

Healthy Living Centre Support Programme newsletter

Your News! Your Ideas! Your Voice!

Towards an HLC Network

The HLC Exchange in Dunfermline provided the ideal opportunity to ask the question 'Is there a need for a Scottish HLC Network?' The need for a Scottish Network was identified through the 'HLC Training and Support Needs Survey' conducted by Aine Kennedy and Colin Roxburgh in January 2005. The facilitated discussion at the Exchange gave delegates the opportunity to explore the issues around a Scottish Network and how a network or networking could be taken forward.

Delegates broadly agreed that a Scottish HLC Network would provide a stronger collective voice and will be more likely to have an impact on policy. Similarly, a Network would provide an effective platform for support, sharing information, best practice and routes to sustainability. Whilst delegates agreed the need for a network, they also highlighted some drawbacks to this approach, namely, that HLC managers/coordinators are already involved in a variety of networks including Community Planning, SIP Networks, Public Health Networks etc, and delegates were keen to point out that there are time and cost implications to getting involved in a new network. A common solution suggested by the various groups was that HLCs should make greater use of e-networking as a means of overcoming these barriers.

In response to the positive discussion about a Scottish HLC Network the Support Programme proposes to establish a network which will achieve the following outcomes:

- HLCs have mechanisms to form a strong collective voice to influence national policy and local partners on the HLC approach to tackling health inequalities.
- HLCs have an infrastructure of mutual support to exchange practice, learning and experience on the HLC approach to tackling health inequalities.

We will achieve the above outcomes by developing a national e-network (using specially developed online consultation/participation software) which will allow HLCs to consult, participate and communicate. The e-network will develop and strengthen links amongst HLCs as well as providing the opportunity to exchange good practice, learning and routes to sustainability.

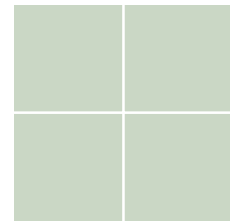
The national e-network will be supported by existing or new local regional networks which also includes the valuable contribution of other community health initiatives. We would propose to work alongside CHEX to develop new local networks where gaps exist which will ensure sustainability beyond the life of the Support Programme.

The detail of the network is still to be finalised. We will use the new web site and online consultation/participation software to take this discussion forward in January 2006.



Delegates listening to Speakers - Morning Session

Speakers



The HLC Exchange

The HLC Exchange in October 2005 brought together 95 delegates from Big Lottery Funded Healthy Living Centres throughout Scotland. Attendees represented a broad cross section of individuals involved in the various projects including project coordinators/managers, staff, board members, partners and volunteers. Through presentations, question sessions and workshops the Exchange provided the opportunity for HLCs to:

- Share information about sustainability options beyond Big Lottery Funding.
- Learn from the 'Pioneers' (HLCs which have to some extent addressed sustainability issues with partners).
- Discuss ways in which the lessons learned about HLCs are captured and acted upon at a policy level.
- Network and learn from others.



From top left
Brendan Rooney, Eric Samuel, Nuala Healy and Roddy Duncan



Brendan Rooney Cambuslang & Rutherglen Community Health Initiative

Brendan provided an overview for the day and set the scene by discussing the establishment of the BLF Funded HLCs and the challenges for his own project and other HLCs in Scotland.

Eric Samuel Big Lottery Fund

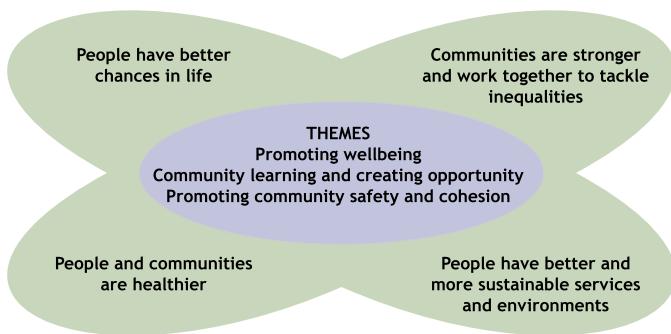
Eric's presentation focused initially on the £275 million 'Unified Plan of Investment', BLF's new outcome focused programme for 2006-09. The programme will be available from January 2006 and is designed to empower communities, providing them with substantial resources to address need, respond to opportunities and achieve goals. He advised that the plan was arrived at through an extensive consultation process. Importantly, in response to a question from a delegate Eric advised that existing HLCs would be eligible if they fit in to the key themes. The 3 key themes for the new funding stream are 'Promoting Wellbeing', 'Community Learning and Creating Opportunity', 'Promoting Community Safety and Cohesion' (See Diagram on p3).

The exact details of the new fund are not yet available, but clearly, the variety of activities for many HLCs will fit easily into each of the 3 key themes identified above. This is also true of 3 of the 4 key identified outcomes, these are 'People in Communities are Healthier', 'Communities are safer, stronger and more able to work together to tackle inequalities' and 'People have better chances in life'.

Eric also discussed the HLC Alliance, a network of HLC in England which has been established to raise the profile of their work and provide a

strong voice at national and local levels. The Alliance is a self sustaining network which acknowledges that although each HLC tackles a broad range of challenges in different ways the initiatives have many shared approaches e.g. inclusiveness, responsiveness to local issues and a commitment to community ownership. Overall the Alliance is concerned with sustaining the work of HLCs beyond The Big Lottery Fund programme.

UNIFIED PLAN OF INVESTMENT



Nuala Healy NHS Health Scotland

Nuala talked generally about the role of NHS Health Scotland and their main policy driver 'Improving Health: The Challenge'. The new Healthy Settings Team will focus on a number of areas, these are:

- Community & Voluntary Sector.
- Health Service.
- Local Authorities.
- Health in Later Life.

Nuala advised that they were partners in the bid with CHEX for the 3 year support contract for HLCs which has established 3 dedicated posts Paul Nelis (Senior Development Officer), Susan Paxton (Senior Development Officer) and Anne Marie Walsh (Strategic Development Manager - NHS Health Scotland). The strategic post at NHS Health Scotland and the support programme in general will be a mechanism for HLCs to inform policy & practice, support new partnerships, promote the integration of HLCs into planning structures and to work with HLCs to support sustainability.

Roddy Duncan The Scottish Executive

Roddy discussed the policy initiatives to which the Scottish Executive is working. These are: 'Towards a Healthier Scotland' (2000), 'Improving Health in Scotland - The Challenge' (2003) and 'Closing the Opportunity Gap' (2004). He advised that Andy Kerr (Health Minister) sees "...health improvement and tackling health inequalities [as] a top priority." (2004). He pointed out that the objectives for the Executive are to:

- Increase rate of health improvement for the entire population.
- Close the health gap (for different population groups).
- Increase life expectancy and healthy life expectancy.
- Have measurable improvement.

Roddy explained that the Executive would deliver these objectives through a multi sectoral, multi agency approach, by feeding into local plans, identifying linkages, synergies and cross cutting opportunities. The mechanisms for delivery would be the Community Planning process, JHIPs and local outcome focused delivery plans.



From top left
Jane & Susan (Leap Support Unit), Questions for the Panel, Conference Registration and a scene from the marketplace



Panel Session

After the presentations, the 4 speakers formed a panel with questions from the delegates. The questions were:-

- Q What would you say has been the benefit of HLCs to date and what are your expectations for the future?
- Q In your view has the overall programme succeeded in involving local communities in their projects and health improvement activities? If so how would you propose to promote and extend this?
- Q What advice and support would you give HLCs to develop a sustainability strategy?
- Q How would you propose to ensure that HLCs in the future have real influence and are not simply service providers of the statutory agencies?

The main points that came from the session were that it is expected that not all HLCs will survive or at least they may continue in a different form following Big Lottery Funding. Even if projects do decide to access BLFs new funding programme it's down to local partnerships and local planning structures to decide if they will continue their support for the project, so re-establishing or forming new partnerships around the HLC is key.

The HLC Support Programme will assist HLCs to become more sustainable, it is up to the HLCs to make the best use of the resources available. Nuala emphasised the importance of the new post in NHS Health Scotland in promoting the HLC case at a national level.

In response to a question about the 'Quality of Life' money that went to Local Authorities, Roddy advised that he was not aware of how the money had been used but would make enquiries. In terms of sustainability, he advised that HLCs must make themselves indispensable at a local level.

Following the responses to the panel questions Anne Bianchi from Borders HLC pointed out that each of the projects know that they are doing a good job but that its up to the Scottish Executive to put pressure on the CHPs and Community Planning process to recognise the impact and value of the work of HLCs.

Workshops

Establishing Service Level Agreements

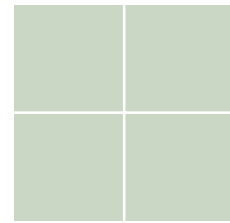
Uzma Aslam (REACH)

Community Health Project - Glasgow

Uzma discussed the challenges which REACH have taken on as a community based health organisation with a focus in supporting black and ethnic minorities. The challenges include encouraging community participation in health issues and influencing local mainstream practice and policy. REACH has taken an unusual route by obtaining grant funding for core costs and establishing SLAs for project/programme costs, this best suits REACH as an organisation. Uzma warned that establishing SLAs was a lot of work for a small programme and stressed the importance of using contacts such as councillors, MSPs and NHS Managers to open doors to put the case forward for the project. She pointed out REACH has benefited from a good working relationship with the previous LHCC manager which has transferred to the CHP. Lastly, Uzma stressed the importance of thorough research to back up the case for the project when establishing SLAs. The project used the SCARF fund to research and evidence need in the area.



Panel Session



Outcome Focussed Strategy Planning Susan Paxton (Leap Support Unit - SCDC)

Susan's workshop looked at why the LEAP approach can facilitate strategic planning within HLCs and highlighted the need to link outcomes at programme, project and policy levels to local and national health improvement priorities. Susan explained that strategic planning using the LEAP approach is change focused, and that LEAP for Health was designed for those wishing to demonstrate their impact on community health and well being. LEAP for Health recognises a social model of health and the values and principles underpinning LEAP are those aligned with community development practice. Susan emphasised that the model is a needs led framework which supports the process of participatory planning, and that it is partnership orientated. Delegates were then taken through a brief outline of how the framework works.

Overall, the workshop focused on the LEAP model as an effective framework to facilitate strategic planning within organisations, and delegates were presented with what a LEAP strategy would look like. Susan went on to advise about the role of the LEAP Support Unit and how it can support those organisations interested in adopting this approach to plan and evaluate their work.

Evaluation of HLC in Scotland: Phase One David Rankin (University of Edinburgh)

David discussed the background to Phase One of the HLC evaluation which was designed to enhance understanding of the links between activities and outcomes, in exploring the process in which a sample of Healthy Living Centres - operating within specific local contexts, sought to meet their objectives.

The workshop discussed mainstream funding and the need for a model which takes into account the unique approach of HLCs. Delegates advised that they found it difficult to get mainstream funding because their Projects are growing and developing, responding to other funding opportunities and meeting local needs. This makes it difficult to plan for the future because the evolution is hard to predict. The group agreed that in general the problem for many HLCs is that the Scottish Executive use a model of cascading funding down, but statutory agencies are experiencing cuts and competing pressures for funding which results in 'tough decisions' about spending.

Delegates advised that one of the concerns about mainstream funding is that it may not provide the same trusted service and therefore the length of funding period needs to be revised.

Another consideration around sustainability is Community Ownership, the sustainability of local confidence. In some areas there's a history of short term funding, the result is that service users lack confidence in community ownership as they see good local projects close. For workers on the ground the most frequently asked question is 'When does your funding run out?'

Putting the Community in Community Health Partnerships Janet Muir (CHEX)

Janet's workshop looked at the extent to which the community fits into the new structures and to what degree the changes will meet the aspirations laid out in the original legislation (NHS Reform Scotland - 2004 Bill) by providing benefit to communities, including tackling health inequalities.

The nature and extent of the experiences of delegates varied greatly within the Workshop. The mixture of responses highlighted a diverse range of roles within HLCs. Emphasis was placed on the role of Voluntary Sector and PPF representatives, different processes/mechanisms for involving community/voluntary sectors, the levels of resources for voluntary/PPF reps, and partnership working between public sector and community/voluntary sectors. Delegates identified a range of different experiences, which include:

- Being invited to participate, keen to participate, but once at the table, didn't feel listened to by other partners.
- Certain ideas being 'cherry-picked' by CHP partners, but others - notably those that don't fit into the dominant agenda are conveniently ignored!
- Attention to basic communication between partners; missing people out of the information loop.
- Continuing to work with community/voluntary representatives known to the public sector - important to find new ways of reaching people.
- Very positive about the opportunity to influence decision-making structures, but have to find creative ways to get the HLC's experience recognised and validated.
- Very little information and limited encouragement for involvement; most encouragement has been given to the local CVS/Community Care Forum.
- Need for effective networking processes and decision-making mechanisms, which help to bring about trusting relationships within the community and voluntary sectors. This will help strengthen and make accountable the 'representative' role that one person has to undertake at the CHP table.
- Useful to share ideas, information and contacts with wider Network at regional/national level.

Learning from the Pioneers

Thomesena Lochhead (Building Healthy Communities (BHC) in Dumfries and Galloway)

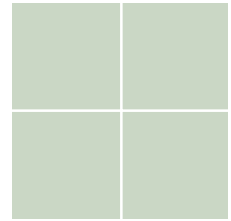
Thomesena presented the Pioneer project Building Healthy Communities in Dumfries & Galloway which works in a variety of communities - West Wigtownshire, North West Dumfries, Machars and Upper Nithsdale. The project receive 3 years funding from BLF to work in an outreach capacity, to develop partnerships for health and build capacity for community involvement and to encourage active participation in decision making. BHC is currently negotiating with the NHS to mainstream core costs and to fund activities through Quality of Life Funding, Dumfries and Galloway Council, Working for Families and Community Regeneration. The Challenges for the project are:

- The difficulties of demonstrating the overall impact of the programme.
- NHS Internal evaluations - soft indicators vs. number crunching, particular difficulty in convincing NHS accountants of the value of a community development approach to health.
- Difficulty in putting bids in for other sources of funding when they still have short term funding and contracts.

Thomesena is currently working with stakeholders, volunteers and staff to create a strategic plan which demonstrates its community development approach. The project is using LEAP for Health to develop a strategy which will ensure that they can evidence and measure outcomes.

Thomesena pointed out that "like all healthy living centres 'BHC's work and approach fits very closely with government policies and it is having an impact on peoples' lives...so it's imperative that HLC programmes are put on a more sound and permanent financial footing."

Evaluation



Here's what you said in the Evaluation of the Exchange:

81% of respondents to the Exchange evaluation agreed that they were either satisfied or very satisfied with the opportunity to participate and extend their own learning. When asked what they found most useful about the Exchange delegates said:

"The morning session....gave an opportunity to map out a few more features in the policy field, like where funding might take us in the future. I don't know about other HLC but here we operate in something of a policy and strategy desert."

"I found both sessions valuable:- morning session - Eric Samuel's contribution was very informative 'Question Time' was excellent opportunity to raise and discuss common problems afternoon networking and possible development opportunities and learning from Pioneers was very helpful to me as a project manager."

"Workshop in the afternoon. Felt it reassuring to realise that all HLC's felt the need for national networking system."

"Presentations by the Lottery and the Scottish Exec were very useful, but probably best of all was the presentation by Dumfries & Galloway HLI."

"I was a bit apprehensive before going to the exchange. I thought it might not be relevant to me as a worker. I enjoyed every part of the day; Brendan's opening and all the speakers. The lunch was excellent and my workshop [Outcome Focussed Strategic Planning] was very interesting to me as a worker. Thank you for a really good day."

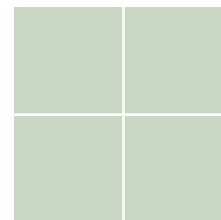
Our response

We'll keep you informed about funding opportunities and we'll produce a funding guide to access small pots of money. Many of you highlighted the benefits of learning from the pioneers (HLCs which have to some extent addressed sustainability issues), in response we will develop thematic and regional seminars in 2006 which will highlight the approach of the Pioneers. We will also publish online materials and put information in future newsletters which will answer common questions about the Pioneer approach to sustainability.



Registration for the October 2005 HLC Exchange

Contacts



70% of respondents said that the Exchange met or exceeded their expectations:

"It was really good to hear from other HLCs and to hear of the support we can get. I think the HLC support programme needs to give added weight to the HLC argument that we ARE making a difference, ably shown from the lady in the audience who spoke so passionately from the borders area. She was right, we are delivering and the statutory agencies are agreeing but no one is agreeing to resourcing this. So we will loose loads of HLCs at the end of the funding. HLCs are an absolute gift to CHP's they are the vehicle to enable CHP's to deliver health improvement in communities."

"The event should lead to a broader network and learning opportunities, sharing of best practice and most importantly a collective and effective voice."

"The coffee break during the workshop was best time for networking and I picked up a few very ingenious ideas from others."

Our response

We will develop an e-network and website to demonstrate the work of the HLCs and to allow the sharing of 'ingenious ideas'. Further consultation on the detail of the network will take place in January 2006 using the new web site and online consultation software.

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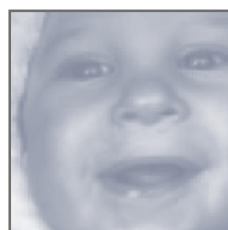
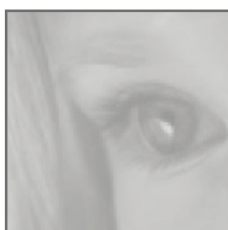
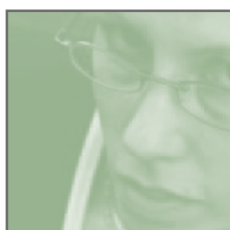
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