

Healthy Living Centre Support Programme newsletter

in collaboration with NHS Health Scotland

Your News! Your Ideas! Your Voice!

National Healthy Living Centre Conference Report 2 November 2006 Hampden Park, Glasgow

This report will summarise the presentations from the HLC Conference, provide an insight into the discussions that took place in the various workshops and review delegate's responses from the evaluation forms and 'Option Finder' technology (a digital voting system which allows delegates to register their opinion). Eighty Five delegates attended the event from a diverse range of organisations including agencies such as Health Scotland, local authorities, HLCs and community health partnerships.

The conference set out to meet 3 main outcomes:

- Delegates have a greater understanding and recognition of the work of HLCs in Scotland.
- Delegates have access to information which will inform their future work.
- Delegates have increased opportunity to share learning & experience with a range of organisations.

The HLC presentations in the morning session clearly demonstrated that HLCs are having an impact on reducing health inequalities, tackling social exclusion and improving health in Scotland. Mary Castle's (Chair of the Community Led-Supporting & Developing Healthy Communities Task Group) contribution was enthusiastically received by delegates who felt that her presentation about the work of the Task Group and the issues affecting community led health were very relevant to their work. Many felt that this work and the evidence which it presents could potentially have a significant impact on how the sector is perceived in the future by the statutory sector including the NHS and local authorities.

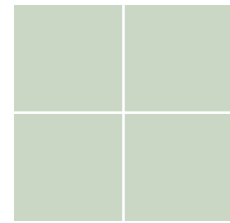
Using 'Option Finder' technology delegates reported that their most pressing support needs are centred around 'Reporting on Outcomes',

'Collection of Evidence' and 'Setting Outcomes and Indicators'. These are all areas which the HLC Support Unit will priorities in 2007 through regional workshops, individual support, the HLC newsletter and the web site www.chex.org.uk/healthy-living-centres



One of the key areas identified by delegates on the day was the need for some form of 'HLC Alliance' or representative group to highlight the work and issues affecting the sector. In response to this identified need, the Support Programme will meet with representatives from the HLCs in 2007 to look at the possible remit, structure and viability of such a group.

Speakers



Brendan Rooney

**Cambuslang and Rutherglen
Community Health Initiative**

Brendan opened the conference by welcoming delegates and provided an overview of the day. He emphasised the importance of community led approaches to tackling health inequalities and the added value for statutory sector colleagues in engaging with HLC's to work in partnership to achieve sustainable change.

Kenny Steele

Paths to Health

Kenny advised that physical inactivity is one of Scotland's big health challenges for the future and that the walking programmes have been very effective in meeting this challenge. By using community led approaches Paths to Health has been very successful in engaging community members in walking activity throughout Scotland. Kenny went on to discuss the impact that Paths to Health is having. The Project was originally established to set up 22 Walking schemes between 2001 - 2006, the success of the project is demonstrated by the fact that there are presently 200 community based schemes with 700 steering group members locally supporting 20,000 people on led walks every week, led by trained volunteer walk leaders. 70% of the led walks are in regeneration areas largely made up of older adults, 75% of which are female and 25% male.

The Project has been recognised by the Chief Medical Officer's Report as a delivery vehicle for Scotland's Physical Activity Strategy.

Kenny ended his presentation with a quote from one of the walkers:

"Before I started walking I was not out for days due to my illnesses. I was starting to take panic

attacks and was very nervous of people, but after 4 weeks of taking part I was walking faster, talking and feeling great. It has saved my life."
Dumfries walker

Marie Hedges

Health Connect

Marie opened her presentation by highlighting that the areas in which Health Connect works are characterised by high levels of long-term illness and lower life expectancy. The project works with communities in Barrhead, Neilston, Thornliebank and Mearns. Health Connect uses a variety of approaches on the themes of 'Information', 'Home' and 'Positive Thinking' to address health inequalities. Under these themes the project provides a long list of services including: health information points in the local library; walking groups; arts programmes; men's health; issue-based groups; elderly groups; outreach work and one to one advice; setting up courses such as 'Home DIY', 'Managing Teenage Behaviour', 'Healthy Eating on a Budget' 'Accupuncture', 'Peer Mediation' and 'Youth Conferences'.

Marie advised that the impact of the project is starting to materialise for individuals who use the project and in the community as a whole in the form of enhanced physical and mental wellbeing, reduced social isolation, improved diet and nutrition, skills development, increased confidence and self esteem, increased awareness of health issues and services, and environmental improvements.

Sheila McMahon

Dundee HLI

Dundee Healthy Living Initiative has a community development approach to tackling health inequalities. The project focuses on healthy

eating, physical activity, mental wellbeing, health advice, information, capacity building initiatives and community involvement. In terms of service delivery Dundee HLI has developed community walks, supported community exercise instructors, developed therapeutic arts and worked on equality and diversity. In addition to monitoring and evaluation the project employed an Anthropologist to evaluate the approach. The Anthropologist's report concluded that the project was successful because of its consultative needs led approach, its role in building self confidence and capacity, flexible planning and delivery, and commitment to working with local people. To download the report go to: www.chex.org.uk/healthy-living-centres/HLC-reports

Islay HLC

Islay HLC produced a very impressive DVD demonstrating the impact of their community development approach to health as part of the Community Led Task Group materials. You can get a free copy of the DVD and Task Group Materials from NHS Health Scotland, contact:

heather.apsley@health.scot.nhs.uk or call 0131 537 4722. Alternatively you can access digital copies of the materials on-line at www.chex.org.uk - under Policy Context.

Mary Castles

Chair of the Community Led-Supporting & Developing Healthy Communities Task Group

Mary who is also Assistant Chief Executive - Community Regeneration for North Lanarkshire Council, talked about the work of the Executives Community Led Supporting and Developing Healthy Communities Task Group. The Task Group was established in 2004 comprising representatives from 15 organisations, with a contribution from Edinburgh University's RUHBC Unit which is currently evaluating the HLC programme in Scotland. The Task Group was split into 4 subgroups looking at key themes:

- Planning in Partnership.
- Evidence and Measuring success.
- Community Engagement.
- Community based activities.

The Task Group reported its findings at a Ministerial launch on the 12 December 2006. The Minister for Communities publicly endorse the recommendations at the event. The materials include a DVD highlighting community led activity and the 12 recommendations in a report called 'Healthy Communities - Changing Lives'. (To access the materials contact heather.apsley@health.scot.nhs.uk or call 0131 537 4722. Alternatively you can access digital copies of the materials on-line at www.chex.org.uk - under Policy Context).

Mary advised that the research has found that effective community-led approaches tend to:

- be open, responsive, and flexible;
- allow active individual participation and empowerment;
- recognise the central importance of mental wellbeing;
- promote a group approach;
- help people re-connect with their communities;
- and directly tackle wider issues of local importance to health.

Furthermore, evidence from practice suggests that involvement in community-led health can:

- help increase confidence and sense of control;
- assist in making new friendships and sense of belonging;
- assist in skills and knowledge development;
- help increase motivation, hopes, ambitions and a sense of purpose;
- and create a greater sense of security.

Mary pointed out that the key challenges for the future are gaining recognition for the work of community led approaches, ensuring that we are able to demonstrate impact on health through monitoring and evaluation and learning from and sustaining 'what works'.

Eric Samuel

Policy and Development Manager

Big Lottery Fund

Eric advised that he has always believed HLCs have important and significant contributions to make to community led health, and still do. BLF has been agitating at national level to convince Ministers, the Health Department, the Scottish Executive, Parliament, Health Boards and other key stakeholders of the worth and value of HLCs, and the benefit to be gained in keeping them going.

Eric pointed out that the most effective way of doing this was through evidence from the national evaluation of HLCs. The Bridge Consortium was commissioned in 2001 to develop 40 case studies from the 352 funded HLCs UK wide (5 of these projects are in Scotland), 1,387 users were surveyed over 18 months. The research so far has found that HLCs gave local people opportunity to address issues that affect their lives, created opportunities for community learning, and promoted community safety and cohesion.

HLCs achieved this by:

- involving people - providing opportunities for local people to be actively engaged in centres both individually and collectively.
- involving organisations - by instigating community development activities in the local area, supporting other local groups and organisations, and sometimes collaborating with local statutory agencies to work with communities in new ways.

The key findings from the research, which is statistically significant, asserts that: regular attendance at a HLC (at least once per month) has a protective effect on some aspects of health and well-being compared with non-regular attendance (less than once per month). Although we've known from anecdotal evidence that the approach works this is the first piece of real substantiated evidence to suggest that HLCs are having a positive impact on health. In addition the report highlights that regular use can have a significant impact on the following areas:

- Mental Health - stabilising effect in regular users.
- Physical health - stabilising effect in regular users.
- Smoking - more regular users quit (24% regular/19% non regular) fewer regular users returned (2% regular/10% non regular).
- Diet - more regular users increased daily intake of fruit and vegetables to 5 or more portions per day (25% regular/17% non regular).
- Self-esteem - regular users feel better about their self-esteem (65% regular/41% non regular)
- Community - regular users feel more part of their communities (70% regular/38% non regular).
- Satisfaction rating - 90% rated services as 'good'

As well as improving the health and well-being of their users, HLCs also have a broader and longer lasting impact on health of communities by:

- supporting activities to become independent and self-financing;
- forming networks and partnerships;
- training and developing people to promote health and well-being;
- and generating a growing and lasting interest in health.

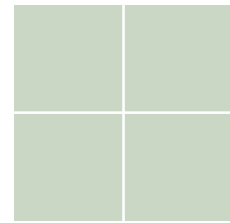
Eric pointed out, that for him, the biggest success of HLCs has been their ability to reach out to and involve the hard to engage and the excluded.



From top left to bottom right
Mary Maclean (Fas Feallain), Lobbying Workshop, Social Enterprise
Workshop and Kenny Steele (Paths to Health).



Workshops



Investing in Communities (IIC)

Big Lottery Fund (BIG)

Big Lottery Fund Scotland

Craig Mullen, Outreach Officer

Craig explained that the purpose of the workshop was to give an overview of funding available through the IIC programme and the application process. IIC was launched in May 2006. BIG in Scotland have £257 million to spend between 2006 and 2009. 60% of this fund will be dedicated to the voluntary and community sectors. BIG want to invest this money to deliver positive social change to communities. He advised that the majority of funds given are between £10k and £1m. Funding can be for up to 2 or 5 years and can cover capital and revenue costs. Applicants can also apply for up to 100% of project costs.

Through IIC, BIG has designed four investment areas, based on project outcomes:

1. Life Transitions (to support people through transitions in life, e.g. young people, 50+ age group, employment and skills, substance addictions, debt, etc.).
2. Dynamic, Inclusive Communities (to nurture and sustain dynamic inclusive communities throughout Scotland by creating the conditions and an infrastructure through which healthy and vigorous voluntary community sector activity can occur).
3. Supporting 21st Century Life (to help people and communities deal with the pace and challenges of 21st century life, e.g. supporting projects which facilitate opportunities for generations to interact).
4. Growing Community Assets (to acquire, develop and manage assets across urban and rural Scotland, e.g. tangible assets such as buildings and land). Lead applicants for this

funding must be independent organisations, i.e. independent of the statutory sector.

Craig said there has been a slow uptake by HLCs. This may be due to the fact that many HLCs are still being funded by their current streams.

Questions (Q) and Answers (A)

Q1 - Should our first point of contact be our current project manager or the outreach team?

A1 - Outreach team.

Q2 - With regards to the Growing Community Assets Fund, can you apply for 100% funding to buy land?

A2 - Yes, you can apply.

Q3 - With regards to the Growing Community Assets Fund, does this have to be a totally new project or can we reinvent ourselves?

A3 - GCA, like any other investment area, will consider applications for existing projects who are looking to develop. We can fund redevelopment of an asset already in ownership as long as outcomes are a good fit with ours.

Q4 - Is it possible to come back for funding?

A4 - Yes, this funding is a clean slate. If there is evidence of need, we would seriously consider your outline plans. BIG looks for development as an organisation and moving forward, so this is a clean slate.

Q5 - At Outline Proposal stage, will BIG give a heads-up on strategic overview of what else is going on in an area, e.g. South Edinburgh?

A5 - BIG is in the process of establishing 'partnership hubs' to develop this strategic side but this shouldn't stop anyone submitting an application.

Investing in Ideas fund

Craig advised that this is a development fund of £4.6m which is available for the next 3 years. It uses a similar application process as 'Awards for All' and grants available will be between £500 and £10k.

Q6 - Can this be used to fund evaluations?

A6 - Yes, for example as part of a feasibility study.

BIG projects should be distinct from government funding and add value.

Application Process

- Single point of entry and BIG decide which of the four programmes your project belongs to, i.e. you just apply to IIC and then they'll fit you into the relevant investment area.
- All applicants should complete a simple Outline Proposal form.
- There is one generic form for all four investment areas.

When completing the Outline Proposal form, applicants should consider:

- a) Are outcomes measurable?
- b) A business plan is required if requesting £250k or more.
- c) Would the service add value?
- d) If continuing a service, how have you shown evaluation and learning?

There are two assessment criteria:

- 1) Identified need and how it fits with investment area; and
- 2) Ability to deliver - experience and capacity.

Funding decisions are made by two sub-committees of the overarching Scotland committee.

Q7 - With Growing Community Assets, if looking at capital bid to deliver current programme (if currently renting) in order to buy a building? Can you apply for two investment areas at the same time?

A7 - No. Only one investment programme can be considered at one time. BIG will not split projects across investment areas.

Q8 - Has BIG apportioned the BIG global budget? Is it divided relatively equally over the period 2006-2009?

A8 - The overall budget will be split so that each committee awards up to a certain amount of funding. This will ensure that the money is spread over a longer period. We have also retained some of the funding to guide our investment at a later date.

Q9 - Is this funding geographically split?

A9 - BIG don't have indicative local authority amounts.

Q10 - Has this fund already got criteria set against geographic versus communities of interest?

A10 - No.

Q11 - For Growing Community Assets fund, do all areas of Scotland have support like that available in the Highland and Islands via Highlands and Islands Enterprise?

A11 - Yes, there is support available across all of Scotland through the GCA consortium.

Lobbying

Simon Goodenough

HLC Alliance, England

Simon (Chair of the National Healthy Living Alliance) informed the workshop that successful lobbying is many layered, national and local, political and managerial, formal and informal, contextual and practical. Lobbying will clarify your own position. Providing others with persuasive arguments to understand and advance your cause should also provide them with the means to advance their own. Simple and achievable steps often attract interest.

Simon discussed subtle ways of lobbying, ensuring that lobbying will not create enemies while at the same time getting the message across. Simon advised that projects still have to work in partnership and try to remain polite, while demanding it's not worth getting isolated and ignored. He stated that advocacy services can help support and mobilise users to speak directly

to media and policy makers in ways that staff cannot. Similarly, community consultation can help create pressure and reach a wide range of people who might not attend a focus group etc. Simon advised having the consultation in the middle of an enjoyable activity, in other words - encourage and support users to speak for themselves. Simon went on to assert that it is vitally important to find champions locally and nationally to promote the project and the community development approach to health. It's also important to know how you contribute to their policies and make it clear about the consequences of the project closing, he also stressed the need for 'hard data' about the impact of the project to get close to people working at all levels - from frontline to policy.

Simon went on to discuss ways of engaging different audiences.

Elected Members

- Invite MSPs to the project, send documents / reports etc regularly.
- Use local policy makers too - invite locally elected members and demonstrate strength of local people's passion for the work taking place and that they will be offended if no action is taken.
- Provide politicians/councillors/decision makers with the arguments, which they can use on their own - giving, equipping them to lobby on your behalf.
- Show accountability by hand delivering invites as well as sending them - go to surgery meetings.
- Get Scotland's HLC's manifesto now - make sure it is part of other political manifestos - use the opportunity of the forthcoming elections to highlight all HLC users are voters too.
- Elected members briefing - all elected members invited to town hall to listen to project and ask what will happen if project's funding ends - set up agenda first - 'hassle them' to come.
- Phone as well as write - do more than invite - personalise - human contact is as important as giving them a reason to come that is meaningful to their own agenda.
- Relate to real people, real stories - 'chip away'. AGM - use this as another opportunity to invite possible champions for the project.

- Create unthreatening environments - bring politician to project and do something fun with them and in doing so get your message across.
- Elected members have vested interests in projects as votes, but what about those without vested interest - CHP managers etc. - how do they remain accountable to local community?

CHPs/CPPs and other fund holders

- CHPs still finding feet, but struggling to lobby them.
- Critical time as CHPs being new, but HLCs needing urgent ground swell of support.
- Get dates into senior policy decision makers early.
- Get your agenda at the table - make sure one's own agenda is attended to first - create your own forums to be in charge of inviting the people you want around the table - don't wait for the invitation. Let them know what your agenda is and who else is there and why. Circulate minutes of meetings to all who need to know about decisions and discussions locally.

Media

- Getting media - find the correct journalist who will understand.
- Use case studies to illustrate what policies mean in practice.
- Use theatre companies locally to develop local performances / films / DVDs.
- Use DVDs to accompany bids, presentations - can be costly, but worth it.

Social Enterprise Workshop

Douglas Westwater

The Social Enterprise Workshop addressed the option for developing an organisation's sustainability by moving beyond grants and contracts to 'selling' services to purchasers in public, voluntary and private sectors.

Douglas Westwater, Community Enterprise Ltd, presented helpful practical information on thinking about and setting up trading services and developing as a social enterprise organisation. Essentially, 'social enterprise' is

not-for-profit organisation or initiative, which is set up for the benefit of the local community. The main purpose is to meet social, health or environmental needs by the provision of good business practice. Douglas pointed out that many organisations start with a 'trading arm' and develop incrementally, with some eventually becoming fully sustainable.

Douglas stressed the first important step is to clarify what product you want to sell, together with a good understanding of the market you are targeting. It's no use selling training and consultancy services on aspect of health improvement, when many other agencies are already doing it! Douglas also emphasised the importance of high quality development work at the start of your endeavour. The evidence shows that many organisations flounder, when not enough attention is paid to researching business ideas, preparing business plans, ensuring skills in sound financial management and developing skills in marketing.

Douglas touched on different operating structures, from 'Company Limited by Guarantee' to working in partnership with other organisations. More information on different structures and other technical aspects of moving into Social Enterprise can be found on the Community Enterprise Ltd. Website www.communityenterprise.co.uk.

The Question and Answer Session posed a number of questions:

Q1 - Social Enterprise seems like a very time consuming and complex area to get into, is this the case?

A1 - No, while it's very important to spend time at the beginning and undertake research on your business idea and know clearly what you're getting into, you can start trading services relatively quickly with only a few people as directors.

Q2 - I'm not sure if an HLC that is located within NHS structures can move into social enterprise.

A2 - Yes, there is nothing to stop a HLC within the NHS to move into trading services, provided the proper legal structures are set up.

Q3 - I thought if you were considering becoming a social enterprise organisation, the whole organisation had to operate in this way.

A3 - No, very few community and voluntary sector organisations become totally dependent on selling their services. Trading services is often only one dimension of funding and is part of the mix of funding from other sources.

Q4 - As community development workers we are often working with the most excluded people on health issues identified by them. Does this not present contradictions and tensions in seeking to sell your services?

A4 - No, there is nothing to stop you selling expertise in providing community development approaches to those agencies and organisations that now have to work in community development, but do not have the background or knowledge.

Q5 - What does £1 stake, paid by members in 'Companies Limited by Guarantee' cover?

A5 - The £1 covers members if the Company runs into difficulty. This is the limit of their personal liability, provided they have not acted negligently or fraudulently.

Learning the Lessons

Paul Nelis/Elspeth Gracey

HLC Support Programme & CHEX

Paul talked about his experience of HLCs which have gone on to some form of sustainability. He described a variety of sustainability models which are beginning to emerge throughout Scotland.

The most common model for HLCs with close ties to the statutory sector e.g. Local Authorities and NHS is the part mainstreamed model where core funding is identified for staffing costs whilst the project accesses additional funds such as Quality of Life funding and Community Regeneration

money to run programmes. Projects which have developed this model include Building Healthy Communities, Dumfries and Galloway and Community Health Improvement Project (CHIP) East Ayrshire.

The Pilton Partnership's 'Our Health Matters' developed an exit strategy with partners from the very start. Programmes were developed with tapered funding over 5 years, this ensured that partners have a clear stake in the HLC and that programmes are developed with sustainability in mind from the outset. The problem with this model is that there have been some services developed to respond to local need which have not been sustained by partners because there is no direct policy link for them.

A number of projects such as Chill Out Zone (COZ), West Lothian are currently looking at establishing a Service Level Agreement to sustain their work with local funders, whilst retaining their organisational status and identity.

Paul advised that sustaining the work of projects can often be out with the control of the HLC as decisions are often determined by strategic managers, political will, and local funding priorities. However they can influence their future sustainability in a number of crucial ways. For example by:

1. Developing Local Champions - Influential supporter at a strategic level (for example within the Local Authority, Health Board, CHP etc). These individuals can actively open doors for the HLCs and promote the project and particular approach to colleagues.

2. Marketing - Creating a high visibility for the project. Many HLCs which have become sustainable have recognised the importance of marketing their activities at all levels from service users to local planners. At a strategic level it creates awareness of your project and provides the material for champions to sell the project to their colleagues.

3. Demonstrating impact - having good up to date monitoring information readily available

e.g. databases of users, monthly figures. While it is difficult, projects now need to be able to demonstrate impact at many different levels from impact on the individual/collective users to impact on the community and strategic/policy priorities. Monitoring information is also an important tool to help the organisations project evaluate as a whole and progress towards outcomes.

4. Recognition - The importance of wider recognition of the uniqueness of projects. Never underestimate the importance of awards or national recognition; this can often focus the minds of local planners on the significance of your project and encourage them to pull out the stops when it comes to funding, otherwise they'll lose something which is recognised at a wider level as valuable.

Paul advised that each of these 4 factors are not discrete but interconnected, have a substantial impact on the sustainability for the project and are within the control of healthy living centres. The workshop split into groups to discuss some of these factors.

MARKETING

Group1 - Discussed the marketing which is taking place at the moment which is largely word of mouth, they advised that this is only effective when people know who is providing the service and not an effective way of getting the message across at a strategic level. The group agreed that the most effective approach is to build in a marketing strategy to the business plan from the outset. The group went on to discuss the need for a national marketing strategy for HLCs.

DEMONSTRATING IMPACT

Group2 - Advised that the ongoing collection of current data is crucial to demonstrate the effectiveness of the programme. Monitoring & Evaluation information should be used:

- For internal (i.e. within HLC) monitoring and feedback.
- To inform Funders.
- To inform Public (including public services and local authority).

CHAMPIONS

Group3 - Identified the ideal local champions for their project, they include Director of Public Health, local council (Councillors), local newspapers, community police officer, celebrities, MSP, Mary Castles, CHP and funding body.

The group discussed the importance of getting potential champions attention; involving them in the work and identifying a shared agenda. At a basic level these champions would come to believe in the work and support the development of the project.

Measuring Wellbeing

Dr Derek Cox

Director of Public Health

Dumfries and Galloway NHS

This workshop looked at evidence suggesting that happiness is a powerful predictor of wellbeing, perhaps more so than some of the other lifestyle factors talked about in terms of cigarette smoking, diet, physical activity etc.

Evidence suggest that if you are happy you are likely in the future to have less in the way of physical illness than those who are unhappy.

Dr Cox described his ongoing work around measuring wellbeing and presented a framework for understanding; measuring and achieving wellbeing. The framework is based on Manfred Max-Neef's taxonomy of human need and identifies key elements of wellbeing or needs that must be satisfied simultaneously to achieve overall wellbeing.

- Sustainability
- Safety/security
- Affection
- Understanding
- Participation
- Self actualisation
- Creativity
- Leisure/Idleness
- Freedom
- Spirituality/Transcendence

The central theme of the framework is the idea that these dimensions of human need offer a very different understanding of human nature than that which currently underpins conventional models of development (driven by economics) and that if decision-makers operated according to these assumptions, rather than those of most economists, then the choices they made would change radically.

Evaluation

Of the 86 people who attended the event 46 filled in evaluation forms.

97% (45) of respondents reported that the day increased their understanding and recognition of the work of HLCs in Scotland.

100% (46) reported that the day allowed them to access information which will inform their future work.

95% (44) reported that the event increased the opportunity to share learning & experience with a range of organisations.

93% (43) were satisfied with the opportunities they had to participate in discussions and extend their own learning.

93% (43) said that the event met their needs & expectations either well or very well.

Most comments about the workshops were very favourable; however some people were disappointed that two workshops 'Standards for Community Engagement' and 'Demonstrating Impact' had to be cancelled due to low levels of sign up on the day.

As the table below demonstrates most delegates felt that the workshops were good or very good.

WORKSHOP TITLE	Very Good	Good	Satisfactory	Poor	NB - Numbers shown represent actual delegate responses.
Social Enterprise	7	4	0	0	
Learning the Lessons	6	4	0	0	
Measuring well being	7	3	2	0	
Lobbying	4	4	0	0	
BIG Lottery Fund	2	3	0	0	

Results from the Option Finder Technology

Where are you from?

HLCs	71%
Community Health Partnerships	4%
Community Planning Partnerships	0%
Council Departments	4%
Political Party	0%
National Agency	11%
Scottish Executive	0%
Other	0%

Did you make a new contact today?

Yes - lots	23%
Yes	66%
No	9%
No - (I know everyone!)	2%

As a result of today have you gained a greater understanding & recognition of the work of the HLCs across Scotland?

Yes	86%
No	9%
Not sure	5%

For the future of HLCs which of these is the most important?

Demonstrating the impact	61%
Marketing the project	11%
Influential champions	20%
Recognition and awards	0%
Something else	9%

How relevant was the presentation by Mary Castles?

Very relevant	79%
Relevant	19%
Not relevant to me	2%

How relevant was the presentation by Eric Samuel?

Very relevant	28%
Relevant	59%
Not relevant to me	3%

How relevant was the presentation by Simon Goodenough?

Very relevant	61%
Relevant	34%
Not relevant to me	5%

How relevant was the workshop that you attended?

Very relevant	58%
Relevant	36%
Not relevant to me	5%

Which 3 topic areas are most needed for the future development of your organisation?

Setting Outcomes and Indicators	19%
Evidence collection	19%
Reporting on outcomes	23%
Evaluation techniques	17%
Participatory planning	12%
Participatory evaluation	10%

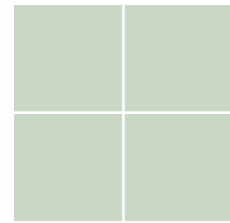
Would you join a Scottish 'HLC Alliance'?

Yes	94%
No	6%

Should we form a representative steering group?

Yes	96%
No	4%

Feedback



Delegates overwhelmingly reported that they had made useful and relevant contacts on the day, that they have taken away information which will inform their future work and gained a greater understanding of HLCs in general and their work across the country.

Importantly, delegates used the option finder technology to identify their priorities for the future, the most pressing of these is the need to demonstrate impact and influence key individuals in the statutory sector who will champion their project.

They also identified their priority support needs which include 'reporting on outcomes', 'setting outcomes and indicators' and 'evidence collection'.

The presentations by Eric Samuel, Simon Goodenough and Mary Castles were very well received and 94% of delegates reported that the workshop that they attended was either relevant or very relevant to their work.

There was strong support for a HLC Alliance which will include a representative steering group to forward the interest and voice of Scottish HLCs.

What was the most useful part of the day?

'Speakers in the morning - all very informative & inspiring particularly Mary & Simon.'

'Workshop - Measuring Wellbeing.'

'Found the whole day invaluable, thought provoking and informative.'

'Presentations very informative.'

'Networking!'

'Presentations on wellbeing restored my faith in what we're doing.'

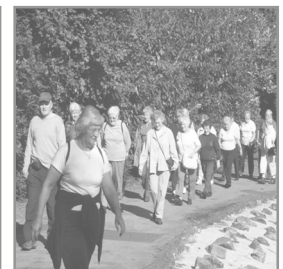
'Excellent as usual'

'Realisation that we're all in similar position, not alone.'

'Both presentations and workshops'

'Big lottery workshop, give hope!'

'Learning more about social enterprise'



Supported by



healthyliving



HLC Support Team, CHEX, Suite 305, Baltic Chambers, 50 Wellington Street, Glasgow G2 6HJ
paul@scdc.org.uk susan@scdc.org.uk hlcadmin@scdc.org.uk annemarie.walsh@health.scot.nhs.uk
0141 248 1990