

Healthy Living Centre Support Programme newsletter

in collaboration with NHS Health Scotland

Your News! Your Ideas! Your Voice!

The Road to Sustainability: Four Factors

This newsletter will look at the experience of Building Healthy Communities (BHC) in Dumfries and Galloway, The Annexe Healthy Living Centre, Glasgow and Community Health Improvement Partnership (CHIP) East Ayrshire, in sustaining their work beyond Big Lottery Funding (BLF) and highlight some of the common factors in their sustainability approach. We will look in detail at 4 aspects of sustainability which are common amongst the Healthy Living Centres (HLCs), however for a more comprehensive list of factors to consider for long-term sustainability download CHEX latest Briefing Sheet 'Routes to Sustainability' from the CHEX website (www.chex.org.uk) or contact Tom Warrington - tom@scdc.org.uk; t: 0141 248 1990 for a free hard copy.

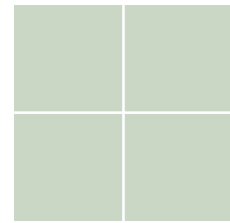
Since exiting BLF, Building Healthy Communities has mainstreamed its staff within the NHS and has been accessing locally managed funds such as Quality of Life and Community Regeneration Funds (CRF) to run programmes in the community. The Annexe has received funding from the Community Health & Care Partnership (CHCP) for one year initially to continue its work and CHIP has continued its work within East Ayrshire Council and has been receiving funding from a number of local sources including the Community Health Partnership. It must be noted that at least two of these projects have advised that they will be submitting applications to BLF to continue running programmes in the future.

Sustaining the work of HLCs can often seem to be out with their control as decisions are often determined by strategic managers, local planning structures, political will, and local funding priorities. However projects can influence their future sustainability in a number of crucial ways. For example by: **developing and nurturing project champions** who will promote the healthy living centre at a higher strategic level; **marketing** at local and strategic level to increase

the visibility of the project; **demonstrating the impact** of the work through case studies, monitoring information and highlighting the impact on individuals, community and local and national policy priorities.



'The sustainability challenge for co-ordinators / managers / board members / staff and partners.'



Gaining recognition for the uniqueness and impact of the project will help focus the minds of local planners on the fact that your approach has important practice implications and has important significance beyond the thematic or geographical boundaries you work within. These 4 factors are not discrete but interconnected; they can have a substantial impact on the sustainability for the project and most importantly are within the control of healthy living centres themselves.

The Funding Environment

It has never been more challenging for community health initiatives to sustain their work; many Healthy Living Centres are currently looking to their future beyond Lottery funding and finding that there are limited opportunities to access large sums of money. The HLC regional seminars (organised by the HLC Support Programme in 2006) highlighted the pressures that many projects are experiencing. In Aberdeen delegates discussed the problems associated with the current environment of short term funding, and the fact that numerous successful pilot projects have not been rolled out to the wider community as originally intended. Across Scotland delegates told us that there is a lack of 'big money' for core funding which is exacerbated by reported cuts in health board and local authority budgets for community led health. Up until this point the Scottish Executive have repeatedly rejected calls to consider targeting specific funding for community led health, asserting that funding decisions must be made locally in accordance with local plans.

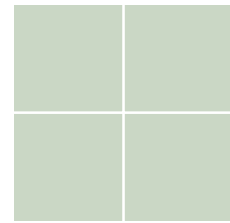
Added to this, projects complain of an ever changing local operating environment with increasing movement and relocation of key personnel in stakeholder organisations, and the

inordinate length of time its taken to make the transition from social inclusion partnerships to community health and community planning partnerships, all of which has created uncertainty about the future of HLCs. In addition, the new European Structural Fund Programmes have been delayed, and it's expected that Scotland's share will be approximately half of what it was last round. This will impact on Scottish employability projects who will in turn look to local funding streams and BLF to maintain their work, further stretching limited local resources. And added to this, the Treasury announced that it would be diverting an additional £250m of lottery funds from arts, heritage and sports to the 2012 Olympics, a move which will have a dramatic impact on the volume of grants awarded in Scotland.



From top left to bottom right
East Ayrshire Community Plan, Fun events at the Annexe, The
CHIP Van in the community, Annexe learning taster.





Emerging Models

In this increasingly difficult environment a variety of sustainability models for HLCs are beginning to slowly emerge. 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, Health Improvement Funds and Community Regeneration Fund (CRF) to run programmes. A HLC which has developed this model is Building Healthy Communities, Dumfries and Galloway. However, where this model has been adopted it is increasingly clear that projects will still have to bid to the Big Lottery for funds to maintain their work.

A number of HLCs such as Chill Out Zone (West Lothian) and Cambuslang and Rutherglen CHI are currently looking at establishing Service Level Agreements with the statutory sector. This approach provides an income whilst allowing the project to retain their community led approach, governance structures and identity. A less common model is the one adopted by the Pilton Partnership's 'Our Health Matters' that developed an exit strategy with partners from the very start. Programmes were initiated 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 with the exit of the project there have been some services developed to respond to local need that have not been sustained by partners, because the service does not link directly to their policy priorities.

Worryingly, the most prevalent model is that of HLCs exiting BLF to year on year funding from

partners which increases uncertainty for the future of the project and makes it impossible to retain skilled staff.

Developing Local Champions

Many projects which have been successful in sustaining their work beyond Lottery funding have recognised the need to nurture influential supporter at a strategic level, for example within the local authority, health board or community health partnership. When individuals at a strategic level are onboard and kept in the loop they can actively open doors for the HLCs and promote the project and particular approach to colleagues at a higher level.

Building Healthy Communities (BHC), Dumfries and Galloway have nurtured project champions within their regional partnership which includes organisations such as the NHS, Local Council and Scottish Enterprise. This active partnership has supported the Project's community led approach to health from the outset and crucially their commitment to BHC has enabled the Project to access 'Quality of Life' money which is distributed through the Council. One of the key champions for the project is the Public Health Director for Dumfries and Galloway who sees BHC as one of the ways that the NHS can meet its health inequalities agenda in Dumfries and Galloway. The NHS's commitment to Building Healthy Communities is demonstrated by the fact that it is currently embedded within Public Health through the Project Coordinators post, who is a Programme Lead within the Public Health Department. Another important champion for the Project is an elected member for the local council who sits on the area partnership, this has given BHC a voice at various committee meetings and helped to raise it's profile within council circles over the years.

The Annexe has had the support of the Health Improvement Manager - Glasgow West Community Health and Care Partnership (CHCP), who has taken an interest in what the project does for a number of years; she has attended board meetings and keeps the project informed of what's happening at a strategic level. For the CHCP the Annexe offers a unique opportunity for extensive community engagement and a means of effective, efficient delivery of services that reaches deep into the community. The relationship between the project and the Health Improvement manager is a two way process where each keeps the other informed, and supports each other's needs. The Annexe also has the support of a local Councillor (formally the Chair of the CHCP) who has had a long history of working with the project. This relationship is vital for the sustainability of the Project because the Councillor is able to highlight the work of the Annexe to colleagues within the CHCP and Council circles and to keep the Project advised of opportunities and new developments.

Another significant project champion is the Wider Action Officer for Partick Housing Association who worked with the Board of Directors to enhance staffing levels for the centre when it was clear that the volunteer system which was in place wasn't enough to support the wealth of activity within the centre. The Wider Action Officer played a brokering role with Communities Scotland to secure vital funding for the project to employ staff and has continued to support the Annexe over the years.

Since 2002 Community Health Improvement Partnerships (CHIP) East Ayrshire, has actively fostered a positive working relationship with the local Public Health Practitioner (PHP) on a formal and informal basis. The Project Coordinator took time to develop the relationship through regular informal meetings which increased the Public Health Practitioners' understanding of CHIP's role in community health and vice versa. As a result of this approach both parties were able to identify joint priorities and establish how they

could work together. This relationship has resulted in CHIP developing services which address identified community needs, local NHS priorities and Scottish Executive policy. In addition, the closer working with the PHP has enabled greater sharing of resources, for example CHIP and NHS staff have worked on joint health promotion activities such as the 'Men's Health Pilot' and smoking cessation services. It has also increased access to additional local funding for CHIP activities, and most importantly supported the Project to become more prominent in local planning structures, including the Community Health Partnership and Community Planning Partnership. Like many partners the Public Health Practitioner realised that CHIP's contribution to community health was invaluable and most importantly that if the project was to become sustainable it needed to be written into local plans with health targets beyond the end of Big Lottery Funding.

Other important champions of the project include the Chief Executive for the Council and Leisure Development Manager (the coordinator's Line Manager). Both individuals have been crucial in promoting the project as it looks towards a sustainable future and possibly embedding it's activity into mainstream council services. These champions have also opened the doors to actively promote the project within other council



From top left to bottom right
Annexe users participate in the West End Festival, CHIP Van in the community, Canoeing at the Machars (BHC), Exercise class in East Ayrshire.



departments. As a result of their work in the community and the support from champions CHIP is currently seen as an innovative development within East Ayrshire council, both the Chief Executive and the Leisure Development Manager are very supportive and proactive in promoting the activities of the Project.

Marketing and Communication

Creating a high visibility for the project. Many HLCs that have gone on beyond BLF funding 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 the project and provides the material for champions to promote the project to their colleagues/partners.

Building Healthy Communities regularly submits articles about success stories to the local newspapers and produces newsletters every 3 months for the Machars and Upper Nithsdale areas. The Project Coordinator has spoken at a number of national events to raise the profile of HLCs and talk about the work in Dumfries and Galloway. Although presentations, showcases and workshops happen at a local level, word of mouth and networking with partners is the main way of getting the message across. Other methods include circulation of activity leaflets at gala days, and contributions to Dumfries and Galloway Council's Leisure and Fitness Guide which is circulated to over 65,000 households.

Marketing has been very important to the Annexe's sustainability plan and helped to create a high profile for the project within the community. In practical terms the project brings out a leaflet every 3 months with a new programme of activities/services. Posters for events and new programmes are distributed locally and the colourful web site is kept up to date and proactively used as a marketing tool. In tandem a monthly email goes out to a distribution list which allows recipients to sign up for classes electronically. In recent months the project has started to post video of the Annex

activities on 'You Tube' the internet broadcasting site, to highlight the activities of the centre. The profile of the Project has also been raised through events like Glasgow's Westend Festival where the Annexe has played a prominent role in the Carnival Procession with local people donning giant banana costumes to have fun and increase awareness of the project amongst service users and the local community. The Project Coordinator also makes sure that individuals from stakeholder organisations are kept informed through the wider distribution of management meetings minutes and regular contact.

CHIP can attribute a large degree of its high profile to the brightly coloured van which it uses to deliver service to communities throughout East Ayrshire. The van itself has contributed to maintaining awareness of the project amongst the community and local stakeholders and is synonymous with community led health in Ayrshire and beyond.

The profile of the project has been raised within the Council by communicating the CHIP project's activities, and with the Chief Executive and Leisure Development Manager's support has ensured that it is not seen as an add-on but increasingly central to the Council's activities. Since exiting BLF funding the Project's position within the Council has also been consolidated with the recognition of the role of CHIP within the Community Plan (Improving Health Section), this has helped increased the relevance and in-house profile of the Project. The Community Planning and Partnership Unit, CPPU (formerly East Ayrshire Coalfield SIP) has also been supportive of the project since it started and has assisted the Project financially. The Project Coordinator has engaged with the planning process from the outset and has secured CHIP's status as a "flagship initiative" within East Ayrshire. The CPPU has also highlighted the work of the project in a variety of documents and papers in relation to Community Planning and promotes the impact of the CHIP to colleagues both locally and nationally.

Demonstrating impact

having good, up to date, monitoring information (both qualitative and quantitative) which is readily available is another key aspect to sustainability e.g. databases of users, evaluation summaries, monthly figures, case studies, photographs and creative writing. 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 and influence on the community and strategic/policy priorities. Good qualitative and quantitative monitoring information is also important to help the HLCs to self evaluate and demonstrate progress towards outcomes.

Building Healthy Communities previously used GMO2 (BLFs monitoring form) information to inform partners, however in the last year they have been implementing Learning Evaluation and Planning (LEAP) across the partnership with the support of the Scottish Community Development Centre (SCDC) and the HLC Support Programme. Evidence is gathered at all levels of the partnership to support the outcomes including both soft and hard indicators such as case studies, photos and creative writing. The Project has developed outcomes and outcome indicators in partnership with stakeholders and is currently putting together the specification for an effective monitoring system (an Access Database) that will capture the impact of the project for use in local regional and annual reports. Working with partners/ stakeholders in this way ensures agreed measures of success at the beginning of a planned period of work.

The Annexe uses a spreadsheet to record user numbers and evaluate data to track patterns of use for programmes and service users. The Coordinator collates service users and sessions information regularly, this is backed up with more detailed information which is held on the service user registration forms. More recently the recording system has expanded to include Scottish Index for Multiple Deprivation (SIMD) datazone information to comply with CRF

funding. The service user registration forms are filled in when individuals go on to more intensive programmes within the Annexe. Last year 25,000 people used the building for various sessions and 1,600 undertook more intensive programmes. This information provides the basis for the Annexe's annual report to BLF and is used at Board meetings to inform the future direction of the Project and individual programmes. Added to this, qualitative information is gathered through satisfaction surveys, which are again discussed at board meetings. All of this information is used to reinforce the message with stakeholders that the Annexe is a well used vibrant project that has deep roots in the community and which provides programmes that are having an impact on the health of the community.

CHIP has effectively used database technology to demonstrate impact to partners and other health care professionals. The project uses a database to record activities, while the information is fairly basic, the system has made it quick and easy to pull up data for partners. The system records referrals, the take up of services by individuals and specific data on service users such as blood pressure and how they feel about activity levels 6 months after taking up a specific service. The database has been effective up until now and is a useful tool in informing partners and justifying the sustainability of the project. It is important to note that as the project has expanded with new services and new partners it is becoming increasingly clear that CHIP needs to develop the system further to track individuals more effectively and to demonstrate the impact the project is having in specific locations (SIMD datazones).

In Northern Ireland 11 HLCs have recently started to use SPEAK (Strategic Planning Evaluation and Knowledge), a monitoring tool to records and report on the operational environment of the HLC, resources used, activities, outputs and outcomes. While there is still a lot of development work needed to meet the individual

information requirements of HLCs the system has been useful in generating collective statistics on the contribution and impact of the HLCs in Northern Ireland, this has been one of the influencing factors which convinced partners and stakeholders to sustain the HLC approach to addressing health inequalities.

Recognition

The importance of wider recognition of the uniqueness of projects. The significance of independent validation of an organisation's effectiveness through clinical endorsement, awards or national credit 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 or other sustainability options.

Building Healthy Communities has benefited from working in small rural areas and therefore gaining recognition for its work amongst voluntary and statutory partners and stakeholders and local service users. The partnership approach to the project at local and regional levels has ensured that the NHS and the Council have been involved from the start and have remained involved. With support from strategic partners the Project has embedded itself in the NHS Health and Community Care Plan and is recognised within the Councils Corporate Plan as a good practice programme in addressing health inequalities in the area.

The Annexe actively promotes its services to local GP's, health visitors and pharmacists and has established a 'Community Referral Programme'. Through regular marketing (leaflets) clinical and community health professionals are kept informed about the new programmes in the Annexe so that they can signpost their patients. The Annexe has fostered a growing reputation for effective practice based on the needs of the community which has filtered through to GPs, pharmacists and health visitors through word of mouth from other professionals and their clients. GPs now refer clients to the project on a regular basis. Similarly, the Project maintains its local focus and positive image through 12 volunteers and staff that live locally.

For CHIP one of the key strategies for sustainability was gaining recognition of the work of the project, it was realised that recognition would come through effective promotion of the services with partners and NHS Health Care professionals. This was largely achieved through awareness raising activities and entering the Project for local and national awards, the achievements to date include:

- Labour and Local Government Best Practice Awards - Best Overall British Project 2004.
- Gold Award for East Ayrshire Council and winning the CoSLA Excellence Award for Promoting Health in the Workplace 2001.
- Finalist (Great Britain) in the Association of Public Service Excellence Awards (APSE) - Best Community Initiative 2003.
- Finalist (Scotland) in the Coalfield Regeneration Trust - Community Project Awards 2004. Hosted "Health for All" Conference March 2005.

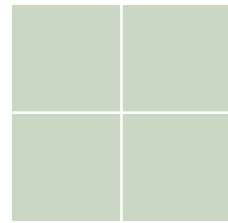
The Project has also been highlighted in a variety of documents and papers in relation to Community Planning.



A taster session at the Annexe.



Conclusion



At a time when many community health projects are reporting that their futures are uncertain beyond March 2008, this newsletter has tried to demonstrate that sustainability is not out with the control of the projects, and that efforts made to develop these 4 interrelated sustainability factors can contribute to a positive outcome. As demonstrated, there is plenty of evidence to suggest that certain key individuals can play a pivotal role in the sustainability of HLCs and therefore;

- It is important to identify and nurture project champions.
- Ensuring effective marketing is essential at a strategic level to increase the visibility of the project.
- Gaining recognition with partners and the public for the uniqueness of your work and your contribution to health improvement
- Being able to demonstrate the impact of your work.

These 4 factors are all equally important and interrelated and can have a substantial impact on the sustainability for the project. Most importantly they are within your own control.

While this newsletter has looked at the specifics of the 4 factors and how 3 organisations have implemented action on them, it is important to remember that any activity around sustainability should involve a whole organisation approach which welcomes contributions from all staff, volunteers and board members rather than

restricting input to sustainability issues by consigning it to the preserve of only one or a few individuals.

Undoubtedly, managers, coordinators, staff, volunteers and board members reading this newsletter will say that they are working on all 4 factors as well as delivering services on the ground, but we would urge projects to ask these simple questions:

- How well are you marketing your uniqueness? Is it effective?
- Who are your project champions? Are they the appropriate champions? Are they working for you? Do they have useful, user friendly information available to them about your project?
- Are you collecting information which will demonstrate the impact that you are having in the community? Who is seeing that information?
- Do you have methods for gathering qualitative and quantitative evidence?
- Are you getting the recognition you deserve - within the community, with partners and key stakeholders?
- How can you improve your profile with funders, stakeholders, decision makers?
- Would local people campaign or lobby for you? How do you know that they would? Do they know that you might need them to do that?

Regardless of where you are in your organisation's lifecycle it is essential that you think about these 4 factors in sustainability and make them core to your ongoing operation.



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