

Sustainability Workshop Community Health Organisations Report

23 May 2006
Aberdeen



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The first of the regional networking events took place in Largs - 30 March 2006, the seminar addressed issues around sustainability and supported Healthy Living Centres (HLCs) and Community Health Initiatives (CHIs) to look at the barriers and levers to the sustainability of their project and to take the first steps in identifying sustainability outcomes. The need for regional sustainability workshops was identified at the HLC Conference 2005 and again with a focus group representing Healthy Living Centres and Community Health Initiatives in Edinburgh - 2 March 2006. The agreed outcomes for the Aberdeen workshop were as follows:

- To raise understanding of Community Health Partnerships (CHP) purpose, structure and process.
- To raise understanding of sustainability routes and options.
- To develop the capacity to develop a strategic approach to sustainability.
- To provide the opportunity to learn from other participants.

There was less of a focus on CHP purpose, structure and process at this workshop because Anne Marie Walsh (HLC Support Programme) was unable to attend. Instead Elspeth Gracey, from CHEX gave an overview of a variety of statutory structures and approaches which could offer routes to sustainability.

17 delegates attended the Workshop, they included Co-ordinators and board members from Healthways HLC, Aberdeen HLC, Mearns HLC, Health and Happiness in the Highlands, The Janny's Hoose and the Live Life Network. The Three Towns and Kintyre HLC were invited but were unable to attend. Representatives from Community Health Initiatives also attended, including SCARF and Renfrewshire Healthy Living Project.

Attendee List

Diane	Agnew	Healthways - Ross and Cromarty
Ed	Garrett	Mearns Healthy Living Network
Kathryn	Gauld	Pillar - Aberdeen
Pat	Haikney	Our Health Matters
Peter	Hoffman	Healthways - Ross and Cromarty
Sarah	Kane	The Janny's Hoose
Michael	MacGregor	Pillar - Aberdeen
Jean	MacKay	The Janny's Hoose
Debbie	MacKenzie	Highlands Health and Happiness Centre
Brigitte	Matthews	Aberdeen Healthy Living Network
Harry	Rafferty	CLAN
Fiona	Smith	Aberdeen Healthy Living Network
Grace	Taylor	K & D Voice
Sheila	Thomson (Cllr)	K & D Voice
Joan	Tracey	The Janny's Hoose
Alison	Wisely	SCARF
Ellie	Wolf	Highlands Health and Happiness Centre
Alan	Young	Pillar - Kincardine

Presentations

Elsbeth Gracey (CHEX Practice Manager) discussed the statutory structures that HLCs/CHIs have to work with including community learning & Development Strategies, Community Planning Partnerships and Community Health Partnerships. She described the current political climate and the opportunities for the community and voluntary sector to influence and benefit from the current political priorities which promote:

- ❖ Commitment to social justice & equalities
- ❖ Priorities identified by community members
- ❖ Support to reach more excluded people
- ❖ Potential to meet gaps in existing services
- ❖ Potential to delivery non threatening, inclusive services

The group discussed issues around:

- ❖ Know the national guidance on implementation of policies
- ❖ Know the decision-making structures
- ❖ Know the key people
- ❖ Build an evidence base for the your work
- ❖ Link your outcomes into implementation of local policies
- ❖ Build allies from different sectors
- ❖ Be proactive in your thinking and promotion of work and ideas
- ❖ Be good at networking
- ❖ Use national and local networks for information, resources and contacts
- ❖ Tap into useful initiatives/resources such Scottish Action Research Fund (SCARF)
- ❖ Build your skills in 'politicking' with integrity

Pat Haikney – Coordinator (Our Health Matters - North Edinburgh Healthy Living Centre) discussed her approach to sustainability. Our Health Matters runs a number of different programmes from an Alcohol Support Worker and Community Mediation to a community transport programme. Pat has closely involved key partners in the sustainability of the project, many of the programmes are located within the partnership and tapered funding over 5 years has ensured that partners have contributed financially over this time. The project was established therefore with an exit strategy in mind and to some extent this has been successful, for example:

- Alcohol support worker will now receive EDAAT funding.
- Welfare Rights has become part of the maximisation strategy for Edinburgh.
- Community Transport has now become established as part of the wider local community transport service.
- Activities for older people has secured funding from various sources.
- Physical Activity – HIF Funding.
- Mental Health – Mental Health Specific Grant
- Working with Men – DASDAF

- Community Mediation – Community Safety Unit
- Counselling – Mental Health Specific Grant

Women's Support work, fuel poverty and the post of HLC coordinator have not received continuation funding.

The group discussed the difficult policy context which health initiatives exist within i.e. Community Health Partnerships (committed funds), Community Planning Partnerships (committed funds), reorganisation of local government departments and the conversion from SIP to CPP.

- Delegates discussed the fact that much of the work going on in Aberdeen doesn't fit into the SIP areas.
- Not the same infrastructure
- Rural deprivation issues are not currently addressed in funding.
- Discussed the benefit of having partners involved at the beginning, a lot of interest in North Edinburgh's tapered funding model.
- Discussed the current situation in Aberdeen which has seen 'pilot projects' which are not rolled out. There's a need for a mechanism to fund projects after the initial funding.
- Discussion about evaluation and the fact that it doesn't necessary lead to continued funding.
- The statutory sector tends to 'cherry pick' - taking the easily integrated, non controversial services.

Workshop1

Groups formed into geographical boundaries to define what sustainability meant to them, and what barriers exist in achieving this. Some of the identified barriers were:

- **Funding**
 - o Statutory bodies lack of funding – say nice things but no commitment longterm.
 - o Short Term funding.
 - o Council & Healthboard cuts.
 - o Different monitoring requirements for funders (time consuming).
- **Geography**
 - o Lack of transport.
 - o Complex and fragmented landscape.
 - o Rural locations.
- **Timescales**
 - o Lack of time to concentrate on sustainability.
- **Strategic issues**
 - o Number crunching, need more acknowledgement of qualitative evaluation.
 - o Fragmentation of thinking in the key players.
 - o Conflict between ensuring quality, responsive service provision vs time to participate in wider strategic fora.
 - o Complacency at a strategic level.

- Attitudes: Voluntary sector does not mean cheap or free – we are worth purchasing.
- **Policy Context**
 - Need to reinvent ourselves constantly.
 - Moving goal posts.
 - Our role is to advocate for provision to meet priority needs by our communities of interest even if these are not society's big issues.

Some of the identified levers were:

Unique/ Impact

People are happy to accociate with Healthways
 Suitable accommodation for groups with safety in mind
 Diverse- many varied projects
 Community Dev. Is our approach – not many people doing it
 No other organisation like us
 Unique service, local and topical

Evaluation

- A common framework for monitoring & evaluation
- Demonstrating/evidencing the impact
- Self evaluation

Needs Led

- User led – grassroot
- Continued support from people who use project

Working with Stakeholders

- Enthusiastic staff/volunteer support
- People who give their service talent for free
- Experienced board members
- Fulfilling Health board objectives

Funding

- New lottery money
- Flexibility in finding funding – employ 2 fundraisers
- Ability to grow own income
- Binding, legally enforceable contract terms with funders/Las around compact principles eg full cost recovery, pricing without regard to the sector that is to provide it.
- Ability to smuggle bits of money past financial year end.

Partnerships

- Having a shared resource to focus on strategic issues/for a
- Involved in planning process
- Partnerships growing
- Cultivating long term committed relationship with statutory partners.

Workshop2

- Visioning Exercise – The delegates divided into groups to discuss a vision for their individual projects.

Evaluation

Of the 18 people who attended the event 13 filled in evaluation forms.

- 86% (6) of respondents reported that the day had raised their understanding of Community Health Partnership purpose, structure & process.
- 76% (10) reported that the event raised their understanding of sustainability routes.
- 85% (11) reported that the event had enhanced their capacity to develop a strategic approach to sustainability.
- 76% (10) said that the event gave them the opportunity to learn from other participants.

What the delegates said:

'good number of facilitators for the event. Friendly approach'

'Swapping ideas with other groups.'

'Allowed me to focus my thinking further forward than the present as to the funding needs of the project.'

'Enjoyed the opportunity to work with my management committee without interruption.'

'Will devote more time towards sustainability but will be at the expense of face to face work. More development of volunteers'.

'Positive outcomes.'

'Identify stakeholders and their impact on the project.'

'Opportunity to think through ways forward.'

'pointed in real direction in time for sub group meetings.'

'A sense of being in the same place as a lot of the sector. Will be more assertive in my conversations with key players knowing that voluntary sector opinion is centering around the same range of concerns.'