

Healthy Living Centre Support Programme

Annual Report
April 2005 – March 2006

Supported by



Prepared by:

The Healthy Living Support Programme

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GLOSSARY

➤ Big Lottery Fund	-	BLF
➤ Community Health Exchange	-	CHEX
➤ Community Health Initiatives	-	CHIs
➤ Healthy Living Centres	-	HLCs
➤ Healthy Living Centre Support Programme	-	HLC SP
➤ Learning Evaluation and Planning	-	LEAP
➤ LEAP Support Unit	-	LSU
➤ Research Unit in Health Behavior and Change	-	RUHBC
➤ Scottish Community Development Centre	-	SCDC

1 INTRODUCTION

This report is intended to provide information and an analysis of the work and impact of the Healthy Living Centre Support Programme (HLC SP) in its first year of operation. The report is structured in a way which will assess achievement of outcomes identified by the Support Programme Team and key stakeholders, and the delivery of agreed outputs for year one.

In its first year of operation the HLC Support Programme has actively contributed to six specific outcomes identified in the project plan, these are:

- HLCs own and value their network and identity;
- HLCs have access to information and advice they need;
- HLCs have enhanced capacity to plan and evaluate at project, programme and policy levels;
- Lessons learned from the HLC model and approach are captured and acted upon;
- Impact of HLC experience is sustained; and
- National recognition of the uniqueness of HLCs.

From April 2005 to March 2006 the Support Programme has conducted a baseline survey of 44 out of 45 HLCs, which involved intensive visits and follow-up action in response to need. We have produced and distributed two HLC Newsletters and LEAP support materials, contributed to the LEAP launch events which were supported and attended by 26 HLCs and also, provided intensive LEAP Training and Consultancy to 11 HLCs. In October 2005 the programme organised and supported a national event in Dunfermline which attracted 95 delegates from across Scotland. The event itself combined presentations and workshops and included a lively debate from BLF, Scottish Executive, NHS Health Scotland as well as the HLCs. Much of the discussion centered on the future of HLCs in Scotland and possible national networking options. The first regional seminar organised by the programme took place in Largs, March 2006. It focused on the theme of sustainability and was attended by 20 delegates representing 5 HLCs. Overall, the Support Programme was involved in 165 interventions which amounts to 840 hrs of support. In terms of gaining recognition for the impact of HLCs the Support Programme has supported HLCs to contribute towards workshops at national events such as the Public Health Convention (Aberdeen – Nov 2005) and Communities Scotland's 'Partners in Regeneration' (May 2006).

The activities outlined above were intended to help the Support Programme progress towards achievement of the outcomes agreed for year one. The extent to which the activities contribute towards the outcomes vary and the report attempts to provide clarity as to how much has been achieved and what has been learned by the Support Programme. This information will be used to inform the direction of the Support Programme's work for year two.

1.1 Background

A £300m Healthy Living Centre Programme was launched in 1999, helping to develop 352 Healthy Living Centres (HLCs) in the UK with 47 (currently 45) of them in Scotland.

Scottish HLCs are characterised by their diversity, from projects which are centre based to virtual organisations; from those with voluntary status to those based within the statutory sector. What all the projects 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 objectives but also contribute to the broader development and well-being of their communities.

HLCs have a wide range of target groups, across age ranges and cultures. Crucially, HLCs have deep-roots in the community and are ideally placed to understand the needs and are able to work with local 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 use of their local knowledge and innovative delivery methods.

In recognition of the amount of resources that BLF distribute nationally through various funding streams it was identified that there might be a need for the work that is established to be supported in a formal way. With this in mind BLF identified the HLC funding stream to pilot a programme of support. This assistance was established differently within the four nations of the United Kingdom.

In May 2004 BLF commissioned NHS Health Scotland to provide a Healthy Living Centre Support Programme (HLC SP).

NHS Health Scotland is a special health board which was created on 1st April 2003. It provides a national focus for improving health and works with the Scottish Executive and other key partners to take action to improve health and reduce health inequalities in Scotland.

Although funding was received in May 2004 the programme was not initiated until April 2005. This delay can be attributed to a number of overlapping administrative issues.

The HLC SP was established to identify and respond to key issues facing HLCs in Scotland. The programme consists of three main elements:

- A networking and capacity building programme;
- A planning & evaluation support programme; and
- A strategic development and sustainability programme.

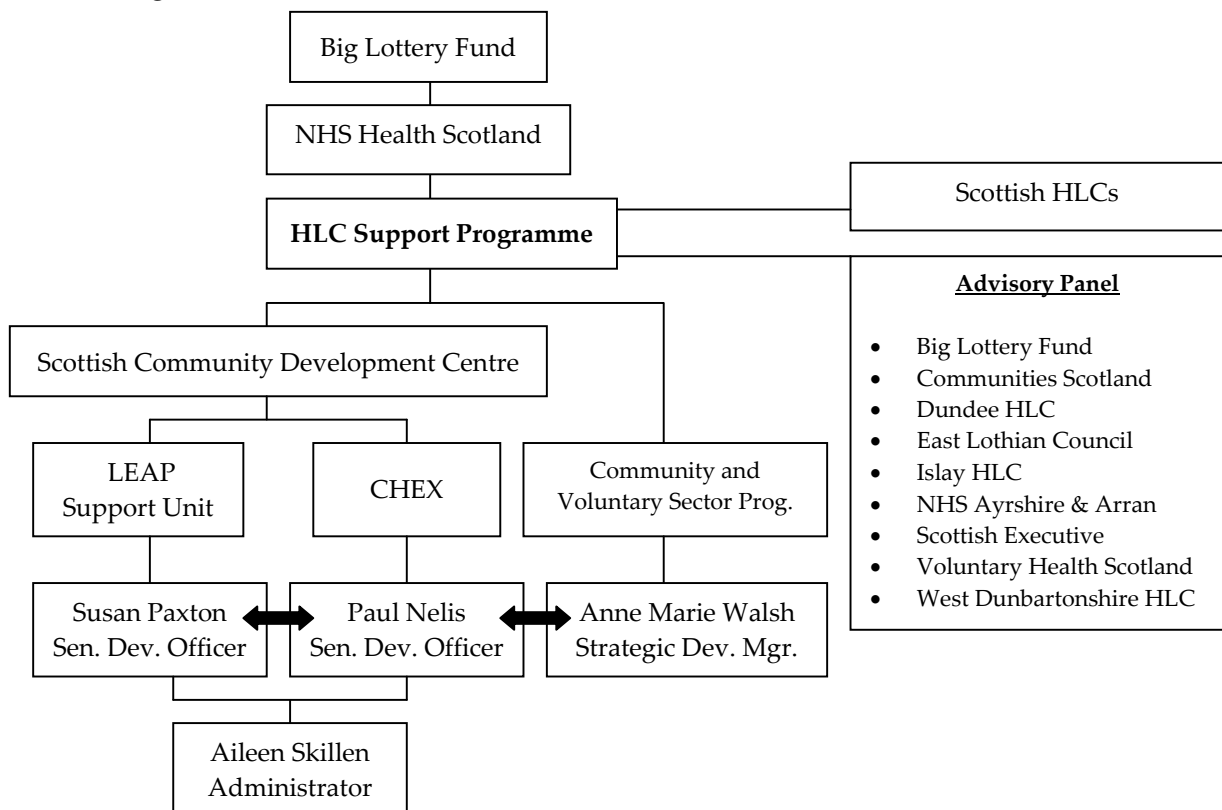
These areas of activity are not discrete and are being taken forward in a team approach by Anne Marie Walsh (November 2005 – March 2007); Susan Paxton (April 2005 – March 2007); Paul Nelis (April 2005 – March 2008) and Aileen Skillen (April 2005 – March 2008) with direct management and also strategic support from NHS Health Scotland, LEAP Support Unit, CHEX, SCDC, and the Big Lottery Fund.

The overall aim of the Support Programme is to provide support to HLCs in Scotland which will assist them to develop practice, influence policy and promote local models of partnership working to improve health and tackle health inequalities.

1.2 Structure of the HLC Support Programme

The first two elements of the contract are subcontracted to Community Health Exchange (CHEX) and the LEAP Support Unit respectively, at the Scottish Community Development Centre, part of the Community Development Foundation.

The third element of the contract is managed through The Community and Voluntary Sector Programme within NHS Health Scotland.



Although the Support Programme comprises three distinct elements, the work is delivered through a team approach towards achievement of outcomes and delivery of outputs. This recognises the combined impact and crossover of the three separate functions of each post in achieving commonly shared outcomes. The team meet regularly and the support programme work is jointly planned and delivered by the team.

2 WORK PLAN 2005/6

2.1 Identified Need

A report commissioned by NHS Health Scotland and CHEX in 2005 was carried out to identify the training and support needs for Healthy Living Centres. The survey and report updates the earlier needs assessment undertaken by the Scottish Community Development Centre in 2003 which was used as the basis for the initial tender to BLF. The survey focused on five main headings:

- Strategic/Partnership;
- Community;
- Administration & Management;
- Operational/Service Provision; and
- Evaluation & Monitoring.

The Support Programme used this information to inform the process of devising appropriate outcomes for the Support Programme with key stakeholders comprising representatives of the BLF, NHS Health Scotland, SCDC, CHEX and LSU. This involved a number of stakeholder meetings and the development of a work plan using the LEAP approach/framework which was approved/agreed by the BLF Advisory Group.

2.2 HLC Support Programme Plan Outcomes

The HLC Support Programme Plan (appendix 1) states its outcomes as:

1. HLCs own and value their network and identity;
2. HLCs have access to information and advice they need;
3. HLCs have enhanced capacity to plan and evaluate at project, programme and policy levels;
4. Lessons learned from the HLC model and approach are captured and acted upon;
5. Impact of HLC experience is sustained;

6. National recognition of the uniqueness of HLCs:
 - partnership working;
 - approaches to tackling health inequalities;
 - community and service user involvement; and
7. Lessons are learned from the Support Programme and the processes used are captured.

The 7th outcome relates to the Support Programme itself and although the use of LEAP as an internal planning & self-evaluation tool will allow learning to take place on the impact of the Programme, the external evaluation commissioned by NHS Health Scotland will be the main source of assessing achievement of this outcome (appendix 2).

2.3 Theory of Change

The following logic model explains the theory of change used by the Support Team in so far as the processes and outputs identified will achieve the desired outcomes of the programme.

This model attempts to explain the relationship between outputs (activities) and outcomes (impact) and why particular processes are used. It also explains how outcomes are linked and the necessity of achieving intermediate (short-term) outcomes to achieve ultimate (long-term) outcomes.

In terms of outcomes, it suggests that **IF** Healthy Living Centres own and value their network and identity, & have enhanced capacity to plan and evaluate at Programme, Project and Policy levels, **THEN**, Healthy Living Centres will have access to information and advice they need, & lessons are learned from the HLC model and are captured and acted upon at policy, project, programme and national levels, **THEN ULTIMATELY**, the impact of the Healthy Living Centre experience is sustained & there is national recognition of the uniqueness of Healthy Living Centres.

The links between these intermediate outcomes and ultimate outcomes are that:

Intermediate - creating an infrastructure of mutual support for HLCs will allow them to share experiences/information, exchange good practice, and form a shared voice with the capacity to inform health policy & practice at national & local levels. The implementation of LEAP for Health as an outcome focused planning & evaluation framework will allow HLCs to demonstrate their impact on health inequalities,

contribute to an evidence base of good practice, and enhance partnership working & practice development.

Then ultimately - establishing a collective HLC identity will strengthen their individual and shared capacity to advocate their unique approach to tackling health inequalities among national agencies. Access to peer support, effective strategic and operational planning & evaluation, and the ability to learn from each others experiences will assist HLCs to develop strategies to sustain the impact of their work through local partnerships and other funding partners.

This theory of change model developed by the Support Programme relies on a capacity building approach which it has found it has limited capacity to adopt. This has had an impact on the ability of the Support Programme to achieve fully the intermediate outcomes identified and this is further explained in section 4 – lessons learned. However the report is based on progress towards these outcomes as the outputs identified to achieve them were carried out.

2.4 Outcomes for Year 1

The Support Programme identified three intermediate outcomes which was the focus of activity for year 1 but also started focus on three longer term outcomes . These are:

Outcome 1 - HLCs own and value their network and identity (**Network**);

Outcome 2 - HLCs have access to information and advice they need (**Information and Advice**); and

Outcome 3 - HLCs have enhanced capacity to plan and evaluate at project, programme and policy levels (**Plan & Evaluate**).

Outcome 4 - Lessons learned from the HLC model and approach are captured and acted upon (**Lessons Learned**);

Outcome 5 - Impact of HLC experience is sustained (**Impact of HLCs**); and

Outcome 6 - National recognition of the uniqueness of HLCs:

- partnership working;
- approaches to tackling health inequalities;
- community and service user involvement; and

(National Recognition).

3 PROGRESS TOWARDS ACHIEVEMENT OF OUTCOMES

3.1 Outputs & Output Timescales

Outputs	Output Timescales
Baseline survey/scoping exercise	Oct 2005
Pioneer Visits	July 2005
Publicity Materials	July/Nov 2005
LSU Launch Events	June 2005
HLC Exchange	Oct 2005
LEAP Training & Consultancy Programme	Ongoing
Website	Ongoing
Monitoring Database	Sep 2005
E – Network	Ongoing
Regional Seminars	March 2006
Specific Support	Ongoing
Contributions to Case Studies / Publications	Ongoing
Building Partnership	Ongoing

3.2 Progress

It should be noted that the outputs are assessed on the basis of a progression towards intended outcomes. Each output will relate to each outcome to varying degrees and may not result in the intended outcome being fully achieved. This is further explained in section 4 – lessons learned. It is also important to emphasise that the Support Programme’s theory of change relies heavily on the processes used being able to achieve the desired outcomes. The capacity building approach is crucial to the achievement of the original outcomes, and again this is further explained in section 4 – lessons learned.

The following information is intended to identify each output and its impact on achieving the outcomes identified in the original plan.

Outputs	No. of HLC Recipients	Potential Outcomes
Baseline Scoping exercise	45	1, 2, 3
Pioneer Visits	13	2
Publicity Materials	45	1, 2, 3, 4, 5, 6
LSU Launch Events	26	1, 2, 3
HLC Exchange	95 participants	1, 2, 3, 4

LEAP T & C Programme	11	1, 2, 3
Website	n/a	
E-Network	n/a	
Seminars	5	1, 2, 3
Specific Support	45	1, 2, 3
Monitoring Database	45	7
Contributions to Case Studies / Newsletters	45	4,5,6
Building Partnerships	45	4,5,6

3.3 Baseline Scoping Exercise

The team have visited 44 of the 45 BLF funded HLCs and produced a report on the emerging issues around monitoring, training, partnerships, networks etc. The exercise also identified the projects immediate support needs which the team has been responding to. The baseline report and HLC proformas are available on request.

Progress towards outcomes: 1. Network, 2. Information & Advice - HLC co-ordinators were given a clear indication of what the Support Programme could offer their project and given immediate assistance and advice where appropriate.

3.4 Pioneer Visits

The Team met with the 'Pioneer HLCs' (projects which are nearing the end of their BLF funding and looking at sustainability issues) to establish what their priorities are, how the Support Programme can assist them and what lessons can be learned for other HLCs. Met with: *Gorbals Health Living Network, CHIP (East Ayrshire), DeafBlind Scotland, Stirling Health and Wellbeing Alliance, BHC (Dumfries and Galloway), The Annex, Partick (Glasgow), Inverkeithing HLC (also attended their wider partnership meeting), New Ways (Dalgety Bay), Barlanark HLC (Glasgow)* – used visits to establish a baseline and updated the scoping survey. Some follow up actions from the visits include clarifying issues around using LEAP, information on CHEX programmes and funding information.

Progress towards outcomes: 1. Network, 2. Information & Advice – Key lessons from the Pioneers helped shape the support offered to other HLCs, promoted sharing of information within the network and informed the content of the HLC Annual Conference.

3.5 Publicity materials

HLC and LSU Leaflets – these served as a useful introduction to the Support Programme and support services available, and were distributed to all HLCs to raise awareness of the support available through the Programme and encourage engagement with the LSU.

The HLC Newsletters – served as a useful introduction to the Support Programme and support services available. The initial newsletter contained an up to date contact list with HLC specific information to allow members to communicate with each other regarding matters of specific interest (meta-networking, Gilchrist 1998,2004). Feedback from the HLCs themselves suggests that this approach was useful. The second newsletter was based on feedback from the HLC Exchange, which was designed to establish an HLC Network identity and identify an appropriate mechanism to facilitate this. It also gave an overview of the presentations and workshops.

Support Programme Marketing Materials – various materials are being developed to promote the work and learning of the Support Programme. These may include: leaflets and displays. These materials are being developed in partnership with HLCs. It is the view of the Support Programme and HLCs that this would enhance the visibility and impact of the programme.

HLC Marketing Materials – as above but with materials being designed in conjunction with HLCs in order to promote the learning and value of HLCs. Specifically focusing on the innovative work around public involvement and health improvement.

Progress towards Outcomes: 1. Network, 2. Information & Advice, 3. Plan & Evaluate, 4. Lessons Learned, 5. Impact of HLCs, 6. National Recognition – publicity materials contributed to the achievement of outcomes 1 & 2, 4, 5 and 6. Whilst outcome 3 was not achieved directly through publicity materials, they offered HLCs access to support to enhance planning and evaluation capacity. The number of HLCs who have accessed LEAP support due to publicity materials is unknown however this may emerge through the external evaluation.

3.6 HLC Annual Conference (HLC Exchange)

The HLC Exchange in Dunfermline (28 October 2005) attracted 95 participants from all over Scotland. The Exchange was successful in creating the opportunity for HLCs to network and learn from each other, to discuss the policy context for their work and to look at sustainability options beyond Big Lottery Funding. As well as a series of workshops, participants had presentations and the opportunity for discussion with Eric Samuel (BLF), Roddy Duncan (Scottish Executive), Nuala Healey (NHS Health

Scotland) and Brendan Rooney (Cambuslang & Rutherglen Community Health Initiative). The event was staffed and facilitated by the combined teams of CHEX, SCDC and LEAP.

Progress towards outcomes: 1. Network, 2. Information & Advice, 3. Plan & Evaluate, 4. Lessons Learned - Significant HLC attendance, useful and informative presentations and workshops and extensive consultation on the development of a Scottish HLC Network. The event had an impact on progress towards the above outcomes.

HLC Exchange Evaluation

110 delegates signed up for Exchange and 95 attended on the day. Evaluation responses were collected using forms and on-line survey. In total 46 evaluation responses were received which is a 48% response rate.

Delegates at the conference consisted of co-ordinators, board members, volunteers and partners

- **81% of participants agreed that they were either satisfied or very satisfied that the event gave them the opportunity to participate and extend their own learning.**

What the delegates said:

'I found both sessions valuable:- morning session - Eric's (BLF) contribution was very informative. "Question Time" was excellent opportunity to raise and discuss common problem. Afternoon session, networking and possible development opportunities and learning from pioneers was very helpful to me as a project manager.'

'Well done to the organisers! An excellent day with masses of info to sieve through.'

- **78% of respondents said that the HLC Exchange provided the opportunity to Network and learn from each other.**

What the delegates said:

'...have arranged visits to other HLC's and also to ours.'

'Having the chance outside of hurried meetings to network - especially with my local colleagues but also with national ones too.'

- **78% said that the event raised their awareness of the HLC Support Programme.**

What the delegates said:

'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...'

Twenty two delegates attended the outcome focused strategic planning seminar. Although the workshop was not formally evaluated, participants verbally expressed their understanding of how LEAP facilitates strategic planning.

What the delegates said:

'Susan Paxtons Workshop, Leap For Health Evaluation :- better understanding of relevance to our work.'

'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 was very interesting to me as a worker (Outcome Focused Strategic Planning). Thank you for a really good day.'

- **70% of participants said that the Exchange met or exceeded their expectations;**
- **65% said that the event identified the networking issues and needs of HLCs;**
- **56% said that the event increase their awareness of possible funding opportunities; and**
- **54% said it increased their awareness of the policy context.**

The above evidence suggests progress was achieved in relation to outcomes: **1. Network, 2. Information & Advice, 3. Plan & Evaluate** - A full conference report and evaluation summary is available on request.

3.7 LEAP Launch Events

Three national events were organised to raise awareness of the LEAP framework and the LEAP Support Unit. Out of 99 delegates, just over 25% of them were HLC representatives and two of the keynote speakers at the Glasgow and Dundee events were HLC Managers, presenting to delegates on their use of LEAP. The evaluation report indicated that delegates valued these presentations and highlighted them as the best part of the day. This report is available on request.

Progress towards outcomes: 1. Network, 2. Information & Advice, 3. Plan & Evaluate - Significant HLC involvement in terms of attendance and speaker presentations, and feedback from delegates suggests these events had an impact on progress towards these outcomes.

What the delegates said:

'The contribution from Lynn really helped get beyond the jargon and potential dryness of the subject to the reality of its positive use.'

'Enjoyed the day, good networking opportunity, learned from other people's experience.'

'Speakers outlining framework, hearing about application and practice and discussion in workshop was good format.'

'I feel the Support Programme is a welcome addition for HLCs and other Projects.'

'Very happy with the process, opportunity to network also very helpful.'

3.8 LEAP Training & Consultancy Programme

The Programme comprises a range of different types of support, mainly, familiarisation sessions, training, consultancy support, materials, seminars, training for trainers events. The following table provides information on the overall number of HLCs engaged with the LEAP Programme.

Types of support/engagement	No of HLCs engaged
Publicity/contact	45
Support Requested	29
Visits	16
Specific support offered	14
Specific support provided	11

Support requested – either through the baseline scoping survey or through contact established through a variety of mediums.

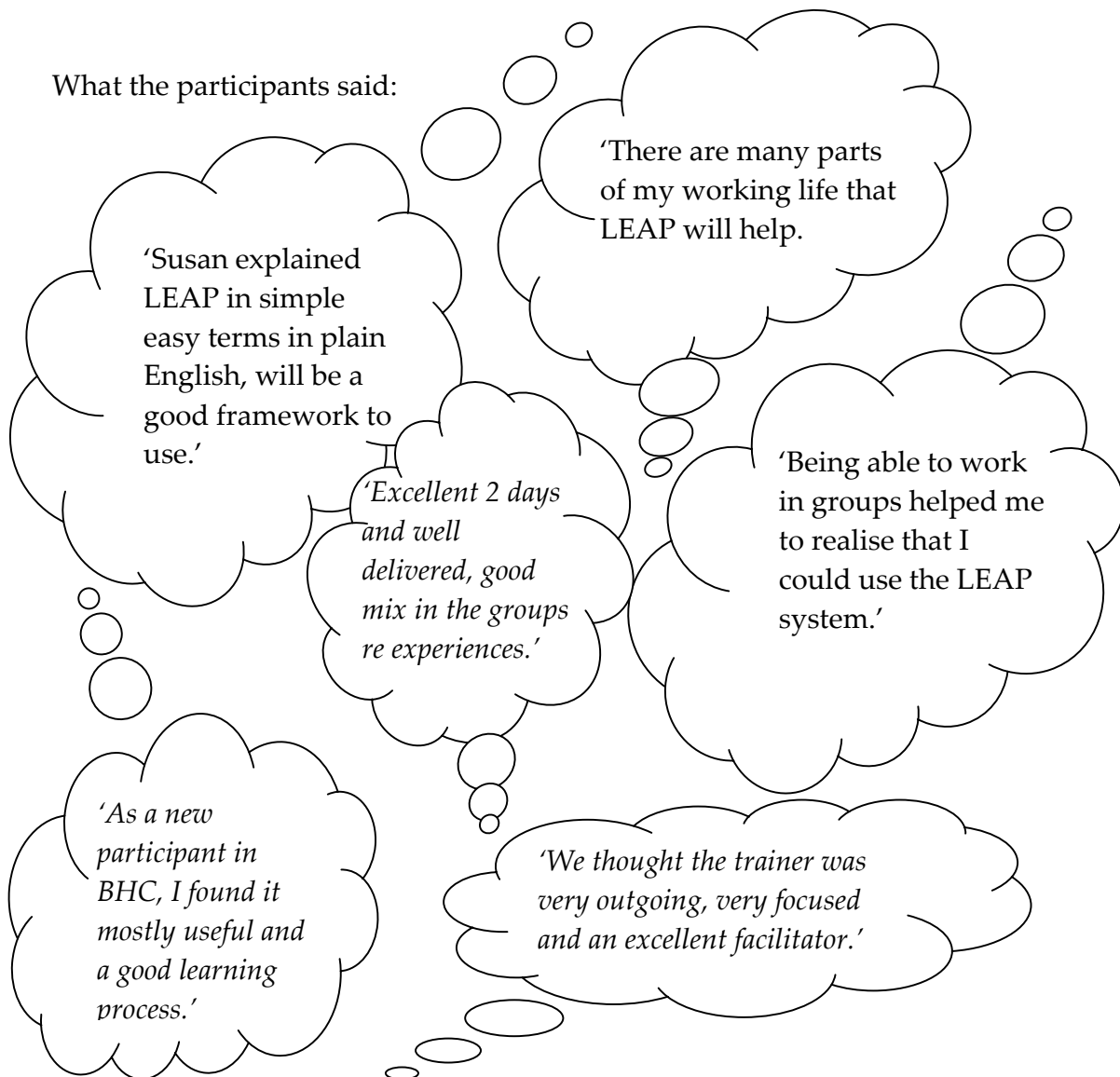
Visits – either as part of pioneer visits or those specifically arranged to discuss LEAP support needs.

Specific support offered – either through visits, verbally agreed offers or 'tailored' written offers or proposals.

Specific support provided – either through in-house consultancy support, training or Training for Trainers events. Some HLCs have taken up numerous forms of support offered, including those delivered as part of the LSU core programme, however the figures above only count them once.

Progress towards Outcome: 3. Plan & Evaluate – the quantity of HLCs in receipt of support, 25%, suggests progress towards this outcome has been achieved. Feedback from those HLCs who have received support also suggests progress towards this outcome as having been achieved. Overwhelmingly, the outcomes agreed for each event have been achieved, indicating an enhanced understanding and capacity to use LEAP, and participants have indicated the quality of support as high (evidenced through event evaluations which are available on request)

What the participants said:



'Although I had no prior knowledge of LEAP, I have been facilitating outcome focused planning with community groups for many years. This training has helped to validate and verify the methods that I use and has given me the theoretical context to my practice. Extremely useful!

'Really enjoyed the 2 days and enjoyed meeting other professionals from different backgrounds that could contribute their values.'

'Definitely best LEAP training I have ever been on – in fact in top 5 of any training attended!'

3.9 Website Development

Work is continuing with web developers Mercury Tide to develop the HLC element of the CHEX web site. A focus group of HLCs and partners has been established to look at the proposed on-line developments. The site will provide material on a range of subject areas including news and events, good practice, research, case studies, an interactive map of the network, funding guide, organisational resources and available support opportunities. The development of the web site has taken longer than expected because it is part of a larger development to revamp the SCDC and CHEX website. However, being part of this wider development will enhance the opportunity for the HLC component to be carried on after the demise of the Support Programme.

Unfortunately, intermediate plans to post Scottish HLC information on the Accenture run web site are on hold because it is unclear whether the site will still be maintained after December 2006 when Accenture's (the national co-ordinators) contract comes to an end. The delay has not stopped the gathering of case studies, research, information and other materials which we expect to be available online from July 2006. The impact of this delay is to some extent lessened by the e-network and regional seminars which are making available relevant materials and information that would have been posted on the website.

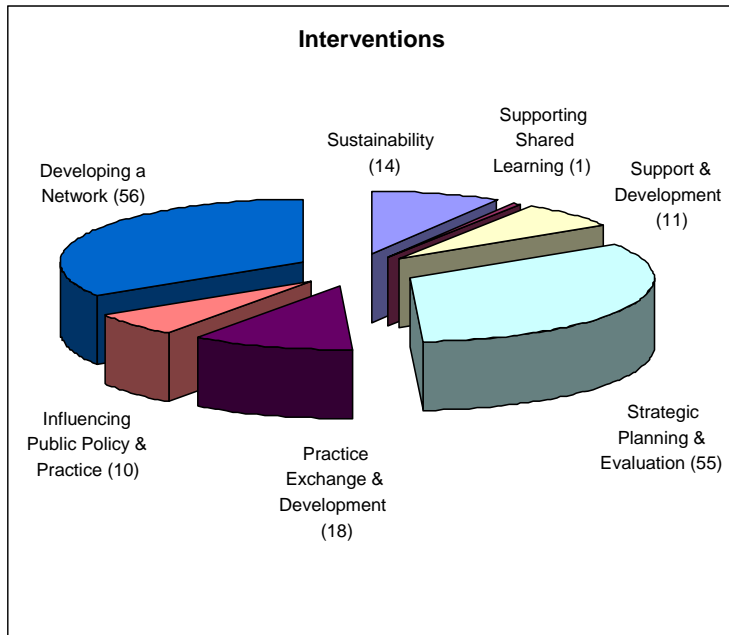
3.10 E-Network

More participative and consultative than an ordinary web site the E-network which was launched in April 2006 will assist HLCs to communicate with each other, share practice, identify issues of common concern and interest and agree actions to address them. The e-network will go some way to addressing the common concerns, expressed by HLCs at the Exchange 2005, about the barriers to networking at a national level in terms of staff time and cost.

3.11 Monitoring Database

The database is an effective way of capturing activities against outcomes. The system was devised by the Support Team to assist in the formative evaluation role of the external evaluators (Research Unit in Health, Behavior and Change, University of Edinburgh).

Graph 1.1 – Intervention by hours



Graph 1.1 and Table 1.1 indicates the hours spent on each of the themes, this is not the sum total to the team’s activities but recorded activities which specifically relate to the HLCs. Since April 2005 the team has recorded **165** specific interventions which amounts to **840** support hours.

Table 1.1 Interventions

	Interventions	Hrs
Sustainability	14	97
Supporting Shared Learning	1	3
Support & Development	11	18.5
Strategic Planning & Evaluation	55	286.5
Practice Exchange & Development	18	68.15
Influencing Public Policy & Practice	10	38
Developing a Network	56	329
Total	165	840 Hrs

Overall the team has had a positive approach to support recording **47** instances of reactive support. For example, responding to specific requests from HLCs against **118**

proactive activities. Examples of proactive support include the development of regional sustainability workshops, (in conjunction with CHEX Practice Development Manager) which incorporate the lessons learned from Pioneer HLCs and the development of the web site to promote good practice and increased networking.

Table 1.2 demonstrates the frequency of support over the first year. All HLCs have benefited from activity around the Newsletter and the development of the e-network. The Table highlights that a number of HLCs have had more specific support which demanded a more focused approach and more time from the team, for example Dumfries and Galloway who have been taking up LEAP support at various levels within the organisation. It is anticipated that the lessons learned from the more intensive support to specific HLCs will be shared within the network.

Table 1.2 Frequency to Support to HLCs

Frequency of Support to HLCs	No.
All HLCs	59
Dumfries and Galloway	9
Gorbals HLC	6
Chinese HLC	4
Glasgow Based HLCs	5
Edinburgh Based HLCs	1
Getting Better Together	3
South Edinburgh HLC	3
Stirling HUB	3
Bute HLC	3
Cambuslang & Rutherglen	2
Drumchapel Life	2
Dundee HLC	2
Health Connect	2
Healthy Valleys	2
Inverkeithing HLC	2
Paths to Health	2
Islay HLC	2
West Lothian YP	2
Stepwell – In HLC	2
Remaining HLCs	40

** excluding sustainability workshops

3.12 Regional Seminars

The need for regional sustainability workshops was identified at the HLC Conference in 2005. The first of the regional networking event took place in Largs (West Coast), March 2006, the seminar addressed issues around sustainability and supported HLCs to look at the strengths and weaknesses of their project and to take the first steps in identifying sustainability outcomes.

Twenty delegates attended the HLC Sustainability Event. This included co-ordinators and board members from Bute HLC, Stepwell-In HLC (Greenock), Islay HLC, West Dumbartonshire Healthy Living Initiative, Community Health Improvement Partnership (East Ayrshire) and the Live Life Network. The Three Towns HLC (North Ayrshire) and Kintyre HLC were unable to attend.

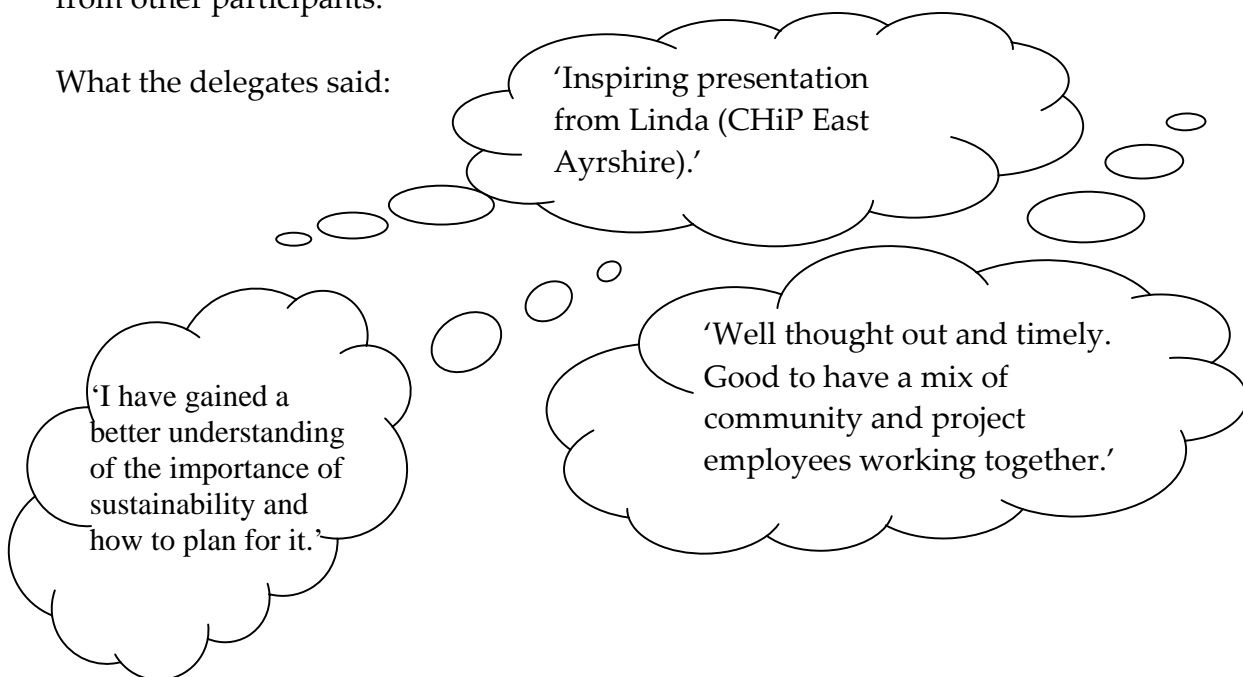
Eighty six percent (N=12) of respondents reported that the day had raised their understanding of Community Health Partnership purpose, structure & process.

One hundred percent (N=14) reported that the event raised their understanding of sustainability routes.

One hundred percent (N=14) reported that the event had enhanced their capacity to develop a strategic approach to sustainability.

One hundred percent (N=14) said that the event gave them the opportunity to learn from other participants.

What the delegates said:



Progress towards outcomes: 1. Network, 2. Information and Advice, 3. Evaluation – the qualitative and quantitative data above indicates progress has been achieved towards these outcomes.

3.13 Specific Support

Involvement with HLCs requiring specific support in relation to business planning, stakeholder involvement, partnership working has also taken place in the last year. Information is distributed to all HLCs on a regular basis on topics of common interest i.e. funding opportunities, conferences/seminars and good practice materials.

Progress towards outcomes: 1 Network, 2 Information & Advice & 3 Plan & Evaluation - the activities recorded through the monitoring database in terms of regular information distribution to HLCs and regular contact indicates that progress is being made towards achievement of these outcomes.

3.14 Contributions to Case Studies / Newsletters

The Community-Led Supporting and Developing Healthy Communities Task Group commissioned a piece of work which was to review the impact of community-based activity on improving health in its widest sense, tackling health inequalities and addressing social exclusion. The main purpose of this work is to highlight the nature and breadth of community level activity, reflect the relationship between sustainability and capacity building, and demonstrates their overall impact in relation to health improvement. Three out of the six case studies were of Healthy Living Centres.

‘The Underground’ HLC, Edinburgh contributed to ‘The Mix’ a twice yearly newsletter produced by NHS Health Scotland aimed at anyone with an interest in or active involvement with promoting young people's health and well-being through policy, practice and research.

Part of the EuroHealthNet Project aims to bring together good practices on local policy measures and interventions that are effective and transferable to other European countries. The Gorbals Healthy Living Initiative and The Support Programme contributed to this European Health Inequalities Portal.

Progress towards outcomes: 4. Lessons Learned, 5. Impact of HLCs and 6. National Recognition – through these resources being distributed to a wide audience this will meet the above outcomes.

3.15 Building Partnerships

Strong links have been established at national and regional levels with relevant organisations and individuals who are able to influence policy and practice in arenas such as Health Improvement and Public Involvement. In particular Health Boards (For example, Community Health Partnerships), Local Authorities with a particular focus on the work of Community Planning Partnerships and community and voluntary organisations. Liaison has also occurred between various departments within the Scottish Executive and Communities Scotland – these relationships will be further developed.

Progress towards outcomes: 4. Lessons Learned, 5. Impact of HLCs and 6. National Recognition - the sharing of knowledge and good practice through all the avenues discussed above leads to the progression towards these outcomes.

3.16 Other Activities

A range of other activities have been undertaken by the Support Programme which have contributed to the effective delivery of the work plan. These include:

- Attendance at The Success of HLCs conference in England (Dec. 2005);
- Contributions to the planning group of Community Scotland's Partners in Regeneration, it is anticipated that through this activity the work of HLCs will reach a wider audience in the regeneration field;
- Contributing to the activities of CHEX, LEAP Support Unit, NHS Health Scotland and SCDC to promote the work of HLCs;
- Maintaining links and sharing practice with the National Support Programme; and
- Supported 3 HLCs to contribute to a workshop on community health at the Public Health Conference, Aberdeen – Nov. 2005.

4 LESSONS LEARNED FROM YEAR 1

4.1 Formative Evaluation

The Support Programme uses the LEAP framework to plan and evaluate the support programme. As such, internal reporting mechanisms are used as part of a formative evaluation process to allow adjustment of the programme if necessary. If outputs are not achieving the intended outcomes then revision is necessary based on the lessons learned and evidence gathered by the programme. The following section outlines the lessons learned from the first year which provides the rationale for revision of the original work plan and in particular the revision of outcomes which are more achievable for the programme.

4.2 General Support

- HLCs are at different stages of funding and development. This means that they have different support needs and therefore uptake of support from the programme is variable.
- Opportunities to learn from those HLCs which have established good practice and have achieved sustainability is being maximised by the programme and will continue in next year's work plan. Learning is taking place through the continuation of targeting 'pioneer' HLCs to highlight their learning and successes and sharing these lessons with the wider HLC network.
- HLCs all share a user-involvement approach. Community Development approaches, however, vary. Whilst this may inhibit the extent to which a common HLC identity is formed, the Support Programme is being responsive to all support needs as articulated by Scottish HLCs and will continue to promote the unique HLC approach where appropriate.

4.3 Sustainability

- HLC structures and external operating environments are varied and in some cases unstable. Therefore varying degrees of successful development will be influenced by local opportunities for limited funding and the limitations in sustaining high levels of resources provided through the BLF funded HLCs (similar conclusions are drawn from the Evaluation of HLCs in Scotland; Phase 1 – RUHBC, University of Edinburgh). This will have an impact on the Support Programme's ability to influence and affect sustainability. Therefore, the promotion of strategies and the provision of support to help HLCs build their capacity to develop sustainability strategies is a more realistic goal of the Support Programme for the coming year.

- Uncertainty of emerging and changing partnership structures which HLCs operate in (such as Community Health Partnerships) is already having an impact on HLC sustainability. Consequently the Support Programme can usefully provide an advocacy/support role to provide information, advice and support on collective and individual approaches to sustainability.
- Competing with local Community Health Initiatives (CHIs) for limited resources and changes in local structures/policy development will impact on ability to mainstream services – the Support Programme will highlight where mainstreaming has worked and why (case studies, themed seminars to highlight successful approaches).
- Often HLCs have more in common with other local organisations/CHIs. The Support Programme will promote and target a strategic regional approach to creating a networking infrastructure (needs-led and feasible) in conjunction with CHEX. This will enhance the chances of sustaining local networks, post support programme.

4.4 Networking needs of HLCs & the capacity of the HLC Support Programme

- At the national exchange meeting in Dunfermline (Sept 05) HLCs expressed that at this time they did not require a ‘physical’ network – however an e-network provides a mechanism for communication between HLCs where geographical/access barriers exist. This is both desired and practical for HLCs and will be pursued by the Support Programme.
- Development of tailored support on a limited basis relates to the limited capacity of the HLC Support Programme. For example, some HLCs will get more ‘hands on’ support than others – the Support Programme has developed criteria for an engagement model and some HLCs will be targeted based on this criteria (available on request).
- Some HLCs will require less support than others – the Support Programme will map and demonstrate how this targeted support will be effective (quality of case study materials, best practice repository, website use, specific pilots/demo projects, quality & quantity of e-network usage, user feedback).
- All HLCs will gain access to certain support services (web based resources, newsletter) and all requests for support will be responded to.

4.6 Planning & Evaluation Support

- The support needs of HLCs in relation to LEAP vary quite significantly. For example, whilst only four HLCs have been identified as being LEAP users prior

to the Support Programme being established, three of these have taken up some level of support.

- HLCs who have expressed an interest or willingness to implement LEAP have not necessarily taken up the support package offered, due to a variety of factors, both internal and external. These include staff turnover, uncertainty over continued funding, lack of stakeholder investment, the availability of other support structures (Glasgow Council for Voluntary Services) and use of external consultants.
- The time delay in the Support Programme being established has had an impact on uptake of support by HLCs as many have adopted their own systems for planning and evaluation. This has been demonstrated through the use of external consultants to assist in planning and evaluation processes which is sometimes perceived as being more 'valued' and 'attractive' to funders and partners (for example, an offer of support was made to the Pilton Partnership to evaluate the impact of the co-ordinator's role in building HLC capacity, which was declined in favour of contracting an external consultant to fulfill this function).
- Generically advertised familiarisation/training events have not generated the interest expected, with the exception of LEAP Training for Trainers (out of 24 participants, 14 were from 10 different HLCs). HLCs appear to prefer in-house consultancy support, depending on their natural planning/evaluation cycles. As a result, 12 Training for Trainers events will be run through the LSU core programme in the coming year, whilst HLC support will continue to be individually agreed on each request made.
- Some HLCs who have made a commitment to implementing LEAP have exceeded the provisional two days allocation. As it is unlikely that all HLCs will require the 2 days allocated, time has been negotiated based on individual HLC needs. As HLC structures vary in size and nature, some have chosen to implement at different levels (project/programme) and therefore require more support.
- In relation to the point above, LEAP has to be stakeholder driven and this can lengthen the process of agreeing support and in some cases support is declined if stakeholders do not 'buy in' to LEAP (For example, despite 2 dates being agreed for LEAP training with Mearns HLC, both were cancelled due to lack of stakeholder availability).
- HLCs participating in LEAP events have indicated their quality as high (event evaluation reports are available on request).
- Overwhelmingly, the outcomes agreed for each event have been achieved, indicating an enhanced understanding and capacity to use LEAP.

- As stated above, 100% uptake of LEAP support is not expected, however a map of LEAP users is being compiled and will be used to target support for Year 2. It is also worth noting that materials are being collated for both the HLC and LSU websites. These materials will include those developed by the LSU to maximize LEAP understanding and capacity, and provide practical examples of how LEAP is currently used/implemented in a variety of settings/disciplines.

Summary of Lessons learned and the revision of the Support Programmes Outcomes

The original outcomes of the Support Programme were identified through a stakeholder driven process and in relation to need. These were ambitious given the capacity of the Support Programme and the late appointment of the Strategic Development Manager means that revision of the outcomes has been necessary. Using the LEAP approach to planning and evaluation allows these lessons to be applied to increase impact and effectiveness of the Support Programme. As such, revision of the work plan and outcomes has begun and will be distributed shortly to stakeholders. Despite the late appointment of the Strategic Development Manager, significant progress has been made in highlighting the impact of HLCs on health inequalities with strategic groups/structures/policies. The information generated from Year 1 and continued development of an evidence base will continue to inform and better equip the Strategic Development Manager in conjunction with the rest of the Team to deliver on this important outcome of the Support Programme.

Against a background where external factors such as constrictions on local funding make it difficult for HLCs to plan beyond BLF funding (particularly in Edinburgh and Glasgow), the aim of the Support Programme is to target specific strategic stakeholders at a national level to ensure the impact of HLCs on community health is used in further strategic and operational development. Therefore the processes used by the Support Programme will be more of an advocacy role than the original capacity building role identified. This is reflected in the revised work plan and takes into account the late establishment of the Support Programme. Year 2 must see the Support Programme maximise its impact and capacity building is a recognised time consuming process. This is evidenced by the work done by Accenture as the UK wide Support Programme deliverers, in that in comparison, the establishment of the HLC Alliance (a self servicing HLC network in England) could never be replicated by the HLC Support Programme in Scotland, not just for limited capacity reasons, but for the fact that this is not desirable or manageable as expressed by Scottish HLCs. Rather, the Support Programme will focus it's attention on recognition of HLC impact at a national level, continued capacity building around planning & evaluation, and continued networking opportunities to enhance learning and practice.

This is both based on the needs expressed by HLCs and the lessons learned over the past year.

At a national level the Support Programme will also promote the HLC model through the Community Led Task Group recommendations which has adopted 3 HLCs as part of its 6 case studies.

5 WORKPLAN (Appendix 4)

The following work plan was revised on the basis of the lessons learned from year 1. It is in draft form and will be circulated to ensure stakeholders can contribute to it's revision based on their expertise and experiences. This draft has been prepared by the team as a basis for discussion and agreement on the focus of support for year 2.

APPENDIX 1 - WORK PLAN – April 2005 – March 2206

APPENDIX 2 - EVALUATION PLAN

APPENDIX 3 - LOGIC MODEL

APPENDIX 4 - WORK PLAN - April 2006 – March 2007