shows that it attracts people from across the city, including Catholic and Protestant areas and across a mix of social classes. Most people walk to the Square (43%), whilst a smaller number cycle (12%), although large-scale events create negative environmental costs, especially given the car use, traffic and congestion they generate. Overall, every £1 spent on developing and managing the Square creates a value of £2.29 (2024) and Fig.2 emphasises its impact on convenience and comparison shopping, local bars and restaurants and accommodation. This relates to a further dimension of anchors in that they use the commercial opportunities of such assets to create surpluses that are reinvested in community programmes, including public health.



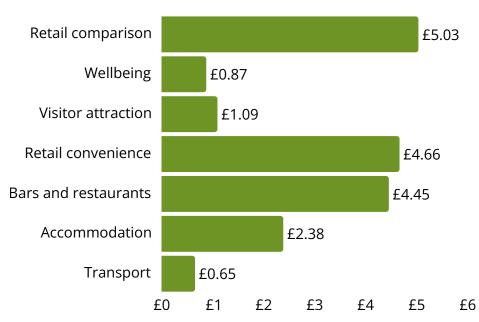


Fig1. Visitors to the Square

Fig2. Impact of every £1 spent on developing/managing the Square

The Square as a health gateway. The Green Health Map² in Fig.3 supports individuals and communities to be more informed on the health and well-being benefits of using green spaces and to strengthen the use of specific places as well as walking routes. Local GP services (delivered via an ESP-owned facility), open options for social prescribing as well as mental health programmes and the trail is used for education and physical activity projects with neighbourhood schools.

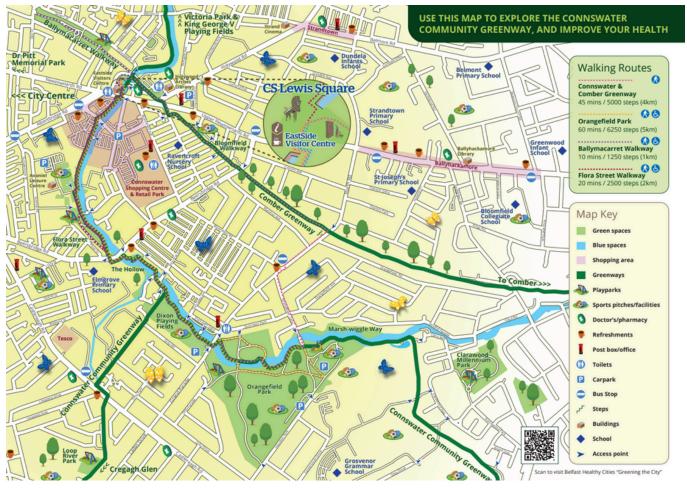


Fig3. Green Health Map of East Belfast

Community anchor and community scaffolding. ESP was pivotal in the establishment of the Scaffolding Project³, which brought together twelve agencies to provide crisis responses, family support services, and programmes for mental health and well-being. It also coordinated actions to alleviate the direct effects of poverty, such as the Summer Food Programme to address Holiday Hunger; a School Uniform scheme providing free and low-cost new and preused clothes; and a Fuel Crisis Fund to help people cope with rising energy bills. Based on the principles of community wealth, Scaffolding Project members paid a real living wage, encouraging local spending in the neighbourhood economy and work with statutory agencies to maximise welfare incomes for the poorest households. This project came to an end in 2024 due to funding constraints, however, organisations in east Belfast continue to be committed to anti poverty and community wealth building work such as the East Belfast Anti Poverty Alliance coordinated by East Belfast Community Development Agency.

Scaling health interventions through integrated working. The Carew Family Centre provides a programme for 2–3-year-olds as part of the East Belfast Sure Start initiative and works with the Newtownards Road Women's Group to offer childcare services for ages 0-17 years, as well as offering wraparound family support. Leading the implementation of Neighbourhood Renewal has allowed ESP to integrate urban regeneration with community health, counselling and specialist interventions on suicide prevention. Here, scale matters, especially to combine programmes that require a degree of clinical support across east Belfast and data show that in 2021, key outputs included:

- Number of people benefiting from healthy lifestyle projects = 2,571
- Number of people using health intervention projects = 364
- Number of people using health awareness projects = 374
- Number of people participating in suicide prevention programmes = 111

Risk and uncertainty. There is a risk that services delivered by the statutory sector are downloaded to competent anchor organisations. With cuts in social work, mental health support and community nursing, third-sector bodies are often left to fill the gap, not least as problems become more complex. Strong governance and control systems, including community involvement in management, help check how Eastside stays close to its social mission.



Recommendations

Engaging communities to take greater control over health, active travel and complex problems related to poverty raises issues about designing effective governance arrangements at a local level. Anchor organisations work at scale to mobilise resources, connect health with poverty reduction programmes, integrate green infrastructure with well-being services and take a strategic approach to the way in which community interventions are planned and managed. Big is not always best, but scale matters, especially to coordinate the growing number of community organisations delivering health programmes using a place-based approach.

A comprehensive approach to poverty reduction. The EastSide approach emphasises the need for health outcomes to be more effectively integrated into a comprehensive strategy to tackle the exclusion and deprivation that reproduces health inequalities. They offer a Community Wealth Building⁴ model by creating jobs and incomes and reinvesting profits into health programmes, using the Greenway as an asset for programme delivery. In Community Wealth Building in Scotland: A Health Impact Assessment⁵ Public Health Scotland show that a progressive local development approach can more meaningfully reduce poverty as a pathway to delivering more durable community outcomes. Despite a Ministerial Panel making a range of Recommendations to Advance Community Wealth Building in Northern Ireland⁶, progress has been weak and sporadic. UGBS, poverty interventions and connecting both to improved outcomes need to be framed by a community wealth approach in the region, in which multifunctional anchors play a key delivery role.

A strategic spatial planning approach. Connswater Community Greenway is a £40m infrastructure investment and ESP has been able to develop interdependencies between spaces and their functions; how it connects with public transport; creates multiple access points; and 'hub' areas that can draw high volume footfall. C.S. Lewis Square is one such pedestrian generator, but its functions are not just about health. Rather, it is being planned as a dynamic centre for the greenway and this part of east Belfast in a way that broadens and sustains active travel. A spatial plan would be useful for UGBS more broadly and how they function in the context of the wider city, local neighbourhoods, gateways, sub-hubs⁷ and the types of uses they support, some community-focused, others health-oriented and for places such as C.S. Lewis Square, a more explicit (socially) commercial intervention.

Coordinating community health projects. A further coordinating function is needed for the multiple localised interventions on community health and capacity building. ESP's Scaffolding Project represents an attempt to better integrate service delivery around poverty that could be extended to the wider health inclusion arena. Different agencies use a place-based approach to health interventions, but often fail to coordinate spending, target groups or neighbourhoods themselves. This has resulted in duplication and the need for better integrated working at a strategic policy, as well as at an anchor level.

Maximising social value. Groundswell research has helped to understand the blended value an anchor such as ESP can extract from UGBS. Social value in procurement is now a requirement across government contracts, including mental health, managing green spaces, and urban regeneration. It is part of a community wealth approach and could be used more progressively, especially to connect UGBS and health interventions. Most community organisations are not equipped to deal with large contracts, but anchors are and there needs to be broader recognition of the value added that such organisations create. The social value of Connswater Community Greenway⁸ is estimated to be between £56.8m and £67m, in which ESP has played a critical brokerage and delivery role.

Resources. Anchors need finance, technical support, and skilled staff to deliver the type of brokerage functions we see with ESP, especially in maximising the health, social and economic value of the greenway. As noted, the return on investment from such arrangements itself creates efficiencies in the way we think about structures of community governance and how to achieve better outcomes for the poorest people and places.

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