

Event: St Mungo's Museum - HLC Roundtable Discussion

Title: Supporting and sustaining the HLC approach to tackling health inequalities in our communities....what now?

Date: 6th Sept 2007

Introduction

With funding from the Big Lottery Fund and NHS Health Scotland, the Healthy Living Centre Support Programme (HLC SP) has over the last two year, created opportunities for Healthy Living Centres (HLCs) to network and share good practice. Throughout this period sustainability of the HLC approach has been one of the key issues of concern to the HLC SP and HLCs themselves. Since their inception the HLCs in Scotland have taken up the challenge to address health inequalities by supporting communities and individuals to address disadvantage, change life styles, enhance life skills and improve service accessibility and uptake. This innovative approach is becoming an integral part of health improvement and tackling health inequalities at a local level.

Against a background where health inequalities are increasing in Scotland, many of its successful HLCs will close by March 2008. The HLC SP's research reveals that **25** (55%) of BLF funded HLCs will cease to exist adding to the **6** (13%) which have already closed. The other HLCs which have gone on to some form of sustainability report that they are by no means secure and are experiencing drastic cuts in budget, many indicate that they have no other option than to seek continuation funding from the Lottery, (which is already inundated with applications) to run programmes.

The purpose of this paper is to provide an up-to-date picture of the funding situation with HLCs across Scotland and highlight the critical circumstances that many are now facing. The paper presents the following information (a) the evidence-based impact of HLCs on health improvement (b) the contribution of HLCs to the current and future health improvement policy agenda (c) the known attempts of HLCs to secure funding beyond March 2008, (d) a comparison of funding commitment to HLCs in Wales and Northern Ireland, and (e) the funding situation of individual HLCs.

Background

The UK wide Healthy Living Centre Programme, launched in 1999 by the New Opportunity Fund (now Big Lottery Fund) provided £34.5m (in Scotland) to demonstrate new models of working in health improvement locally. Primarily based on involving local people and partnership working with local agencies, the HLCs developed rapidly with a variety of initiatives based on community need. They also focused on the delivery of national and local priorities in health improvement. From the outset BLF ensured that HLCs were structure to provide a unique approach to health improvement, combining service delivery, a developmental approach in working with communities and a strategic commitment to partnership working.

Impact on health improvement and tackling health inequalities

HLCs are unique in their ability to respond to local health issues, while at the same time complementing mainstream services. The projects have used innovatory

methods to enable individuals to take ownership of their health issues, which has been shown to have benefits for longterm health improvements both for individuals and the wider community. In recent months the Community Led Task Group has produced a body of evidence to show that community led health (which includes HLCs) can address health in ways which would be *'practically difficult or near impossible using other more traditional or conventional approaches'* (Community-Led: Supporting and Developing Healthy Communities Task Group, 2006). It must be noted however that community led health is a long term approach to achieving health improvement outcomes.

Since their inception HLCs have worked hard to establish themselves and have become firmly rooted in the community. They have engaged with the community to identify local needs and have effectively structured their approach to encourage high levels of participation and engagement with local people. Frequently managed by local communities HLCs have earned the trust of local people and have established a reputation for delivering bespoke services in direct response to identified need. As credible community-led organisations, HLCs have been most effective in supporting communities and individuals who would not normally use or engage with mainstream services.

In-depth evaluations have shown that many HLCs have been effective in promoting the right to good health for all, have worked to reduce the barriers to participation and increase the confidence and skills of local people and communities. This effectiveness is demonstrated in the Bridge Consortiums third year evaluation of HLCs across the UK which concluded with encouraging findings: 70% of regular users considered their physical health had improved; 69% felt their mental health had improved; 63%, said they had "more hope for their future".

External and Internal evaluations of HLCs across Scotland have demonstrated the effectiveness of the HLC approach. The evaluations show that:

- They provide services to substantial numbers of people living in disadvantaged communities, many of whom would be considered 'hard to reach'.
- There is evidence (from the Bridge Consortium) that they have impacted positively on the physical and mental health of regular users and improved health-enhancing behaviours.
- They are good value for money by delivering efficiently, effectively and levering in additional resources to address health inequalities.
- They have mobilised an increase in volunteering and other forms of participation around health related activities.
- They have helped to build community capacity and established community development approaches to health inequalities.
- They have increased the range of services available to local people and provide services that are responsive and accessible.
- Through a skilled, flexible paid and unpaid workforce HLCs are responsive and fast acting to changing policy and practice environments and able to capitalise on new opportunities quickly.
- Through relationship building, they have established new partnerships and contributed to existing partnership arrangements in tackling health inequalities.
- The HLCs workforce have years of experience of effective community engagement, meaningful community involvement and partnership working to influence local policy and practice.

The tables which follow demonstrate some examples of the breadth of activity, the quality of the approach and the numbers of people who are engaging with the projects in the community. The example HLCs range of geography and communities from the rural Mearns HLC (Aberdeenshire), which uses a modest pot of money to provide much needed quality services for their community, to the urban projects Gorbals and Dundee HLI. It must also be noted that the activities listed below demonstrates how the projects engage with individuals and the community, it does not take into account the considerable activity around the strategic role and the partnership approach which is integral to the HLC approach and vital to making things happen in community led health. For more information on the qualitative approach of HLCs please visit the CHEX website (www.chex.org.uk) which has comprehensive case studies of a number of HLCs as part of the Community Led Task Group's material.

Example1

Dundee Healthy Living Initiative (DHLI), Dundee April 2006 to April 2007

- DHLI Community Sub Group - **16** local reps supporting a wide range of health improvement activities (**81** ongoing groups and short course) with over **13,685** beneficiaries.
- **28** weight management groups involving **353** participants over the past year.
- **379** mental wellbeing activities with **1,078** participants in the last year.
- **8** walking groups with **150** participants each week.
- **14** local people have gained qualifications in exercise instruction through the DHLI.
- The DHLI took part in **40** community health fairs and events accessing almost **3,000** local people.
- Local Health Information Points took place in **27** community venues 100% of Health Information Point users felt this service was needed.
- **59** health talks on a variety of health issues benefited almost **1,000** local people.
- **3,437** people took part in **10** different types of physical activities including Tai Chi, walking, Salsa, aerobics and belly dancing.
- **30** healthy eating demonstrations benefited almost **1,000** people. **10** cooking skills courses had **85** participants this year.
- **3** cooking skills courses were aimed specifically at men.
- **5** smoking cessation classes have been offered with **42** participants.
- Volunteers have been trained in walk leading, exercise instruction, first aid, CPR and relaxation techniques
- **9** local people have gained accreditation from the University of Edinburgh by completing the Health Issues in the Community course.
- The DHLI was involved in health improvement training for **71** staff

Example 2

Gorbals Healthy Living Initiative, Glasgow April 2006 to April 2007

- Paths to Health Walking Programme (which includes Schools Programme and Safety Walking Programme) – **1,059** individuals.
- Person Centred Counselling Service provided to **144** individuals.
- Smoking Cessation Programme (Maudsley Model) -**103** participants.
- Scottish Executives Mental Health First Aid Course - **33** individuals.
- Oxfam Accredited Participatory Appraisal Training (in conjunction with Glasgow Centre for Population Health) - **24** individuals.
- Physical Activity Programmes - **10** types of Physical activity Including Badminton, Tai Chi, Children's Play Activity, GP Referral scheme and Pre **5** groups – **5,711** individuals.
- Long Term Condition Course (Expert Patient Programme) – **109** individuals.
- Healthy Cooking Skills Courses **6** (Homeless, Carers, Cooking on a Budget, Seasonal, General Community) - **62** participants.
- Community Health Fairs **3** Events - **620** individuals.
- Supporting to local Mental Health & Wellbeing Groups – **680** contacts.
- Part of the local CHCP implementation group for the establishment of the CHCP PPF Group.
- Provide secretariat support to the Gorbals Healthy Forum.
- Steering group member of the GGC NHSB Support to the Voluntary Sector Programme.
- Services provided out **24** different community facilities.

Example 3

Mearns HLC, Aberdeenshire April 2006 to April 2007

- Transport service was used by **11** people **301** times
- Handyperson service was used by **5** people
- **2** weekly lunch clubs were attended by **64** people
- Fortnightly tea dance was attended by **12** people
- Shopping service was used by **34** people **872** times
- **2** computer courses were attended by **8** people; weekly computer drop-in attended by **7** people
- **5** weekly gentle exercise groups attended by **70** people
- Monthly reminiscence group attended by **10** people
- Weekly group for people with dementia attended by **10** people
- **8** meetings of Older People's Network attended by **13** people
- All services and activities provided by **62** volunteers.

Health and Social Policies – HLCs contribution to Implementation

Scotland's Health Improvement: The Challenge (2003) prioritised community-led health. The Community-led: Developing and Supporting Healthy Communities Task frequently consulted with HLCs in gathering evidence and reflected outcomes in its recommendations. Further, HLCs were identified in Group's published best practice case studies; their model of working expounded both by practitioners and policy makers.

The Kerr Report 'Building a Health Service Fit for the Future – A National Framework for Service Change in the NHS in Scotland' (2005) recommended amongst other initiatives; 'targeted action in deprived areas to reach out with anticipatory care to prevent future ill health and help reduce inequality'. Due to their strong user involvement and partnership working approaches HLCs have been in an ideal position to facilitate and deliver on this objective.

Existing policies on social inclusion 'Closing the Opportunity Gap' (2003) sets out targets to reduce health inequalities including coronary heart disease mortality, adult smoking and cancer mortality rates all of which HLCs are having an impact on through a wide range of activity and engagement.

The new Administration's Manifesto called for greater public involvement in the shaping and implementing health policies. In particular, a stronger commitment to community level management and ownership, volunteering and user involvement in the proposed Local Health Care Bill. HLCs are particularly well placed to deliver on this agenda and in a strong position to assist other public health partners with developing effective practice in community-led approaches. .

Long Term Sustainability

From the outset the majority of HLCs have addressed the need to seek long term funding beyond the award from original HLC programme. Many have been particularly adept at securing and bending in resources in particular substantial in-kind and financial support from the statutory sector. A survey of 29 HLCs in Scotland undertaken by HLCSP in October 2006 revealed that the projects secured an additional £10m funding from local funding sources over and above their BLF grant.

Current Funding Environment

Despite the constant focus on their long term sustainability, the majority of HLCs, post BLF funding are facing reduced funding and possible closure.

There are few opportunities to secure substantial funding and resources that will enable the organisations to develop further and continue to make a significant impact on their communities' expressed health improvement needs. This was clearly articulated within the national evaluation of HLCs carried out by Edinburgh University's RUHBC with 4 of the 6 case study sites 'had few options but to return to BLF to apply for new funding packages' (Health Scotland 2007).

HLCs have consistently voiced their concerns and described the considerable pressure that they are under through the workshops and seminars facilitated by the HLC SP. For example, during recent nation-wide seminars, 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 reported that there is a lack of 'big money' for core funding which is exacerbated by apparent 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 have been adversely effected by an ever changing local operating environment with increasing movement and relocation of key personnel in stakeholder organisations; the inordinate length of time for transition from social inclusion partnerships to community planning partnerships; and the changes resulting from the establishment of Community Health Partnerships, all of which has created uncertainty about the future of HLCs. In addition, the new European Structural Fund Programmes is still currently under negotiation, and it's expected that Scotland's share will be less than half of what it was last round. This will impact on employability projects that will in turn increasing rely on local funding streams and the Big Lottery Fund to maintain their work, further stretching limited local resources.

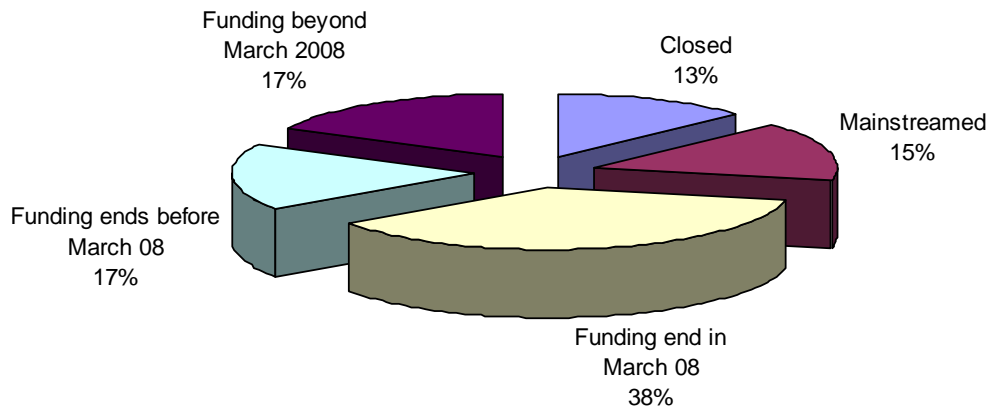
The HLC SP has consistently highlighted these issues and concerns through various processes at a national level. In particular, informing the work of the national Community-led: Developing and Supporting Healthy Communities Task Group and continuing to inform the Implementation Group chaired by the Scottish Executive.

Survey of HLCs

In order to further investigate the issues relating to sustainability, the HLC SP surveyed all existing HLCs in July/Aug 2007 to establish when their current funding ends, where they've been looking for funding to sustain their work, what partners and stakeholders are doing to support their sustainability and approximately how much it would cost to maintain their projects for another 12 months. The survey revealed that of the 46 HLCs:

- **6 (13%)** projects have closed
- **17 (38%)** projects will exit BLF funding in March 2008 with no core funding commitment for the future.
- **8 (17%)** projects will run out of funding before March 2008 with no core funding commitments for the future.
- **7 (15%)** projects have been mainstreamed or their activities absorbed by partners. Even with mainstreaming projects advise that there is no local money to run programmes and therefore will have to submit a funding bid to the Lottery.
- **8 (17%)** projects have funding beyond March 2008 although 3 of these will exit BLF funding by December 2008.

Healthy Living Centre Sustainability



All the HLCs reported that they would be returning to the Big Lottery Fund as they have been advised that there is little or no money locally through CHPs, NHS, LAs or CRF to fund their activity. While many projects reported that they had the support of local partners/stakeholders they have only been promised in-kind contributions or money for service delivery rather than much needed vital core funding to maintain their existence. With such high demands for Lottery funding in the current programmes many HLCs have not received continuation funding or are currently waiting for a board decision. As things currently stand **25** (55%) BLF funded HLCs will close by March 2008, adding to the **6** (13%) which have already closed. Those **7** projects which have become mainstreamed are looking for funding to run their programmes.

The Wider Picture across the UK

Wales

In June 2007, Momenta (HLC Support Programme in Wales) advised that: Of the 29 HLCs in Wales 12 (41%) are at the end of BLF funding, 3 of these have closed and 2 have submitted applications to BLF for continuation funding (they are currently in the 2nd round of the application process). No HLC in Wales has received continuation funding so far from BLF however Momenta estimate that 60% - 70% of projects will go on to some form of sustainability.

Northern Ireland

In Northern Ireland all **19** of the Healthy Living Centres will be sustained. The HLC Support Programme for Northern Ireland has advised that 17 out of 19 projects have been sustained until 2009 and some to 2010, the other two are currently negotiating their future, but it looks certain that they'll be kept going. BLF committed £2m to continuation funding which was matched by the Health Boards. BLFs rationale for additional funding was that there had been significant restructuring of public administration within Northern Ireland and as a result HLCs needed more time to re-establish relationships with the statutory sector.

Current Position for HLCs

Project	End date BLF/Partner Funding
Underground - The Rock Trust	Mainstreamed
Stirling Health Hub	SLA with LA/NHS until 2008
Gorbals Healthy Living Network	Money from CHP - March 2008
Cambuslang and Rutherglen Community Health Init.	March 2008
Islay Healthy Living Centre	Sept 2007
West Lothian Young People's Healthy Living Project	Sustained with SLA and BLF
Borders Healthy Living Network	HIF money March 2009
The New Ways Project	Closed
Radio City Association	Aug 2008
West Dunbartonshire Healthy Living Initiative	Closed
Ross and Cromarty Healthways	March 2008
Kintyre Healthy Living Partnership	Dec 2007
The Three Towns Resource Centre	October 2007
Europie Dunes	Dec 2007
Mearns Healthy Living Network	Use underspend to Dec 2007
Highlands Health and Happiness Centre	Nov 07
Healthy Living for Deafblind People	March 2008
East End Healthy Living Centre	March 2009
The Community Health Shop Limited	March 2008
The Janny's Hoose	March 2008
The Annexe Healthy Living Centre	March 2008
Healthy Living Partnership Project (HELPP)	March 2009
Getting Better Together	December 2008
South Edinburgh Healthy Living Initiative	June 2008
Drumchapel L.I.F.E.	March 2008
Paths to Health - The Paths for All Partnership	March 2008
Healthy Valleys Initiative	March 2008
Aberdeen Healthy Living Network	Ongoing within LA
Community Health Improvement Partnership (CHIP)	Sort term funding March 2008
Healthy Living & Sensory Awareness Project	March 2008
Health Connect	March 2008

Tullibody Healthy Living Initiative	30 Sept 2008
Fas Feallain - Grow Healthy Project	March 2007 – NHS funding the post and operating costs
Moray Healthy Living Centre	Closed
The Healthy Café	Mainstreamed into work of lead partner
The Inverkeithing Area Project	Closed
Live Life Network	Feb 2008
Dundee Healthy Living Initiative	March 2008
Firth and Mossbank Enterprise	Closed
Pilton Community Health Project (Our Health Matters)	Mainstreamed activities
LGBT Healthy Living Centre	Feb 2008
Chinese Healthy Living Centre	March 2009
Wester Hailies Health Partnership	Closed
Stepwell In - Inverclyde's Healthy Living Init.	March 2008
Building Healthy Communities in Dumfries and Gall.	Core funding for Staff
Bute Healthy Living Centre	30/04/08

- LA – Local Authority
- CHP – Community Health Partnership
- SLA – Service Level Agreement
- BLF – Big Lottery Fund
- CRF – Community Regeneration Fund
- ESF – European Structural Funds
- HIF – Health Improvement Fund