



HEALTHY LIVING CENTRE EVIDENCE SUMMARY PAPER



PREPARED BY: THE HEALTHY LIVING CENTRE SUPPORT PROGRAMME

The information and statistics contained within this paper are based on responses to a survey to which 34 of the 46 HLCs operating in Scotland responded.





INTRODUCTION

**For further information about HLCs
or the HLC Support Programme contact:**

Anne Marie Walsh
Strategic Development Manager
t: 0131 537 4726
e: annemarie.walsh@health.scot.nhs.uk

Paul Nelis
Senior Development Officer
t: 0141 248 1990
e: paul@scdc.org.uk

Susan Paxton
Senior Development Officer
t: 0141 248 1924
e: susan@scdc.org.uk

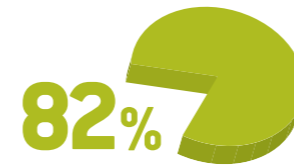
Aileen Skillen
Administrative Officer
t: 0141 248 1990
e: hlcadmin@scdc.org.uk

Alternatively, contact your local HLC directly – details on page 11

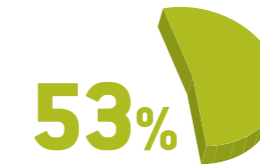
This paper is intended to reach a wide audience of agencies and organisations who have a focus and interest in community health and well being. This will include health boards, local authorities, politicians, national government agencies and in particular community planning partnerships and community health partnerships operating at a local level. The purpose is not to provide an exhaustive list of Healthy Living Centre (HLCs) services and activities but to highlight how their approach impacts on health improvement priorities and regeneration outcomes. The examples detailed on the following pages represent only a snippet of the scope and breadth of work carried out by each HLC.

The paper has been written by the Healthy Living Centre Support Programme Team which is funded by the Big Lottery Fund. Our aim is to identify and respond to key issues facing HLCs in Scotland.

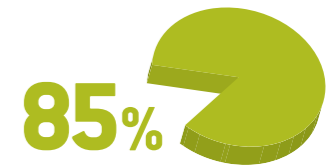
DID YOU KNOW?



29 (82%) HLCs provide programmes addressing Mental Health



18 (53%) HLCs provide a Smoking Cessation Service



29 (85%) HLCs provide healthy eating advice

POLICY CONTEXT

The White Paper, *Towards A Healthier Scotland*, 1999 set the framework for current public health and health improvement policy. The White Paper recognised the need to reduce health inequalities and the need for the NHS to work in partnership with others to achieve this.

The Scottish Executive's 2003 paper *Improving Health in Scotland - the Challenge*, was produced in tandem with *Partnership for Care* to highlight the need for all of the NHS to work within a partnership context to improve health. The Challenge's aim for health improvement was, and still is, to improve the health of all people in Scotland and to narrow the health gap. The paper proposed priority topics and settings for action and recognised that promoting positive mental health and preventing mental ill health are essential components of all health improvement work. It recommended the use of 23 indicators to monitor health inequalities, and had a specific objective to improve life expectancy and healthy life expectancy and also 'to reduce inequalities between the most affluent and most deprived groups.' In these papers the Scottish Executive clearly states that the potential of Healthy Living Centres to deliver effective programmes of work to achieve these indicators should be optimised.

Targets for reducing health inequalities are also integrated with the Scottish Executive's current social inclusion policy – *Closing the Opportunity Gap*. Related to this, the second of the Scottish Executive's 2005-2008 spending review targets is to 'reduce health inequalities by increasing the rate of improvement across a range of indicators for the most deprived communities by 15%, by 2008'. There are six health specific indicators (selected from the 23 originally set out in the Challenge paper):

smoking during pregnancy - 10.0% reduction in the most deprived areas between 2003 and 2008

adults smoking (aged 16-64) - 10.9% reduction between 2003 and 2008

coronary heart disease mortality (for under 75s) - 27.1% reduction between 2003 and 2008

teenage pregnancy (aged 13-15) - 33% reduction between 2000/02 and 2007/09

suicides in young people (aged 10-24) - 15% reduction between 2001-03 and 2007-09

cancer mortality rates (for under 75s) - 10.1% reduction between 2003 and 2008

The following paper demonstrates how HLCs are helping to achieve this.

In 2005 the Kerr Report (*'Building a Health Service Fit for the Future - a National Framework for Service Change in the NHS in Scotland'* - a review of the function and future of the NHS in Scotland, commissioned by the Scottish Executive) recommended, among other initiatives, 'targeted action in deprived areas to reach out with anticipatory care to prevent future ill-health and help reduce health inequality'. Due to their strong user involvement and partnership working approaches HLCs are in an ideal position to facilitate and deliver on this objective.

THE SUCCESS OF HEALTHY LIVING CENTRES

The Healthy Living Centre Programme was launched in 1999, helping to develop 352 HLCs in the UK. Forty six of them are based in Scotland and are funded or have been funded by £34.5million of investment by the Big Lottery Fund.

Scottish HLCs form part of a wider network of community-led health initiatives. They are characterised by their diversity, from projects which are centre based to virtual organisations; from those within the voluntary sector to those based within the statutory sector. What they all have in common is their commitment to tackling health inequalities in deprived communities. HLCs provide a range of services that not only impact on Health Improvement priorities but also tackle the wider determinants of health and contribute to the broader development and well being of their communities.

HLCs have a wide range of target groups, that span across all life stages and cultures. Crucially, HLCs have deep-roots in the community and high levels of service user involvement, which means they are ideally placed to understand community needs and able to work with a range of partners to effectively tackle local priorities. They are an ideal access point for the statutory sector to engage with hard-to-reach groups because of their ability to reach people through their local knowledge and use of innovative delivery methods.

Many HLCs have proved themselves to be effective and credible mechanisms for the delivery of services to communities. This impact is evidenced within the national evaluation of HLCs being conducted by the Research Unit in Health, Behaviour and Change

within the University of Edinburgh. This paper provides an introduction to HLCs, presenting a selection of the many successes achieved across three key themes:

Impact on health improvement priorities

HLCs target and interact with the 'hard to reach' groups in the most socially deprived areas of Scotland.

Community Development approach

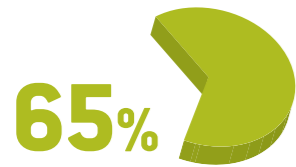
HLCs adopt a community-led or community development approach to tackling health inequalities. This means that they recognise the importance of supporting local people to identify their health needs and how they can be addressed. Many HLCs are community-led in that they support service user involvement in identifying health needs, and using a community development approach involves actively supporting socially excluded people and communities to take action on needs and issues they identify as critical to improve their health and quality of life. This approach is based on values and principles such as partnership working, empowerment and participation which is the current focus of health and social policy at both national and local levels.

Building partnerships to tackle local priorities

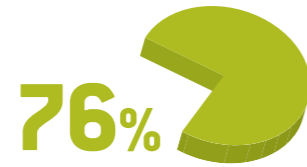
HLCs draw on the knowledge, skills and resources of the community and service agencies and work to a shared vision of change.

These themes touch on priorities across government departments and help illustrate the wide range of benefits provided by HLCs.

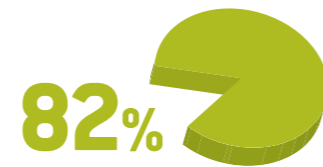
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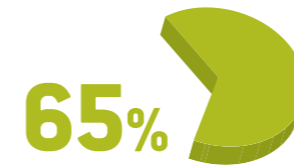
22 (65%) HLCs provide opportunities for education and training



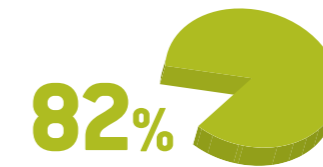
26 (76%) HLCs provide projects involving physical activity / exercise



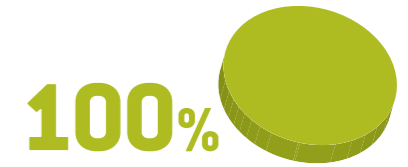
28 (82%) HLCs deliver alcohol support programmes



22 (65%) HLCs provide education and training courses



28 (82%) HLCs support volunteers to be active in their community



34 (100%) HLCs report that they use a community development approach

IMPACT ON HEALTH IMPROVEMENT PRIORITIES



HEALTH CONNECT: SUPPORTING FAMILIES AND YOUNG PEOPLE

WHAT: 'Home Connect', an element of Health Connect in East Renfrewshire, was set up to support families and young people on low incomes. The project addresses both physical and mental health issues and works to reduce barriers to inclusion within local communities.

HOW: 'Home Connect' provides a range of innovative activities, services and training including a supported play scheme, managing teenage behaviour courses, youth activities, relaxation and complementary therapy sessions, support for people recovering from substance misuse, healthy cooking on a low income, fuel poverty support and other activities.

RESULTS: Evaluation feedback has demonstrated noticeable improvements in the health and wellbeing of people who have taken part in 'Home Connect' activities. These improvements include reduced stress, increased confidence, increased knowledge of health issues, better access to services and high levels of trust in the services provided.

COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP): PROVIDING SERVICES AT A LOCAL LEVEL

WHAT: The HLC has been using a mobile unit – The CHIP Van, to meet the needs of the whole of East Ayrshire which is characterised by small communities over a wide area. The CHIP Van provides a wide range of activities and support on residents' door steps.

HOW: The mobile unit provides basic health checks; including blood pressure and body fat measurement as well as information on a variety of health topics. It has also been used as a focus for establishing groups to find out what is needed in the community. The van is also regularly staffed by partner agencies.

RESULTS: The CHIP Van has been effective in engaging with those individuals in the community who would not access preventative health care and the high profile nature of the approach has helped raise awareness of health inequalities in the community. During 2005-06: 4,650 individuals accessed the CHIP Van; 560 new referrals were passed on to Leisure and Recreation Services, 8,438 attendances were recorded at classes provided by the HLC. The total number of people accessing the project was 14,518 (2,809 males, 11,709 females).

GETTING BETTER TOGETHER: FOOD CO-OPERATIVE

WHAT: The HLC food co-operative was set up to allow the community of Greater Shotts to access high quality, low price fruit and vegetables and other basic foodstuffs.

HOW: The HLC organises a daily delivery direct from Glasgow fruit and vegetable market.

This ensures that all produce is fresh daily and that prices are kept low. The food co-operative is used by all sectors of the local community and is run by a group of dedicated volunteers.

RESULTS: Before the inception of the food co-operative it ascertained by questionnaire that the average consumption of fruit and vegetables in the Greater Shotts area was between 0 – 1 portions per person per day. Since the food co-operative opened the average consumption has risen to between 3 – 5 portions per person per day.

PATHS TO HEALTH: INCREASING PHYSICAL ACTIVITY

WHAT: The HLC has a national remit to promote walking to increase levels of physical activity in Scotland. It has become a key strand of achieving the targets for physical activity set out in the Scottish Executive's physical activity strategy 'Let's Make Scotland More Active'.

HOW: The HLC provides training, advice and funding to support local 'Health Walk' schemes. These partnerships provide communities with opportunities for physical activity and social contact through delivering a programme of short, local, volunteer-led health walks.

RESULTS: 'Health Walks' provide physical, mental and social benefits to many people who are at risk from the negative effects of social isolation and physical inactivity. Paths to Health has supported over 200 community based schemes, involving more than 700 local steering group members and more than 30 full time equivalent walking co-ordinators. 2,000 walk leaders have been trained to lead walks in communities and there are approximately 20,000 people estimated to be participating in led walks every week.

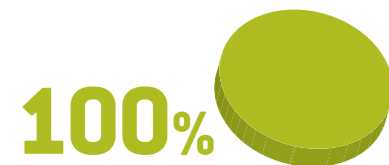
CHINESE HEALTHY LIVING CENTRE: ENGAGING HARD TO REACH GROUPS

WHAT: The HLC approached the issue of Chinese men's health inequalities by using its knowledge to engage the Chinese male community of Glasgow more effectively.

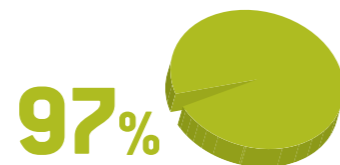
HOW: It organised an awareness raising day where the focal point was a talk on prostate health. In addition, there were information stalls on sexual health, Wellman clinic run by the NHS and GP exercise referral schemes etc.

RESULTS: 61 people attended of which half were men. In terms of health knowledge gained 91% of those who completed evaluation forms responded positively. A few men went on to make appointments with the NHS Wellman clinic. More men are engaging with the HLC and increasing their levels of activity. The HLC is building on this by planning outreach work and activities and services dedicated to Chinese men.

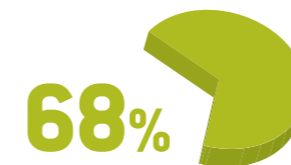
DID YOU KNOW?



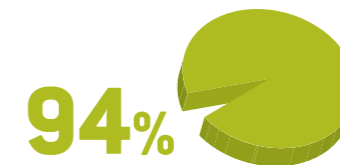
34 (100%) HLCs work in partnership with Health Boards



33 (97%) work in partnership with Local Authorities



23 (68%) work in partnership with Voluntary Organisations



32 (94%) HLCs operate in the 15% most deprived Scottish Index for Multi Deprivation areas

COMMUNITY DEVELOPMENT APPROACH

GORBALS HEALTHY LIVING NETWORK: COMMUNITY ENGAGEMENT THROUGH PARTICIPATORY APPRAISAL (PA)

WHAT: The HLC works with the community to help it identify its own priorities and make decisions about what happens locally.

HOW: The HLC trains local people to conduct action research within their own communities which allows service providers to better design services and target health interventions efficiently.

RESULTS: The HLC has trained 40 individuals over the last two years in PA techniques. The training is designed to build skills and confidence, and a number of individuals have gone on to gain employment or changed the type of work they do because of the training.

FIFE HEALTHY LIVING & SENSORY AWARENESS PROJECT: FORMATION OF AND SUPPORT OF ADVISORY PANELS

WHAT: The HLC works with people with a sensory loss in Fife to increase their opportunities for a healthy lifestyle, encouraging healthy living and improving access to health and leisure information.

HOW: People with sensory loss are forming Advisory Panels to assess the accessibility of physical activities in the local area. The advisory panels will be overseen by steering groups which are being supported by the HLC with the aim of developing the members' skills to run the panels themselves.

RESULTS: Following a survey of Fife's registered blind and partially sighted people, the Visually Impaired Persons' Steering Group is currently looking at ways of assisting people with sight loss to participate in physical activities, art, drama and music classes.

CAMBUSLANG AND RUTHERGLEN COMMUNITY HEALTH INITIATIVE: WORKING TOGETHER TO IDENTIFY AND TACKLE LOCAL NEED

WHAT: The HLC chairs the local Health Improvement planning group. This group includes the Community Health Partnership, Community Planning Partnership and other local voluntary agencies with a remit to tackle health inequalities as well representation from the local community. This group has written a 3 year health improvement plan for the local area.

HOW: To ensure comprehensive consultation with the local community took place, the HLC trained and supported 5 local people in consultation techniques. These 5 individuals went on to consult with 500 local people.

RESULTS: All 5 are now involved in other consultation work with the local community. Due to the skills that the volunteers have gained, two have also moved into employment.

BUILDING PARTNERSHIPS TO TACKLE LOCAL PRIORITIES

LGBT CENTRE CENTRE FOR HEALTH & WELLBEING: TRAINING HEALTH PROFESSIONALS

WHAT: The HLC's Training & Consultancy Manager delivers guidance, support and training on LGBT issues to health professionals across NHS Lothian.

HOW: Provision of LGBT awareness sessions is now part of NHS Lothian's induction programme for all staff.

RESULTS: 900 staff attended during 2005. Quote from attendee:

'I was apprehensive about the course and didn't really know what to expect, but it was absolutely brilliant. Opened my eyes to all sorts of challenges and opportunities in providing healthcare for LGBT communities.'

Partly, due to the success of this programme, the HLC has also been involved in designing and delivering the Equality and Diversity element of NHS Lothian's internal staff induction and their gender & sexual orientation e-learning module.

BUILDING HEALTHY COMMUNITIES (BHC) IN DUMFRIES & GALLOWAY: INCREASING COMMUNITY PARTICIPATION WITH REGENERATION PARTNERS

WHAT: Working in partnership with the Neighbourhood Renewal Project and Dumfries and Galloway Housing Partnership, BHC aimed to promote social participation and engagement of its diverse residents with regards to the community's needs and future development. A specific focus was on the regeneration of deprived and disadvantaged neighbourhoods.

HOW: A variety of engagement techniques such as participatory appraisal methods were used to make contact with and gain information from residents in south central Stranraer. The consultation provided key information and formed the basis for the participative involvement of local people with the Neighbourhood Renewal Programme in developing a master plan for the regeneration of the area.

RESULTS: 7 BHC volunteers with 2 staff from consultancy group carried out the PA work. 1800 houses were targeted.

Over 20 partner organisations were involved.

100 people attended the workshops at the resource centre.

DUNDEE HEALTHY LIVING INITIATIVE: BUILDING PARTNERSHIPS TO MEET NATIONAL STRATEGIES

WHAT: The HLC worked with local and national partners to establish walking groups and safe walking routes in and around Dundee.

HOW: Walks were developed in various localities around Dundee with the Council's Local Access Officer. Cards were also developed that highlighted different walks in and around the city. Local volunteers took up the leadership of the walks and encouraged others in their communities to join in.

RESULTS: Local walking groups are establishing joint walking groups with other communities which have contributed to breaking down traditional territorial borders within Dundee's communities. There are currently 5 walking groups with between 10 and 30 members each, and 17 walk leaders who have undertaken Paths to Health volunteer training.

The walking groups are currently constituting to work towards independence.

DID YOU KNOW?



In addition to BLF investment, 29 HLCs reported that they have collectively attracted substantial in-kind support and over £10 million investment from local and national partners.

CONCLUSION

As demonstrated in this paper, HLCs play a significant role in tackling health inequalities with others in Scotland. By focusing on health priorities identified both nationally and locally, HLCs generate health benefits for individuals and the wider community. HLCs reflect one or more national health priorities in their aims and objectives, such as tackling mental health, cancer, coronary heart disease, strokes and sexual health. HLCs tackle these priorities through partnership working, community development and service user involvement.

At a national level they have been active partners in the Community-led: Supporting and Developing Healthy Communities Task Group. This group was formed when the Scottish Executive tasked a wide range of stakeholders to meet together to address the community-led pillar of Improving Health in Scotland: The Challenge (2003), and health inequalities in the context of Closing the Opportunity Gap. Three HLCs were included in a series of six case studies, which were chosen to reflect existing work and emphasise the impact on health improvement of community based activity.

As the Big Lottery Fund funding stream comes to an end for many of Scotland's HLCs, pressure to look towards sustainability of HLC activity and impact is high. HLCs recognise that to progress as robust, vital and relevant organisation through fixed term funding arrangements and changing political priorities demands planning and understanding of decision makers locally and nationally. They recognise that if they are not embedded in to local and national infrastructures, meeting these demands can be difficult. However, as the national evaluation already demonstrates HLCs can be an invaluable partner and resource to Community Health Partnerships and Community Planning Partnerships by sharing the wealth and breadth of expertise they have in effective user involvement and community engagement.

With ongoing support, HLCs are ideally placed to continue addressing health inequalities and health improvement targets in some of the most socially deprived areas of Scotland.

If you want to find out more about HLCs operating within your area or discuss ways in which you can become more involved in their work, you can contact them directly, or through the national HLC Support Programme.

COUNCIL AREA	HEALTHY LIVING CENTRE	PHONE
Aberdeen City	Aberdeen Healthy Living Network	01224 523832
Aberdeenshire	Mearns Healthy Living Network	01561 378130
Argyll and Bute	Bute Healthy Living Initiative	01700 505041
Argyll and Bute	Islay Healthy Living Centre	01496 810693
Argyll and Bute	Kintyre Healthy Living Partnership	01586 551427
Clackmannanshire	Tullibody Healthy Living Initiative	01259 724374
Dumfries and Galloway	Building Healthy Communities	01387 272776
Dundee City	Dundee Healthy Living Initiative	01382 435824
East Ayrshire	Community Health Improvement Partnership	01563 576717
East Renfrewshire	Health Connect	0141 577 8436
Edinburgh City	LGBT Centre for Health & Wellbeing	0131 523 1100
Edinburgh City	Our Health Matters	0131 551 1671
Edinburgh City	South Edinburgh Healthy Living Initiative	0131 664 0555
Edinburgh City	Underground – The Rock Trust	0131 557 4059
Edinburgh City	Wester Hailles Health partnership	0131 537 7315
Fife	Healthy Living and Sensory Awareness Project	01592 411745
Fife	The Inverkeithing Area Project	01383 428744
Glasgow City	Chinese Healthy Living Centre	0141 248 4388
Glasgow City	Drumchapel L.I.F.E.	0141 944 6004
Glasgow City	East End Healthy Living Centre	0141 550 5000
Glasgow City	Gorbals Healthy Living Network	0141 429 0360
Glasgow City	Healthy Living for Deafblind People	0141 777 6111
Glasgow City	The Annexe Healthy Living Centre	0141 357 6747
Glasgow City	The Community Health Shop Ltd	0141 773 1787
Highland	Highlands Health and Happiness Centre	01463 248824
Highland	Ross and Cromarty Healthways	01349 868477
Highland	The Janny's Hoose	01463 226348
Inverclyde	Stepwell In	01475 726476
Mid Lothian	Healthy Living Partnership Project	0131 660 5055
Moray	Moray Healthy Living Centre	01343 541677
National	Paths to Health – The Paths for All Partnership	01259 218855
North Ayrshire	Radio City Association	01505 685700
North Ayrshire	Three Towns Resource Centre	01294 466901
North Lanarkshire	Getting Better Together	01501 825800
Renfrewshire	Live Life Network	0141 887 8451
Scottish Borders	Borders Healthy Living Network	01896 824500
South Lanarkshire	Cambuslang and Rutherglen Healthy Living Initiative	0141 646 0123
South Lanarkshire	Healthy Valleys Initiative	01555 880666
Stirling	Stirling Health & Wellbeing Alliance	01786 445760
West Dunbartonshire	West Dunbartonshire Healthy Living Initiative	0141 951 8223
Western Isles	Europie Dunes	01851 810518
Western Isles	Fas Feallain – Grow Healthy Project	01851 702712
West Lothian	The Healthy Living Café	01506 857158
West Lothian	West Lothian Young People's Healthy Living Project	01506 652436

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