

SHLC Alliance

The Voice of Healthy Living Centres in Scotland

Scottish Healthy Living Centre Alliance

Business Plan

Executive Summary February 2010

Our Vision

To see Scotland at the top of the European health league tables with local communities placed centrally as experts in this transformation

Our Mission

To embed community-led health improvement and reduce health inequalities across communities throughout Scotland

Executive Summary

Introduction and Background

The Scottish Healthy Living Centre Alliance (the Alliance) was formed in September 2007 to represent Healthy Living Centres (HLCs) in Scotland. It has been registered in 2009 as a company Limited by guarantee. The Alliance has a role to support and advocate on behalf of Healthy Living Centres (HLCs); to work on solutions to sustainability issues, to establish strong partnerships with key stakeholders and to add value to health provision. The central purpose and direction of the Alliance is to ensure that everything possible is done to embed community-led approaches to health improvement in disadvantaged communities across Scotland and to reduce health inequalities wherever they occur.

The Alliance has an ambitious vision.

To see Scotland at the top of the European health league tables with local communities placed centrally as experts in this transformation.

The much needed investment from the Scottish Government in 2009 has been used to develop a business plan which presents proposals and actions to achieve its mission.

To embed community-led health improvement and reduce health inequalities across communities throughout Scotland.

Purpose of the Plan

This business plan describes a transformation in the ways in which existing and new HLCs will operate. A central purpose of the plan is to embed community-led health improvement in more communities and to engage more community organisations in community-led health improvement. Doing different things in a different way will build on the expertise and experience of the current HLCs. It will involve engaging all HLCs in social enterprise activities which will help secure critical programmes and services and enhance the effectiveness, quality and long term sustainability.

Healthy Living Centres (HLCs) were established by the New Opportunities Fund in 1997. Over the last 12 years they have developed expertise and experience in delivering community-led health improvement. They have been highly and publicly accountable and have developed a range of robust approaches to self evaluation and quality assurance. They have become more innovative and creative in using resources efficiently and effectively and have increasingly embraced models of social enterprise. They have greatly increased the direct involvement of communities in the delivery of programmes through increasing community representation in project boards and greatly increasing the numbers of community volunteers engaged in delivering projects. They have successfully complemented the work of

statutory agencies in local areas and have formed strong partnerships with many community groups and organisations. While they share similar values with other major partners in health provision HLCs are in a unique position to respond quickly and effectively to local health issues.

Evidence Base

External and internal evaluations of HLCs over the past 5 years have reported the effectiveness of community-led health improvement. The evaluations show that HLCs:

- provide services to substantial numbers of people living in disadvantaged communities, many of whom would be considered 'hard to reach'.
- have impacted positively on the physical and mental health of regular users and improved health-enhancing behaviours.
- are good value for money by delivering efficiently, effectively and levering in additional resources to address health inequalities.
- have mobilised an increase in volunteering and other forms of participation around health related activities.
- have helped to build community capacity and established community development approaches to health inequalities.
- have increased the range of services available to local people and provide services that are responsive and accessible.
- are responsive and fast acting to changing environments.
- have established new partnerships and contributed to existing partnership arrangements in tackling health inequalities.

Evidence outlined in this report suggests that the need for more effective and efficient health interventions is great and increasing. There is therefore an urgent need to increase and develop a permanent, strong and expanding community-led health improvement component as part of national health improvement strategies.

The Strategic Context

All the major agencies in community-led health improvement have specific guidance relating to engaging with communities which is a key strength of the Alliance. The Alliance recognises that funders of community-led health improvement must be able to demonstrate accountability for using public funds in a manner that reflects public policy. HLCs have influenced a number of specific policy and practice strategies and make a contribution to the wider Scottish Government agenda including employability, learning, literacy, community empowerment and localism.

To understand the nature of the contributions to national programmes it is necessary to be familiar with the main features of community-led approaches to health improvement. The major areas of activity across the Alliance are matched to major national programmes as outlined during this plan and the outcomes and activities in this plan are founded on a national strategic fit.

The arguments and terminology from a wide range of Scottish Government documents can be clearly mapped onto the Alliance's case for investment in community-led health improvement.

Our Proposals

To achieve its mission the Alliance proposes to:

Seek an invitation to become a strategic partner with the Scottish Government, working together to tackle national health inequalities. The Alliance offers the Scottish Government an opportunity to invest in an exciting, different new interface with healthy living centres and potentially with a wide range of organisations using and developing community led approaches to health improvement across Scotland. The Alliance also welcomes the regular dialogue, review and accountability aspects of a strategic partnership.

Access Investment Funding from the Scottish Government in order for community led health improvement to become established within the provision for health services in Scotland. A planned investment in the leadership and infrastructure of the Alliance will establish, maintain and grow a community led health improvement component in the national provision for health services.

The vision of this business plan would require an investment of £2,165,000 in the first year and it is estimated that this will trigger a multiplier effect which will enable HLCs to lever in an additional £4million per year of funding into community-led health improvement across Scotland. Around £1.35 million of the investment funding would be used to sustain and develop the leadership capacity of existing and new HLCs. Research studies highlight the critical role that skilled, motivated leaders play in the success and sustainability of community organisations. A further £815,000 will be used to secure growth and development in the Alliance.

Annual targets are set to increase the membership of the Alliance and to support the establishment of new HLCs. This growth will bring the increasing impact and benefits of community-led health improvement to more disadvantaged communities across Scotland.

As part of the growth of the Alliance a sum of £117,000 will be required to establish a central management and coordination function for the Alliance which will act on behalf of the Alliance to drive developments in quality management, sharing of practice, bidding for contracts, developing excellence and supporting communities in establishing new HLCs.

Seek the endorsement of the Scottish Government for community led health improvement and for the Alliance to be acknowledged as a consultative body on key health strategies, research and other documents pre-published by the Scottish Government and other agencies. The Alliance will act as a single interface with HLCs and use the information gathered from delivering community-led health improvement to support and inform the development, operation and review of national health strategies. The endorsement of the Scottish Government through inviting the Alliance to become a strategic partner and investing in community-led health improvement will greatly assist the Alliance and benefit disadvantaged communities by enabling the Alliance to work on medium and long term strategies with community planning partners and with other organisations.

Seek support for and acknowledgement of the quality management and performance framework for the work of HLCS. Organisations which take out full membership of the Alliance will be required to 'sign up' to the common framework for managing and reporting performance and quality improvement. The framework will be developed from the existing model used by inspectorates in social work, education and the NHS. All HLCs will be supported to develop their capacity to deliver excellence in their practice and develop new areas of expertise to reduce health inequalities

A robust framework for quality management (including monitoring & evaluation) will be put in place alongside mechanisms for self evaluation and peer support. Standards will be set at different levels with a strong focus on encouraging and supporting self evaluation and peer learning.

The Alliance plans to develop a quality standard of excellence for members to increase the effectiveness of their work on the ground and improve their chances of success in competitive tendering.

The performance framework will enable HLCs and the Alliance to evaluate their contributions to national and local strategic targets eg HEAT, Equally Well, Single Outcome Agreements etc.

Impact of this Investment

The outcomes of a successful Alliance will be on the ground, both in member organisations and vitally in users of the services. With some medium to long term central investment the Alliance would be in a position to build on the success and ensure continuous improvement and increased impact on health inequality.

If the investment envisaged in this plan was realised, an effective Alliance would;

1. Enhance and develop leadership.
2. Develop and embed capacity building.
3. protect services to around 100,000 beneficiaries and extend services to an additional 50,000 beneficiaries in three years.

4. provide supportive placements to around 2000 volunteers
5. protect 329 staff and improve staff retention and commitment across the sector.
6. create jobs for an additional 100 staff in the three year period.
7. increase the proportion of trading to grant income
8. empower communities to bring about change for themselves.
9. promote better joint working and partnership
10. reduce the burden on NHS
11. lever in additional investment to communities

Making It Happen

An operational vehicle is necessary to put this plan into practice. The company limited by guarantee is set up and it is managed by leaders of the sector from both paid executive officers and board members. The Board will have responsibility for all aspects of the governance of the Alliance including setting the strategic direction, meeting growth targets, financial management and performance review.

A modest office base will be established. It will be light on its feet, small in staffing complement and therefore efficient and effective. A manager/coordinator at the centre will act on behalf of the Alliance to ensure the central functions are implemented effectively.

The business model of the Alliance is one that is led by the sector and focussed on benefiting the sector. The Alliance will continue to be the voice of community-led health and have a key role in supporting HLCs to sustain a high quality standard of delivery across all HLCs. In addition it will broker collaborations of members to bid for contracts.

The successful operation of the Alliance will depend on building on the effective partnerships with local and national agencies which have been established by HLCs and by the board of the Alliance.

Cost, Funding and Finance

To achieve the vision of this business plan £117,138 of revenue costs is required in year one to establish the Alliance and a total of £339,272 over the first 3 years to consolidate it. We believe that income can be earned but that the Alliance will require Government funding of £100,000 in year one and £270,000 over three years to be sustainable.

Sustainability

Grant investment will taper over the 3 years to a plateau. Match funding will come from self generated income, largely from membership fees and management fees from contractual work undertaken by HLC members. It is projected that the Alliance would be able to generate over 20% of its own income. In the future, we will investigate the opportunities for sponsorship and trading, perhaps from conference or event management.